

PRO FAMILY COVER PAGE

Pro FAMILY

The family's solution to accident related expenses.

Most accidents can be prevented. But even with the greatest care, accidents can and do happen when least expected. With Sun Life's Pro Family insurance plan, you and your dependents can avail of benefits to take care of accident related expenses.

Simplified Enrollment

All one needs to be covered is to complete the Information Sheet and submit to Sun Life of Canada (Philippines), Inc. together with the premium for the chosen plan package.

No Evidence of Insurability Required

Insurance coverage is given without need of undergoing costly and tedious medical examinations.

One Year Coverage

Effectivity begins on the date on the Information Sheet for the eligible person or persons being insured in the application if: a) the payment in full is received with the Information Sheet; b) the required information on the Information Sheet has been answered truthfully and completely; and c) the fully accomplished Information Sheet is stamped "Received" at the Company's head Office or at any of its site offices, during the lifetime of all individuals insured. Coverage shall be for one year from the Effective Date.

This brochure contains only the important features of the plan. Please refer to the policy contract for a more detailed description of the coverage.

Enroll in the Pro Family Plan Now!!!

Contact Group Insurance at Tel. No. 849-9601 or 02 or Fax us at (632) 849-9600

Information Sheet

Please PRINT clearly.
Use BLACK ink.

In the Philippines, group insurance products are offered through Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies. In this application, *you* and *your* refer to the person being insured while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada (Philippines), Inc.

1 General Information

Name (Last, First, M.I.)		<input type="checkbox"/> Female <input type="checkbox"/> Male		Civil Status	
Residence Address (no., street, municipality)					
City/Province			Country		Zip Code
Birthdate (day/month/year)			Occupation		Nationality
Beneficiary of Principal Insured			Relationship to Principal Insured		
Package <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV			Plan Amount <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000		
Names of Insured Members Other Than The Principal	Birthdate			Beneficiaries of Other Insured Members	
	Day	Month	Year	Name	Relationship to Insured Member
Spouse					
Children (use additional sheet if necessary)					
Parents					

All nominations of beneficiaries are revocable unless otherwise specified.

2 Signatures

You hereby declare to the best of your knowledge and belief that the above information is complete and true. You understand and agree that the insurance applied for is subject to the provisions of Group Personal Accident Insurance Policy No. [SPA-000000] and will take effect only if (a) this information sheet is returned and (b) payment in full is made, during the lifetime of all individuals insured.

Signature X	Name of Agent as Witness (Last, First, M.I.)	Agent Code	NBO
Date of Signing by the Insured (day/month/year)	Agent's Signature X	Date Information Sheet is Received by the Company For Company's Use Only	

Serial No. 000000

There are four plan packages with corresponding amounts of insurance to choose from that will suit various situations, needs and budgets.

Package I. Principal, Spouse and Dependent Children								
	Plan 500		Plan 1000		Plan 1500		Plan 2000	
	PA	MR	PA	MR	PA	MR	PA	MR
Principal	500,000	50,000	1,000,000	100,000	1,500,000	150,000	2,000,000	200,000
Spouse	250,000	25,000	500,000	50,000	750,000	75,000	1,000,000	100,000
Children	125,000	12,500	250,000	25,000	375,000	37,500	500,000	50,000
Annual Premium	Ps 1,715		Ps 3,203		Ps 4,804		Ps 6,405	
Package II. Principal and Dependent Children								
	Plan 500		Plan 1000		Plan 1500		Plan 2000	
	PA	MR	PA	MR	PA	MR	PA	MR
Principal	500,000	50,000	1,000,000	100,000	1,500,000	150,000	2,000,000	200,000
Children	125,000	12,500	250,000	25,000	375,000	37,500	500,000	50,000
Annual Premium	Ps 1,250		Ps 2,370		Ps 3,555		Ps 4,740	
Package III. Principal and Dependent Parents								
	Plan 500		Plan 1000		Plan 1500		Plan 2000	
	PA	MR	PA	MR	PA	MR	PA	MR
Principal	500,000	50,000	1,000,000	100,000	1,500,000	150,000	2,000,000	200,000
Parents	250,000	25,000	500,000	50,000	750,000	75,000	1,000,000	100,000
Annual Premium	Ps 1,762		Ps 3,330		Ps 4,995		Ps 6,659	
Package IV. Principal, Dependent Parents and Dependent Children								
	Plan 500		Plan 1000		Plan 1500		Plan 2000	
	PA	MR	PA	MR	PA	MR	PA	MR
Principal	500,000	50,000	1,000,000	100,000	1,500,000	150,000	2,000,000	200,000
Parents	250,000	25,000	500,000	50,000	750,000	75,000	1,000,000	100,000
Children	125,000	12,500	250,000	25,000	375,000	37,500	500,000	50,000
Annual Premium	Ps 2,180		Ps 4,035		Ps 6,053		Ps 8,070	

Certificate of Insurance

We, us, our and the Company refer to Sun Life of Canada (Philippines), Inc., a member of Sun Life Financial group of companies.

Sun Life of Canada (Philippines), Inc. agrees to provide accident insurance for one year, beginning on the Date on the Information Sheet bearing the same serial number as this certificate, for the eligible person or persons being insured in the application, if:

- the payment in full is received with the application for which a Provisional Receipt is issued;
- the required information on the Information Sheet has been answered truthfully and completely; and
- the fully accomplished Information Sheet is stamped "Received" at the Company's head Office or at any of its site offices,

during the lifetime of all individuals insured.

The amount of insurance is subject to the terms and conditions set forth in the non-participating Group Personal Accident Insurance Policy No. [SPA-000000]. Coverage is for one year from the Effective Date.

In the event of a claim, the Company shall pay the member, if living, otherwise, his beneficiary or beneficiaries, the benefits stated in the policy.

Extract of Provisions

I. Eligibility

To be eligible for insurance coverage:

- A. The individuals must be permanent residents of the Philippines
- B. The individuals must satisfy the following age requirements:

Principal Insured	-	18 to 64 years of age
Spouse	-	18 to 64 years of age
Children	-	2 weeks but under 21 years of age
Parents	-	up to 64 years old
- C. The individuals must not belong to occupations listed under VII A Exclusions.

II. Description

The Group Policy provides insurance against loss from accidental bodily injury as evidenced by a visible contusion or wound except in the case of drowning or internal injury revealed by a medical examination or an autopsy resulting directly and independently of all other causes sustained by any Member during the effectivity of this coverage.

III. Benefit Provisions

A. Standard Personal Accident (SPA) Insurance (Accidental Death and Dismemberment)

If injuries result in any one of the following losses, and such losses occur within 180 days from the date of accident, The Company shall pay, subject to the Exclusions, the corresponding percentage of the Personal Accident insurance for:

Loss of life	100%
Loss of entire sight of both eyes.....	100%
Loss of both hands or both feet.....	100%
Loss of one hand and foot.....	100%
Loss of either hand or foot and sight of one eye.....	100%
Loss of hand, foot or sight of one eye.....	50%

A. Standard Personal Accident (SPA) Insurance (cont.)

"Loss" as above used with reference to hand or foot means complete severance at or above the wrist or ankle respectively, and as used with reference to eyes, means total and irrecoverable loss of sight. If the Member shall sustain more than one of such losses as a result of one accident, payment of the amounts shown above shall be made only for that one loss for which the largest amount is payable. Losses sustained as a result of any subsequent accident shall be considered for payment separately from and independently of other losses sustained in a previous accident. The aggregate amount of all percentages payable under the Accidental Dismemberment Benefit with respect to any one or more accidents shall not exceed 100%.

The amount of benefit payable for loss of life arising from independent, unrelated accident shall always be 100% of the Amount of Insurance regardless of the amount(s) paid under the Accidental Dismemberment Benefit.

If a Member has suffered the loss of one hand, one foot or sight of one eye prior to the Effective date of his insurance, the benefit of any subsequent loss of one hand, one foot or sight of one eye shall be one-half of the Amount of Insurance.

B. Medical Reimbursement (MR)

If a Member while insured sustains accidental bodily injury, and receives treatment commencing within 30 days from the date of such accident from a qualified Physician or while confined in a Hospital; and incurs expenses for medical, hospital or surgical treatment of such bodily injury only; the Company shall reimburse the actual, necessary, reasonable and customary expenses which the Member may have incurred for no more than fifty two (52) weeks after the injury up to the maximum amounts specified in the Amount of Insurance, subject to the Exclusions and other provisions of the Policy and this Medical Reimbursement Benefit.

IV. Coordination of Benefits

This Medical Reimbursement shall not cover hospital confinement, services, supplies, treatment or any other medical care for which benefits are payable under any other in-force Medical Reimbursement benefits of the Company within which the insured Member is covered unless the benefits payable under the said benefit/s are not sufficient to cover the claim applied for. In such event, the Company shall reimburse an amount up to the benefits provided under this Medical Reimbursement benefit. However, the total payments from this Reimbursement and all other Medical Reimbursement benefits of the Company shall not exceed the actual allowable medical expenses incurred by the insured Member.

Definitions applicable to the Medical Reimbursement Benefit:

Hospital shall mean any private or government institution legally constituted locally and operated hospital or clinic duly registered with the Bureau of Medical Services, Department of Health, and located within the Philippines.

Physician shall mean a legally licensed physician or surgeon duly registered and practicing within the scope of his profession. A Physician cannot be the Member; or the brother, sister, parent, spouse or child of the Member, unless approved by the Company.

V. Payment of Claims

Upon receipt and acceptance by the Company of due proof/s that a Member died or suffered a loss as a result of accidental bodily injury which occurred while he was insured hereunder for which benefits are payable, the Company shall pay the Member or his designated beneficiary, as the case may be, the corresponding insurance benefits.

VI. Maximum Amount of Insurance

The maximum aggregate amount of insurance on any one life for:

- Accidental Death & Dismemberment is : Ps.2,000,000.00
- Medical Reimbursement is : Ps. 200,000.00

on all Pro Family plans bought with the Company. The Company shall not be liable for claims in excess of the maximum amount stated herein. The liability of the Company on a Pro Family plan or plans from which no benefit is payable on account of the above limits on insurance shall be the return of premiums collected for such plan or plans.

VII. Exclusions

This insurance shall not cover:

- A. Persons belonging to the following occupations: non-commercial aviators, construction workers, detectives, divers, professional drivers, explosives makers, firemen, loggers, miners, military men, policemen, para-military personnel, sailors, secret service personnel, security guards and underground workers.

VII. Exclusions (continued)

- B. Death or Dismemberment or any loss caused directly or indirectly, wholly or partially, by; a) bodily or mental infirmity or disease of any kind, hernia, ptomaines, bacterial or viral infection other than infection occurring simultaneously with and in consequence of an accidental cut or wound; or b) suicide or attempted suicide while sane or insane, or self-inflicted injuries; or c) committing or attempting to commit any crime, felony or other illegal act; or d) homicide; or e) pregnancy, childbirth, miscarriage or any complications thereof; or f) poison, carbon monoxide or drug overdose; or g) war (declared or undeclared), insurrection, riots, rebellion, civil commotion or hostile action of armed forces; or h) entering, operating or servicing, ascending or descending from or with any aerial or submarine device or conveyance except while the Member is riding as a fare paying passenger in an aircraft operated by a commercial passenger airline or a scheduled air service over an established route; or i) while engaging in hunting, motor-cycling or pillion riding, mountaineering which necessitates the use of ropes or piton, racing of any kind other than on foot; hang gliding, ice or winter sports, water ski-jumping and tricks, yachting beyond five kilometers of a coastline, underwater activities involving the use of underwater apparatus or using woodworking machinery driven by mechanical power other than portable tools applied by hand and used solely for private purposes without reward.

VIII. Definitions

Member shall mean an individual who is eligible, enrolled and insured for the insurance benefits provided for under this Policy. **Principal** shall mean the head of the family whether married, legally separated or unmarried individual with qualified dependents. **Spouse** shall mean the legal husband or wife of the Principal. **Parents** shall mean one or both natural / legal parents of the Principal who are primarily dependent upon him for their chief support. **Children** shall mean legitimate, recognized natural or legally adopted children of the Principal, who are dependent on the Principal for their support. **Information Sheet** shall mean the fully accomplished form submitted to the Company in order for the insurance coverage to take effect. **Office** shall mean the office designated by the Company from time to time as its office for the Philippines. The use of "he", "his" and "him" refers to both masculine and feminine genders.

Note: This certificate describes in general the insurance protection under the Policy. The full details are set out in the Policy and in the event of discrepancy or dispute, the provisions of the Group Personal Accident Policy shall rule. The Group Policy Contract shall be kept in the Company's Main Office. It will be made available to the Members for their inspection during the regular office hours of the Company.

Important Notice

The Insurance Commission with offices in Manila, Cebu and Davao is the government office in charge of the enforcement of all laws relating to insurance and has supervision over insurance companies. It is ready at all times to render assistance in settling any controversy between an insurance company and a policyholder relating to insurance matters.

Acknowledgment

All cheques must be payable to Sun Life of Canada (Philippines), Inc.

Amount Ps.	Name of Principal Insured (Last, First, M.I.)	Date of Information Sheet (day/month/year)
Package Chosen <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Plan Amount <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000	
Agent's Name (Last, First, M.I.)		Agent's Signature X