Definitions

A

Below we explain some terms used in your policy.

Term	Meaning
Age	The age of the Insured on their nearest birthday. If it is less than 183 days from their last birthday, we will treat their age as their actual age. If it is 183 days or more from their last birthday, their age will be one year older than their actual age.
Basic premium	The amount you will pay for the basic benefit. You can see this on the policy specifications page.
Beneficiary/ies	The person/s named to receive the benefit/s of this policy when the Insured dies.
Contingent owner	The person who will own this policy when you die.
Critical Illness	Any of the conditions covered under the Advanced Critical Illness Benefit of this Policy.
Face amount	The amount of your insurance cover. You can see this on the policy specifications page.
Insured	The person we are insuring under this policy whose name is written on the policy specifications page.
Medical Practitioner	A person legally licensed to practice medicine and/or surgery other than the Insured or a member of the Insured's immediate family.
Pre-existing condition	Any illness or signs/symptoms of an illness or injury which originated before the later of the policy effective date or the effective date of last reinstatement, unless the illness or injury, or any related preceding conditions, was fully disclosed in the application or in the evidence of insurability and accepted by the Company at the later of the Policy effective date or the effective date of last reinstatement.
Refund value	The sum of all premiums actually paid.
We, us, our, Company	The Manufacturers Life Insurance Co. (Phils.), Inc.
You, your	The owner of the policy as shown on the policy specifications page.

Main terms of your policy

B

What is included in your policy

Your policy is made up of:

- this policy contract, including the policy specifications (page 3); and
- the application form, including all the information you gave us.

This policy contract will be sent to you electronically. Please retain this for your records. A copy in paper form can be provided at your own cost and upon request.

When your policy will start (Effective date of your policy)

Your policy will start when you pay your first premium. This is known as the effective date of your policy and is written on page 3 of this policy contract.

You can change your mind (Cooling-off)

You have 15 days to look at your policy from the time you receive it. If you decide this is not suitable for your needs, you can return it and we will give you the refund value and your policy will end. This is known as your cooling-off period.

Who may change your policy

Only the chairman of our board of directors, our president, or the officers allowed by our board of directors can agree with you to change your policy. This change is allowed as long as it is approved by the Insurance Commission.

We will send you a new policy specifications page (page 3 of this contract) if there are changes to your policy. It will replace all previous versions of this page 3.

Non-Participating

Your policy is non-participating, which means it does not share in the Company's dividends.

Limit in challenging your policy (Incontestability)

We will not be able to challenge your policy after two years from the time it started. If your policy was reinstated, we will reset the start of this two-year period. However, we can still challenge it after this period has ended for the following reasons.

- If you did not pay your premium; or
- Any other reason allowed by law.

If a claim is not payable, we will pay only the refund value.

Currency which applies

All amounts are in Philippine pesos and are to be paid only in the Philippines.

The conditions of Article 1250 of the Civil Code of the Philippines (Republic Act number 386) which reads: "In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment," will not apply.

This means we will not change the amount of benefit we will pay to consider any effect of inflation.

When your policy will end

Your policy will end on the earliest of the following:

- on the date of death of the Insured;
- on the date we approve your request to return your policy;
- on the expiry date of this policy which is shown on page 3 of this contract;
- on the premium due date upon non-payment of renewal premium after the 31-day grace period; or
- on the date the advanced critical illness benefit under this policy has been paid.

Pre-existing condition

Critical Illnesses due directly or indirectly to pre-existing conditions will not be covered.

Waiting period

No benefit will be payable for critical illness under this policy if it is contracted within 90 days from the start of your policy or from the last reinstatement.

Notwithstanding other provisions of this policy, the waiting period will not apply if the critical illness is directly and independently caused by an accident that occurs during the waiting period.

Physical examination and autopsy

At our own expense, we have the right and opportunity to examine the body of the Insured when and as often as it may reasonably be required during the pendency of a claim and during the entire period that we are liable to pay benefit under this policy. In case of death, we have the right to require an autopsy unless forbidden by law.

Maximum coverage

Each Insured is only allowed to be covered by 1 policy only for this product at any given time. When there are multiple policies, we will only pay the benefit of the policy with the highest face amount.

Advanced critical illness benefit

If the Insured is diagnosed by a Medical Practitioner of any one of the covered advanced critical illnesses, the Company will pay the face amount shown on the Policy Specifications Page, as long as the Insured survives a period of not less than fourteen (14) days following the diagnosis of such illness.

The following advanced critical illnesses are covered:

1. **Cancer**. A malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

   The term malignant tumor includes leukemia, lymphoma and sarcoma. For the above definition, the following are excluded:

   (i) All tumors which are histologically classified as any of the following:

      1. Pre-malignant;
      2. Non-invasive;
      3. Carcinoma-in-situ;
      4. Having borderline malignancy;
      5. Having any degree of malignant potential; Having suspicious malignancy;
      6. Neoplasm of uncertain or unknown behavior; or
      7. Cervical Dysplasia CIN-1, CIN-2 and CIN-3;

   (ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

   (iii) Malignant melanoma that has not caused invasion beyond the epidermis;

   (iv) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below;

   (v) Prostate cancers of another equivalent or lesser classification;

   (vi) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

   (vii) All tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;

   (viii) All Gastro-Intestinal Stromal tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

   (ix) Chronic Lymphocytic Leukemia less than RAI Stage 3; and

   (x) All tumors in the presence of HIV infection.

2. **Heart Attack (Myocardial Infarction)**. Death of a portion of the heart muscle (myocardium) arising from inadequate blood supply to the relevant area. The diagnosis must be supported by 3 or more of the following 5 criteria which are consistent with a new heart attack

   1. A history of typical chest pain;
   2. New electrocardiographic changes proving infarction;
   3. Diagnostic elevation of cardiac enzyme CK-MB;
   4. Diagnostic elevation of Troponin T or I at 0.5 mcg/L (0.5ng/mL) and above; and
   5. Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

   For the above definition, the following are excluded:
   1. Angina
   2. Heart attack of indeterminate age; and
   3. A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

3. **Coronary Artery By-pass Surgery.** The actual undergoing of open-heart surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts.

   Angiographic evidence of more than 50% coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty, stent insertion and all other intra-arterial catheter based techniques, or laser procedures are excluded.

4. **Stroke**. A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid hemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

    1. Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
    2. Findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

1. Transient Ischaemic Attacks;
2. Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
3. Vascular disease affecting the eye or optic nerve; and
4. Ischaemic disorders of the vestibular system.

Permanent means expected to last throughout the lifetime of the Insured.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia(difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

5. **Kidney Failure**. Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. **End Stage Lung Disease**. End stage lung disease, causing chronic respiratory failure, as evidenced by a Forced Expiratory Volume at one second (FEV1) test results consistently less than 1 liter and requiring permanent supplementary oxygen therapy for hypoxemia.

    Arterial blood gas analyses must show a partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg) and there must be dyspnea at rest.

The Company reserves the right to change these definitions as deemed necessary, subject to prior notice and approval of the Insurance Commission.

Death benefit

We will pay a claim equal to the face amount when the Insured dies. You can see this amount on page 3 of this contract.

Exclusions

In addition to the specific exclusions mentioned in the provisions in this policy, claims under this policy, or of its supplementary contracts, if any, arising directly or indirectly as a result of any of the following are excluded:

1. It is due directly or indirectly to a Pre-existing Condition;
2. The contraction of the Critical Illness is within or prior to the Waiting Period;
3. Critical Illness arises from congenital conditions;
    a) Critical Illness arising from Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or infection by Human Immunodeficiency Virus (HIV);
4. Critical Illness arises as a result of suicide, attempted suicide or intentionally self-inflicted injury, whether the Insured is sane or insane;
5. Critical Illness is caused directly or indirectly by any narcotic, alcohol (beer included), drug not prescribed by a medical/dental practitioner, poison, gas or fumes, voluntarily or otherwise taken, administered, absorbed or inhaled, other

than as a result of an accident arising from a hazard incident to the Insured's occupation;

6. Critical Illness arises directly or indirectly as a result of war (declared or undeclared), terrorism, civil war, riot, rebellion, insurrection, civil disturbance, or violence occurring in any assembly or demonstration;
7. Critical Illness arises as a result of undergoing cosmetic or plastic surgery for purposes of beautification;
8. Critical Illness is caused directly or indirectly by theInsured's attempted commission of or willful participation in any crime punishable under the Revised Penal Code of the Philippines or any other penal laws; other similar laws of any country in which the crime was committed or attempted; or resistance to lawful arrest. The crime of reckless imprudence as defined in Article 365 of the Revised Penal Code is not considered an exclusion as defined in this section; and
9. Critical Illness is caused by participation of the Insured in aeronautical activities (other than as a fare-paying passenger on an aircraft flying a regularly scheduled flight and operated by a regular airline over an established passenger route), military training or rehearsal; dangerous activities: parachuting, car/motor/bicycle racing, horse racing, hunting, boxing, professional sports activities or underwater activities using masks with snorkel.

If age or smoking status is wrongly declared

We will change the benefit to how much your premium would have bought at the correct age or smoking status of the Insured. If at the correct age and/or smoking status, the Insured is not eligible for any coverage under this policy, we will only pay the refund value.

If the Insured commits suicide

If the Insured commits suicide within one year from the start of your policy or from last reinstatement, we will only pay the refund value.

We will pay the death benefit anytime if the Insured commits suicide while insane.

Your rights

D

Being the owner of the policy

You own all the rights to this policy. The written approval of all irrevocable beneficiaries must be obtained to exercise certain rights. In case of your death before the Insured, all the rights will be passed on to any contingent owner or, if there is no contingent owner, to the Insured.

Renewing your policy

Renewal of your policy is not guaranteed. You may renew your policy by paying the premium on the effective date of the renewal. Your policy will automatically end upon the expiration of the grace period for any renewal premium not paid when due. Upon renewal, we have the right to review and adjust the premium rate under this Policy. We will notify you on any change in premium 30 days before the anniversary date.

We have the right not to renew this policy on any anniversary upon giving 30 days prior written notice to the Insured.

When a payment is delayed

You can still pay your premium within 31 days after the premium is scheduled to be paid. This period is known as the grace period of your policy. If there is a claim during this period, we will reduce the benefit by the unpaid premium.

If your premium remains unpaid after the grace period, your policy will end.

Assigning your policy to someone else

You may assign your rights in your policy as long as we approve it. Our approval is not a guarantee that the assignment is valid, and we will not be responsible if it is found invalid. Once you have assigned your rights, we can choose not to allow a re-assignment of these rights.

Changing beneficiaries

You may change your beneficiaries by writing to us about it. If any of your beneficiaries is "irrevocable", you will need the written approval of all such irrevocable beneficiaries before you can do this.

Changing the insured's occupation

Your policy is based on the individual occupation of the insured at the time of application. It is the obligation of the insured to inform us of any change of occupation.

If the insured changes to a more hazardous occupation which makes the insured not eligible for any coverage under this policy, we will refund all premiums paid from the date of such change in occupation to the date of refund and no benefits shall be paid during this period.

Reinstating your policy

If your policy ends because of non-payment of premium, you may apply to have your policy reinstated.

We will allow reinstatement within three months from the time the above condition happened, as long as:

- the Insured is still qualified for the cover; and
- you pay the amount we may require.

How to apply for changes to your policy

For inquiries about the process in making changes to your policy, you may call our Customer Care Hotline at (02) 8884-7000 for assistance.

Filing a claim

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What you need to file a claim

Written notice of a claim under this policy must be filed within 30 days from the date the critical illness was diagnosed.

We shall give you the necessary forms for filing proof of critical illness within 15 days after receipt of notice. Due proof of occurrence of a critical illness, in the form and nature acceptable to the Company, must be furnished 90 days from the date of knowledge by the Insured of such event. .

We will still pay the benefits if there is a valid reason for not filing the claim within the specified period and as long as the documents are filed once available.

For any Critical Illness, proof of occurrence must be supported by:

- The appropriate Medical Practitioner registered and practicing in the country where this policy was issued or other country approved by the Company;
- Confirmatory investigations including but not limited to, clinical, radiological, histological, and laboratory evidence; and
- If the Critical Illness requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary.

We shall have the right to examine the body of the Insured upon claim due to injury, and in case of death, we shall have the right to perform an autopsy unless forbidden by law.

For medical supporting documents from non-English speaking countries, such documents should be translated in English by the consular office at the expense of the owner or the Insured.

The Company may request certain additional documents to evaluate the claim.

Who will receive the benefits

Upon death of the Insured, the beneficiaries will receive the benefits. If no beneficiary is alive or named, the owner will receive the benefits, if alive. Otherwise, we will give out the benefits in the following order:

To the Insured's:

- husband or wife;
- legitimate child or children;
- illegitimate child or children;
- parents;
- brothers or sisters;
- half-brothers or sisters; or
- estate.

Unless you tell us differently, the beneficiaries in the same classification will share the death benefit equally. We will give a receipt, which all the beneficiaries must sign, as proof that we already paid the death benefit. This will free us from any obligation in the future.

How to file for a claim

You may file a claim online through our Manulife Shop portal at:

https://www.manulife.com.ph/services/manulife-shop-service.html.

Our Customer Care Hotline (02) 8884-7000 is also available for inquiries and assistance.

When you can challenge our decision (legal action)

If you disagree with any of our decisions regarding the claim on this policy, you can only challenge it within five years from the time we made the decision.

Who regulates us

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The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-85238461 to 70 and email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.