

365 Ready Accident

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.
Face amount	The amount of your insurance cover. You can see this on the policy specifications page.
Injury	A bodily injury due to accident which is evidenced by a visible contusion or wound except in the case of drowning or of internal injury.
Insured	The person we are insuring under this policy whose name is written on the policy specifications page.
Refund value	The sum of all premiums actually paid.
Loss	The loss referring to hand or foot means complete and permanent severance at or above the wrist or ankle joint; if referring to eyes, ears and speech, means the entire and irrecoverable loss of sight, hearing and speech; and if referring to finger or toes, means complete severance of at or above the metacarpophalangeal or metatarso-phalangeal joints, respectively.
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.

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.

Non-Participating

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

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 death date of the Insured;
- on the date when the Insured becomes permanently disabled or accidentally dismembered, and 100% of the face amount becomes payable;
- 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; or
- on the premium due date upon non-payment of renewal premium after the 31-day grace period.

Accidental death benefit

We will pay a claim equal to the face amount less any amount paid for accidental dismemberment when the insured dies as a result of an injury within 180 days after the date of the accident. You can see this amount on page 3 of this contract.

Accidental dismemberment benefit

We will pay a claim when the insured incurs any of the losses listed below as result of an injury within 180 days after the date of the accident. The claim amount is a percentage of the face amount depending on the loss.

For a total loss of:	
Sight of both eyes	100%
Both hands or both feet	100%
One hand or one foot	100%
Either hand or foot	
and sight of one eye	100%
Hearing of both ears	100%
Speech	100%
Sight of one eye	50%
Either hand or foot	50%
Both four fingers and a thumb	40%
Thumb	20%
All toes of one foot	10%
Index finger	10%
Big toe	5%
Middle finger	5%
Ring finger	3%
Little finger	2%
Any toe other than big	1%

Total Permanent Disability Benefit

We will pay a claim equal to the face amount when the insured becomes disabled within 180 days after the date of the accident.

The claim will be payable if:

- if the insured, as a result of the injury, is unable to engage in his/her work;
- the disablement has continued for 12 consecutive months, and is total, continuous, and permanent at the end of this period; and
- the insured is under regular care and attendance of a physician.

Double indemnity benefit

We will double the accidental death, dismemberment or total permanent disability benefit if the insured suffers the injury:

- while riding as a passenger of any motorized and duly licensed public utility land transport;
- while riding in an elevator car excluding elevators in mines or construction sites;
- due to the burning of any theater, hotel, mall, church, hospital, market, restaurant or other public building.

Family assistance benefit

We will pay to the beneficiary a claim equal to 5% of the face amount when the insured dies from a non-accidental death to help cover expenses brought about by the death.

The benefit is subject to a maximum amount of Php 50,000.

If age is wrongly declared

If at the correct age, 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 while sane or insane, we will only pay the refund value.

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.

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.

What you need to file a claim

A claim under this policy must be filed within 30 days after an event giving rise to the benefit. The Company may request certain additional documents to evaluate the claim.

We will still pay the benefits if there is a valid reason for not filing the claim within the 30-day period and as long as the documents are filed once available.

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.

Who will receive the benefits

The beneficiaries will receive the benefits. If no beneficiary is alive or named, and you are not the insured, we will give you the benefits. If not, 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.

When are benefits not paid

There are some exclusions that apply to the benefits of your policy. No benefit will be payable if the accident or injury is due to:

- suicide or any self-inflicted injury while sane or insane;
- being under the influence of any narcotic, alcohol or drugs;
- war or any incident to war whether declared or not;
- travel or flight in any vehicle for aerial navigation except as a ticket-holding passenger in a regular flight;
- violence occurring in any civil or military uprising;
- an earthquake, volcanic eruption or tidal wave;
- contamination from any nuclear weapons material;
- murder or provoked assault;
- pregnancy, childbirth, miscarriage or any complications thereof;
- insanity;
- congenital anomalies;
- insect bites;
- any kind of disease other than bacterial infections as a consequence of an accidental wound; or
- while committing an assault or any violation of law.

How to file for a claim

You may file a claim online through our Manulife Shop Service Portal at <https://shop.manulife.com.ph/login>. 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.

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.

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