



PRIVATE & CONFIDENTIAL

Notice Date:
«NOTICE_DATE»

«FullName»
«Address1»
«Address2»
«Address3»

Group Policy No:
«PolicyNo»

Welcome to AXA!

Dear «Title» «FullName»,

Thank you for choosing AXA, global leader in insurance and investment, as your partner in living the life you choose.

You have just taken the first step towards preparing for your family's financial protection through **Medishield Plus**, a special health insurance package, offered exclusively to credit cardholders of Metrobank.

We are pleased to provide you with your certificate which serves as proof of your insurance coverage. Together with your loved ones, we encourage you to read through the provisions of this certificate and understand the benefits to which you are entitled.

A summary of our conversation confirming your enrollment, as well as important details are also provided, for your quick reference.

Your enrolment details

Below is a summary of your telephone enrolment and important details of your Medishield Plus coverage for ready reference.

ENROLMENT DETAILS			
Date of Call	:	«EffectivityDate»	
Your Name	:	«FullName»	
Date of Birth	:	«BirthDate»	Gender : «Gender»
Address	:	«Address1» «Address2» «Address3»	
Coverage	:	«CLASSIFICATION»	

Your Medishield Plus benefits

Medishield Plus guarantees a fixed amount of benefit for each day of hospital confinement provided a minimum of 3 days' confinement. This amount is doubled if the confinement is at the Intensive Care Unit (ICU). Please refer to Certificate No. «CertNo» for the benefits.

SUMMARY OF BENEFITS	
BENEFIT	AMOUNT OF INSURANCE (IN PHP)
Daily Hospital Income	«AmountOfInsurance»
Group Credit Life	UP TO 15,000.00
Group Total and Permanent Disability	UP TO 15,000.00
Group Personal Accident	15,000.00
Accidental Medical Expense	UP TO «AME»

Important reminders about your insurance coverage

- Please note that your insurance is in force for as long as premiums are charged to your Metrobank credit card. Non-payment of premiums will result in termination of insurance coverage based on the terms and conditions of the group insurance policy which may be accessed at the **Metrobank Card Center**, 6778 Ayala Avenue, Makati City.
- For new card number assignment due to transfer of account, upgrade/downgrade, lost/stolen card, your insurance enrollment and billing will automatically be transferred to your new card.
- To file a claim against your insurance coverage, please contact AXA Accounts Services Hotline Number at **(02) 8885-0101 local 1540**. You may also send an email at corporate.solutions@axa.com.ph. You will be required to submit required documents to support your claim.
- Should you find the benefits and advantages of Medishield Plus unsuitable for your needs, please send a cancellation letter request to Metrobank Head Office through customerservice@metrobankcard.com **within 15 working days from the date you received your certificate**. Your paid premiums will be refunded, provided that no claim has been made and processed against your coverage.
- Should you wish to terminate your insurance coverage anytime after the first 15 days upon receipt of the certificate, please submit a signed notice of cancellation thru email to customerservice@metrobankcard.com. Termination will take effect within 7 to 10 working days upon receipt of the signed letter. Please note however that previously billed insurance premiums charged to your Metrobank credit card will not be refunded.
- For other questions or assistance on your coverage, you may call the 24-hour Customer Service Hotline of Metrobank at (02) 870-0700 or 1-800-1-888-5775 (Domestic Toll-Free) or send an email to customerservice@metrobankcard.com.

Again, thank you for entrusting your financial protection to AXA Philippines and welcome to the AXA family.

Sincerely,

AXA Philippines

This is a system-generated document. No signature is required.



Daily Hospital Income Insurance Certificate

AXA Philippines hereby insures the life of «FullName», the Member, subject to the terms and conditions set forth in the Group Master Policy No. «PolicyNo» (herein called the POLICY) issued to Metrobank, the Policyholder.

The Amount of Daily Hospital Income for which the Member as designated in the Policy Specifications shall be payable in accordance with the Benefit provision of the Group Master Policy as referred above, provided that the Member is insured thereunder.

Note: Documentary stamps are affixed on the copy of the Policy

The following benefits shall be paid to the Member, in the case of the Member's confinement:

1. The Daily Hospital Income as shown below for each day of confinement in a Hospital, provided the Insured Member is confined in a Hospital for a minimum of three (3) consecutive days.
2. The Intensive Care Daily Benefit as shown below for each day the Insured Member is confined in an Intensive Care Unit provided the Insured Member is confined in a Hospital for a minimum of three (3) consecutive days.

Amount of Daily Hospital Income (PHP)	Amount of Intensive Care Benefit (PHP)
Php «AmountOfInsurance»	Php «AmountOfInsurance»

The total period during which the Intensive Care Daily Benefit is payable due to an Insured's confinement shall not exceed a maximum of one hundred twenty (120) days for the duration of the Policy. The total period during which the Daily Hospital Income, inclusive of the Intensive Care Daily Benefit, is payable due to an Insured's confinement shall not exceed a maximum of one thousand (1,000) days for the duration of the Policy.

Notice date:

«Notice_Date»

Certificate Number:

«CertNo»

Insured:

«FullName»

Effective Date:

«EffectivityDate»

PROVISIONS

This Insurance Certificate is hereby issued to the Member under the Group Master Policy, as indicated in the reverse side. All matters pertaining to this insurance coverage are subject to the terms and conditions of the Policy.

The Policy is in the main premises of the Policyholder and is available to the Members for inspection during the office hours of the Policyholder. The Policy may also be viewed by the Member at AXA Philippines' Head Office upon request during office hours.

Beneficiary

A Member shall have the right to designate anybody, not disqualified by law, as his beneficiary, to receive any outstanding amount payable from the policy in case the Member is no longer alive at the time of payout. If there be no beneficiary designated by the Member or if there be no designated beneficiary surviving at the time of such payout, the following persons are designated to receive the benefits, in the following order of preference:

1. surviving spouse;
2. surviving children;
3. surviving parents;
4. surviving brothers and sisters;
5. estate executor or administrator

If all beneficiaries are designated as "revocable", the Member may exercise any and all rights and privileges under the Policy. Else, if any is designated "irrevocable", the consent of all such irrevocable beneficiaries is required.

The Member can also set other beneficiaries or change a beneficiary designation, subject to the consent of all irrevocable beneficiaries.

The Member's beneficiaries are classified as either a Primary Beneficiary or a Secondary Beneficiary. The Member's surviving beneficiaries in the same classification will share equally in the benefit proceeds for that beneficiary classification, unless otherwise specified. If no Primary Beneficiary survives, the benefit proceeds are payable to the beneficiaries under the next surviving classification, and so on.

Exclusions

We will not pay You any benefit under the Policy if Your Confinement shall result directly or indirectly from any of the following causes:

1. pre-existing conditions as defined in the Policy, if within the Waiting Period; or
2. pregnancy, childbirth or miscarriage, sterilization or infertility and any other related treatment of congenital anomalies; or
3. any unprescribed drug or alcohol abuse; or
4. any self-inflicted injury or suicide or any attempt thereat, whether sane or insane; or
5. eye glasses, corrective aids, and treatment of refractive errors, or any optional/cosmetic surgery unless it is a Medically Necessary confinement; or
6. dental surgery unless it is a Medically Necessary confinement; or
7. general check-up, convalescence, custodial or rest care; or
8. treatment or surgery for tonsils, adenoids or hernia or a disease peculiar to the female generative organs, unless the Insured has been continuously covered under the Policy for a period of one hundred twenty (120) days from its Effective Date or the date of last reinstatement, whichever is later; or
9. circumcision; or
10. any nervous or mental disorder; or
11. disease or infection with any human immunodeficiency virus (HIV) and/or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof; or
12. any attempt or commission of assault or unlawful act by the Insured; or
13. any act of war, declared or not, or while in military, naval or air service for any country at war, declared or not, or any acts of terrorism; or
14. nuclear, biological or chemical (NBC) contamination; or
15. any Confinement for treatment, procedure or other medical services which are not Medically Necessary.

We will not provide cover and We will not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose Us to any sanction, prohibition or restriction under any United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Termination of Member Insurance

Unless otherwise stated in the Policy Specifications, the insurance of any Member will automatically terminate on the earliest of the following:

1. The date of termination of the Policy;
2. The date at the end of the grace period if any premium due for the Member's insurance remains unpaid;
3. The date the Member ceases to be eligible for Insurance as defined in the Policy Specifications;
4. The date the aggregate period, from the policy effective date, during which the Intensive Care Daily Benefit is payable due to the insured Member's confinement reaches 120 days;
5. The date the aggregate period, from the policy effective date, during which the Daily Hospital Income, inclusive of the Intensive Care Daily Benefit, is payable due to the insured Member's confinement reaches 1000 days.

For Members requiring Active Work, insurance will continue to be in force for as long as premiums are paid:

- a. During the continuance of disability, if he ceases Active Work on account of disability; or
- b. For three (3) months, if he ceases Active Work on account of temporary layoff or leave of absence.

IMPORTANT NOTICE

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, has supervision over insurance providers and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints please contact the Public Assistance and Information Division (PAID) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and with email address pubassist@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.