



PRIVATE & CONFIDENTIAL

Notice Date:

Group Policy No:

Welcome to AXA!

Dear Valued Client,

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 **Credit Life Plus**, a Group Credit Life 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 Credit Life Plus coverage for ready reference.

ENROLMENT DETAILS	
Date of Call	:
Your Name	:
Date of Birth	:
Address	:
Coverage	:
	Gender:

Your Credit Life Plus benefits

Credit Life Plus provides financial benefits in case of loss of life or disablement due to natural causes, sickness and accident.

CERTIFICATE INFORMATION: COVERAGE EFFECTIVE ON		
Benefit	CERTIFICATE NO.	AMOUNT OF INSURANCE (IN PHP)
Group Credit Life Insurance		«AmountOfInsurance»
Group Total and Permanent Disability		
Group Personal Accident		«AmountOfInsurance»

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 Credit Life 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.



Certificate Number:

Insured:

Effective Date:

Group Credit Life Insurance Certificate

AXA Philippines hereby insures the life of _____, the Insured Debtor, under the Policy No. _____ (herein called the Policy) issued to Metrobank, the Policyholder-Creditor.

Upon Our receipt of due proof of the death of an Insured Debtor and while his insurance is in force, We shall pay proceeds less any unpaid Insured Debtor's contribution to the Policyholder-Creditor up to the extent of the indebtedness of the Insured Debtor and the balance, if any, to the designated secondary beneficiaries, subject to the provisions and conditions contained in the Policy.

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

AXA PHILIPPINES
34th Floor, GT Tower International
6813 Ayala Ave. corner H.V. Dela Costa St., Makati City, Philippines 1200
Customer Care Hotline: +63 2 5815-AXA, +63 2 3231-AXA
Fax: +63 2 844 39 11
Web: www.axa.com.ph

PROVISIONS

This certificate of coverage is hereby issued to the Insured Debtor 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 Master Policy.

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

Any sum becoming under this certificate of coverage will be payable to his beneficiaries, namely (1) the Policyholder-Creditor as the primary irrevocable beneficiary up to the extent of the Insured Debtor's indebtedness and (2) any designated secondary beneficiaries who will receive the Amount of Insurance in excess of the Insured Debtor's indebtedness. In the event that there is no designated secondary beneficiary or if there is no designated secondary beneficiary surviving at the death of the Insured Debtor, the following persons are designated to receive the benefits, in the following order of preference:

- a. surviving spouse;
- b. surviving children;
- c. surviving parents;
- d. surviving brothers and sisters;
- e. estate executor or administrator.

Termination of Insured Debtor Insurance

Unless otherwise stated in the Policy Specifications, the insurance of any Insured Debtor will automatically terminate at the earliest of the following:

1. The date of termination of this Group Master Policy;
2. The date at the end of the Grace Period if any premium due for the Insured Debtor's insurance remains unpaid;
3. The date the Insured Debtor ceases to be eligible for Insurance;
4. The date of death of the Insured Debtor.

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.



Certificate Number:

Insured:

Effective Date:

Group Personal Accident Insurance Certificate

AXA Philippines hereby insures the life of _____, the Member or Dependent, under the Group Master Policy No. _____ (herein called the Policy) issued to Metrobank, the Policyholder-Creditor.

When Bodily Injury caused directly by an Accident results in loss(es) covered by the Policy within one-hundred eighty (180) days from the date of Accident, We will pay the benefit(s) specified herein upon receipt of proof of claim, while insured thereunder, subject to the provisions and conditions contained in the Policy.

The Amount of Insurance for which the Member / Dependent shall be insured hereunder shall be as follows:

Amount of Insurance (in PhP)	
Death	Disablement (percentages as stated in the Schedule of Benefits)
«AmountOfInsurance»	Maximum of «AmountOfInsurance»

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

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PROVISIONS

This certificate of coverage 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 Master Policy.

The Policy is in the main premises of the Policyholder and is available to the Member 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.

Any sum becoming due by reason of death of the Member will be payable to the beneficiary designated by the Member. In the event that there is no designated beneficiary or if there is no designated beneficiary surviving at the death of the Member, the following persons are designated to receive the benefits, in the following order of preference:

- a. surviving spouse;
- b. surviving children;
- c. surviving parents;
- d. surviving brothers and sisters;
- e. estate executor or administrator.

The Member or beneficiary or a person on their behalf must give AXA Philippines written notice within ninety (90) days after the date of accident causing the loss, together with due proof of the claim satisfactory to AXA Philippines and all other documents or evidence as AXA Philippines may require to substantiate the claim.

INSURANCE BENEFITS

Death Benefit

When Bodily Injury caused directly by an Accident results in the loss of life of the Member within one-hundred eighty (180) days from the date of Accident, We will pay the Amount of Insurance less any unpaid Member's contribution to the Member's designated beneficiary/ies or to the Member, in case of loss of life of the Dependent.

Death caused by drowning or internal injuries revealed by an autopsy will be included, provided that they were directly caused by an Accident and independently of all other causes.

Disablement

When Bodily Injury results in any of the following losses to the Member or Dependent within one-hundred eighty (180) days from the date of Accident, We will pay the amount corresponding to the Disablement as shown below, subject to the provisions and conditions of this Policy:

<u>Loss or Loss of Use</u>	<u>Benefit payable expressed as a % of Amount of Insurance</u>
Loss of two or more limbs	100%
Loss of sight	
of both eyes	100%
of one eye	30%
Loss of sight of one eye and loss of one limb	100%
Loss of hearing	
of both ears	50%
of one ear	25%
Loss of both hands, or all fingers and thumb of both hands	100%
Loss of both feet	100%
Loss of leg	40%
Loss of one foot	40%
Loss of toes, all of one foot	15%
Loss of big toe	5%
Loss of any toe other than big toe, each	1%

Injuries resulting in being permanently bedridden	100%
Any other injury causing permanent disablement	100%
Loss of arm	50%
Loss of hand	42.5%
Loss of four fingers and thumb of one hand	42.5%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%

Where:

- a. Total and permanent loss of use of a part of the body shall be treated as loss of such part of the body;
- b. The loss of the first joint of the thumb or any other finger or of any toe shall be considered as equal to the loss of one half of the thumb or finger or toe and the benefit shall be one half of the benefit specified above for the loss of such thumb, finger or toe;
- c. The loss of more than one phalange of the thumb or of any finger or of any toe shall be treated as loss of the entire thumb, finger or toe;
- d. The benefit for the loss of two or more parts of the hand shall not be more than the loss of the entire hand.

In any policy year, the total benefits payable in respect of one or more Accident(s) resulting in loss(es) within one-hundred eighty (180) days from the date of Accident(s) shall not exceed the Amount of Insurance stated in the Policy Specifications of the Group Master Policy (i.e. for subsequent Accident resulting in loss(es) which would make the total benefits exceed the Amount of Insurance, We will pay the Amount of Insurance less the amount(s) paid for previous loss(es).) If the Insured Debtor, in a single Accident, shall sustain two or more losses as specified in the Schedule of Benefits above, We will pay only the higher amount. However, payment of the Amount of Insurance for such loss(es) shall not terminate this Policy in so far as accidental death benefit is concerned.

In any policy year, we will pay the Amount of Insurance for loss of life due to a covered Accident.

EXCLUSIONS

We will not pay any benefit under this Policy for any loss(es) resulting directly or indirectly, wholly or partly from any of the following causes:

1. self-inflicted injury, suicide or any attempt thereat; or
2. disease or infection (except infection which occurs through an accidental cut or wound), including 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
3. strike, riot, civil commotion, acts of terrorism, revolution, insurrection, declared or undeclared war, or any warlike operation; or
4. murder, provoked assault or participation in any brawl; or
5. any violation or attempted violation of the law or resistance to arrest; or
6. while the Insured Debtor is affected by alcohol or unprescribed drug; or
7. bodily or mental infirmity, hernia, ptomaines or infection other than infection occurring at the same time with or because of an accidental cut or wound, disease or sickness of any kind; or
8. poison, gas or fumes voluntarily or involuntarily taken, atomic explosion, nuclear fission, or radioactive gas; or
9. while engaging in the making or handling of explosives or upon being engaged as a custodian of explosives; or
10. while entering, operating, servicing, or ascending from or with any aerial or marine device or conveyance except while traveling as a passenger in an aircraft or marine transportation operated by a commercial passenger airline or shipping line on a scheduled air or sea service over an established passenger route; or
11. service in the military, naval or air force in time of declared or undeclared war or while under the orders for warlike operations or restoration of public order; or
12. while undergoing medical or surgical treatment except as a result of accidental injury; or
13. occasioned by or happening through pregnancy, childbirth or miscarriage; or
14. while engaged in hunting, racing of any kind, martial arts, scuba diving, hang gliding, yachting beyond five (5) kilometer of coast-line, bungee-jumping, parachuting, sky-diving, mountaineering, and other forms of extreme sports; or
15. nuclear, biological or chemical (NBC) contamination; or
16. earthquake, volcanic eruption or tidal wave

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 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 INSURANCE

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

- a. In the event of Accidental Loss of Life, as provided in this Policy;
- b. The date of termination of this Policy;
- c. The date at the end of the grace period if any premium due for the Member's insurance or Dependent's insurance remains unpaid;
- d. The date the Member or Dependent ceases to be eligible for Insurance as defined in the Policy Specifications;
- e. For members requiring Active Work, Insurance will continue to be in force for as long as premiums are paid;
 - i. During the continuance of disability, if he ceases Active Work on account fo disability; or
 - ii. 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



Certificate Number:

Insured:

Effective Date:

Group Total and Permanent Disability Insurance Certificate

AXA Philippines hereby insures the life of _____, the (Member/Insured Debtor), under the Group Master Policy No. _____ (herein called the Policy) issued to Metrobank, the Policyholder-Creditor.

Upon Our receipt of due proof of the total and permanent disability of (a/an) (Member/Insured Debtor) and while his insurance is in force, We shall pay the (Member/Insured Debtor) the Amount of Insurance, as shown below, less any unpaid (Member's/Insured Debtor's) contribution.

Amount of Insurance (in PHP) – Total and Permanent Disability
Up to «AmountOfInsurance» of the Outstanding Loan Balance based on latest statement of the Insured Debtor

If such disability occurred within the Waiting Period, the Amount of Insurance shall be limited to the actual premiums we have received for such (Member/Insured Debtor).

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PROVISIONS

This certificate of coverage is hereby issued to the (Member/Insured Debtor) 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 Master Policy.

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

BENEFIT AMOUNT LIMITATION

The Amount of Insurance payable shall be subject to a maximum equal to the Amount of Insurance as stated in the Policy Specifications of the Group Master Policy.

PAYMENT OF BENEFIT

We shall have the right to require proof of the existence and continuance of Total and Permanent Disability and require the (Member/Insured Debtor) to submit medical examinations or any other supporting evidence as we may deem satisfactory. An Elimination Period of six (6) months from the receipt of due proof shall be observed before settlement of the benefit.

No benefits shall be payable unless written notice is given to us within ninety (90) days after any event giving rise to a benefit. However, failure to provide this requirement within the time provided shall not invalidate or reduce any claim if it can be shown that it was not reasonably possible to do so and that notice was given as soon as reasonably possible.

If the (Member/Insured Debtor) has continued payment for this Supplemental Agreement during the Elimination Period, a return of all premiums paid from initial submission of the claim will be payable to the (Member/Insured Debtor). Furthermore, any benefit claims due to sickness contracted within the Waiting Period, or due to any condition which the (Member/Insured Debtor) is experiencing at the time of enrollment or is already pre-existing, will not be payable.

BENEFICIARY

A (Member/Insured Debtor) shall have the right to designate anybody, not disqualified by law, as his beneficiary, to receive any outstanding amount payable from this policy in case the (Member/Insured Debtor) is no longer alive at the time of payout. If there be no beneficiary designated by the (Member/Insured Debtor) or if there be no designated beneficiary surviving at the time of such payout, the following persons are designated to receive the benefits, in 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/Insured Debtor) may exercise any and all rights and privileges under this Policy. Else, if any is designated "irrevocable", the consent of all such irrevocable beneficiaries is required.

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

The (Member/Insured Debtor)'s beneficiaries are classified as either a Primary Beneficiary or a Secondary Beneficiary. The (Member/Insured Debtor)'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.

TERMINATION OF INSURANCE

Unless otherwise stated in the Policy Specifications, the Insurance of any (Member/Insured Debtor) will automatically terminate at the earliest of the following:

1. The date of termination of the Policy;
2. The date of termination of the Supplemental Agreement attached to the Policy;
3. The date at the end of the Grace Period if any premium due for the (Member/Insured Debtor's) insurance remains unpaid;
4. The date the (Member/Insured Debtor) ceases to be eligible for Insurance as defined in the Supplemental Agreement Specifications;
5. The date of death of the (Member/Insured Debtor).

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