

HEXAGON CLUB INSURANCE TERMS AND CONDITIONS

LIFE INSURANCE

This is a general summary for RSB Hexagon Club Life Insurance Group Policy.

ELIGIBLE DEPOSITORS TO BE INSURED

All Hexagon Club members aged 18 to 64 years old with at least P100,000 maintaining balance shall be eligible for life insurance cover.

AMOUNT OF INSURANCE AND PREMIUM RATE

Each eligible member shall be insured for an insurance coverage which is equal to 100% of the Average Daily Balance (ADB) subject to a maximum of Three Million Pesos (P3,000,000.00). Coverage will be equal to the initial deposit for new depositors or equal to the previous month's ADB for existing depositors. It will be automatically renewed every month thereafter until whichever of the following occurs first:

- I. The account did not meet the required ADB; or
- II. The account is closed

EFFECTIVITY DATE OF INDIVIDUAL COVERAGE

Effective date of coverage shall be on the date of account opening.

FILING AND PROCESSING OF CLAIMS

In case of claim of an insured MEMBER/DEPOSITOR, the POLICYHOLDER shall submit to the INSURER the following documents to facilitate the processing of claims:

1. For INCONTESTABLE CLAIMS - Coverage is more than one year from Member's Effectivity Date
 - 1.1. Claimant's statement to be accomplished by the beneficiary who is 18 years old or above; if below 18, by the guardian.
 - 1.2. Death Certificate with seal and issued by the Local Civil Registrar (original copy of the Certified True Copy)
 - 1.3. Birth certificate of member
 - 1.4. Specimen signature of the deceased
 - 1.5. Beneficiary Designation shall be based on the hierarchy as contained in the Policy Contract follows:
 - 1.5.1. Single Depositors - Parent/s, Siblings
 - 1.5.2. Married Depositors – Spouse, Children, Parents
 - 1.6. Other supporting documents depending on the relationship of the beneficiary with the Hexagon Club Prestige Member.

BENEFICIARY	REQUIREMENTS
<ul style="list-style-type: none"> ✓ Spouse ✓ Children age 18 & above 	<ul style="list-style-type: none"> ✓ Marriage contract ✓ Birth certificate of children ✓ If married, marriage contract
<ul style="list-style-type: none"> ✓ Children below 18, share in insurance proceeds is less than P50,000.00 and guardian is the parent/s 	<ul style="list-style-type: none"> ✓ Birth certificate of children; and ✓ Affidavit of Legal Guardianship duly notarized and accomplished by the guardian of the minor
<ul style="list-style-type: none"> ✓ Children below 18, share in insurance proceeds is more than P50,000.00 and guardian is the parent/s, provided the claim is Payable 	<ul style="list-style-type: none"> ✓ Guardian should file in Regional Trial Court a Petition for Approval of the Bond under Article 225 of the Family Code, and submit certified true copy of petition, decision, oath of office and proof of bond, court approval of the bond
<ul style="list-style-type: none"> ✓ Children below 18, (regardless of the 	<ul style="list-style-type: none"> Certified True Copy of the following:

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amount of insurance) and guardian is not the parent/s, provided the claim is payable	<ul style="list-style-type: none"> ✓ Order of the Court appointing the Person as Guardian of the Minor ✓ Letter of Guardianship issued by the Court ✓ Oath of Office ✓ Proof of bond, court approval of the bond
<ul style="list-style-type: none"> ✓ Parents ✓ Brothers/Sisters 	<ul style="list-style-type: none"> ✓ Birth certificate ✓ Birth certificate ✓ Marriage contract of sisters, if married
<ul style="list-style-type: none"> ✓ Common-Law Spouse 	<ul style="list-style-type: none"> ✓ Original Copy of Certificate of Non-Marriage of Insured from NSO ✓ Affidavit regarding marital status

1.7. If there is discrepancy in the name/date of birth of insured and member: Please provide the certified true copy of the birth certificate and marriage contract, if married.

2. For CONTESTABLE CLAIMS - Coverage is less than one year from Member’s Effectivity Date.

- 2.1. Attending physician’s statement duly notarized
- 2.2. Medical history of previous confinements, if any
- 2.3. Photocopy of clinical admitting history and physical examination
- 2.4. Out Patient/Clinic/ER records
- 2.5. Police investigation report and autopsy (if cause of death is due to accident)
- 2.6. Affidavit of eyewitnesses
- 2.7. Traffic incident report with sketch, driver’s license, if the insured was the driver (if cause of death is due to vehicular accident)
The Company reserves the right to ask for additional requirements if the above-mentioned standard requirements are deemed insufficient in rendering fair and correct judgment on the claim.

For both cases, contestable and incontestable claims, the POLICYHOLDER shall submit to INSURER the original copy of the Depositor’s signed Individual Insurance Application Form.

NOTICE AND PROOF OF CLAIM

Written notice of claim must be submitted to the member’s maintaining branch of account within 30 days from date of death. Proof of claim must be submitted not later than 90 days from date of death.

Failure to submit the written notice and proof of claim within the time limits shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible and was submitted as soon as was reasonably possible.

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ATM CARD (CARD PROTECT) INSURANCE

This is a general summary for RSB Hexagon Club Card Protect Master Policy. The insurance policy below shall automatically terminate on the earliest of the following dates:

1. The date the Master Policy terminates;
2. The date of termination of the Insured's status as an eligible RSB Hexagon Club Privilege Member
3. The date of death of the Insured

PERIOD OF COVERAGE

Coverage shall commence 12:01 am the day after account opening and shall cease one (1) month thereafter. The coverage shall be based on the initial deposit for the first month and previous month's ADB for the succeeding months. It will be automatically renewed every month thereafter until whichever of the following occurs first:

- i. The account did not meet the minimum ADB; or
- ii. The account is closed.

COVERAGES	BENEFITS	LIMITATIONS
1) Cash Protection Cover		
A. Loss of Money due to Robbery, Hold-up or Assault	PHP 50,000.00	Or actual cost maximum of 3 incidents per year: 1 st incident: 100% 2 nd incident: 50% 3 rd incident: 25% and limited by the daily withdrawal limit, whichever is less
B. Loss of Money due to Machine Tampering	50,000.00	Or actual cost maximum of 1 incident per year and limited by the daily withdrawal limit, whichever is less
2) Personal Accident Cover		
A. Death or Permanent Disability Benefit	120,000.00	Subject to Table of Disability Benefit
B. First Aid Medical Assistance	5,000.00	Or the actual cost, whichever is lower
3) Hospital Confinement Cover	2,250.00	Per day, minimum of 24 hours, up to 30 days
4) Identity Restoration Cover		
A. Document Replacement Benefit	10,000.00	Or the actual cost, whichever is lower
B. Identity Restoration Benefit	120,000.00	Or the actual cost, whichever is lower

Upon the happening of any event giving rise or likely to give rise to a claim under the policy, the Insured shall as soon as possible but not later than the following period:

24 Hours - Machine Tampering

48 Hours - All other coverage

from occurrence of loss, give notice to RCBC SAVINGS BANK (RSB).

1. Cash Protection
A. Loss of Money due to Robbery, Hold-up or Assault

Provides indemnity for loss of money due to robbery, hold-up, assault or other means of unlawful violent taking of cash withdrawn from the bank account happening from the moment the cardholder commences its act of withdrawing cash using an ATM Card from a machine, or happening within 15 minutes from the completion of the transaction and whilst within 50 meters radius from the ATM whichever occurs first. Subject further to the following conditions:

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- a) A written notification to RSB must be made within 48 hours from the happening of the incident, and the following complete and in order claim documents are submitted to RSB within seven (7) calendar days from the date of the incident.
 - i. A copy of police report; notarized affidavit/sworn statement on circumstances of the loss;
 - ii. Original ATM receipt, showing amount withdrawn, time of withdrawal, location of the Automated Teller Machine;
 - iii. If original ATM receipt is contestable and details could not be established, a confirmation from the bank that the transaction occurred at the time, date and ATM location would suffice.
- b) The loss amount being claimed is:
 - i. within the Master Policy Annual Aggregate Limit stated in the policy schedule;
 - ii. within the per occurrence and aggregate limit set for the cardholder stated in the policy schedule;
 - iii. within the aggregate limit set for any one ATM location stated in the policy schedule.

B. Loss of Money due to Machine Tampering

If the cardholder's ATM card was not lost or stolen, but loss of money was incurred through ATM withdrawal with the use of cardholder's card information, which was taken fraudulently by means of mechanical device or machine tampering on the ATM owned by the Policyholder or by other Bancnet member banks. Subject to the following conditions:

- Such unauthorized withdrawals are reported by the cardholder immediately to the Policyholder as soon as discovered followed by a written incident report within 24 hours of the loss to the Policyholder;
- Such unauthorized withdrawals were made up to thirty (30) calendar days prior to cardholder's first reporting to the Policyholder about the event, whichever occurs first and provided further that unauthorized withdrawals were incurred during the policy period;
- The claim must be accompanied by an incident report from the Policyholder or from other Bancnet member banks regarding the mechanical device or machine tampering incident;
- Payment will only be for unauthorized withdrawals for which the Policyholder is responsible for under the terms and conditions of their ATM card;
- The Insured or cardholder and the Policyholder must comply with all terms and conditions by which the ATM card is issued.

2. Personal Accident Cover

A. Death or Permanent Disability Benefit

Provides indemnity to the cardholder as per table of Benefits shown below, for:

- 1) total and permanent disability occurring within twelve calendar months of bodily injury as aforesaid and not followed within twelve calendar months of said bodily injury by the death of the cardholder;
- 2) loss of life or death of the cardholder occurring within twelve (12) calendar months due to murder & unprovoked assault arising from robbery, hold-up, or other means of unlawful violent actual taking, or attempt thereof, of cash withdrawn from the bank account happening from the moment the cardholder commences its act of withdrawing cash using an ATM Card from a machine, or happening within 15 minutes from the completion of the transaction and whilst within 50 meters radius from the machine whichever occurs first.

Provided that:

- a) A written notification to RCBC Savings Bank must be made within 48 hours from the happening of the incident, and the following complete and in order claim documents are submitted to RCBC Savings Bank within ninety (90) calendar days from the date of the incident;
- b) Subject to submission of the following original documents:
 - i. Police Report;
 - ii. Death Certificate (in case of death) or disability/medical certificate;
 - iii. Other supporting documents which may establish the cause of death/disability.

B. Fixed First Aid Medical Assistance

Provides benefit for reasonable expenses in obtaining first aid treatment of the bodily injury sustained by the cardholder due to robbery, hold-up, assault or other means of unlawful violent actual taking, or attempt thereof, of cash withdrawn from the bank account happening from the moment the bank ATM cardholder commences its act of withdrawing cash using an ATM Card from a machine, or happening within 15 minutes from the completion of the transaction and whilst within 50 meters radius from the machine whichever occurs first.

Provided that:

- a) A written notification to the Company must be made within 48 hours from the happening of the incident, and the following complete and in order claim documents are submitted to the Company within ninety (90) days from the date of the incident.

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- b) Subject to submission of the following original documents:
- i. Police Report;
 - ii. Medical certificate or proof that an injury was sustained due to the above mentioned cause.

TABLE OF BENEFITS

COVERAGES	BENEFITS
Accidental Death due to Murder & Unprovoked Assault	100%
Permanent loss of or loss of use of	
Both hands or both feet	100%
One hand and one foot	100%
One hand or foot and sight of one eye	100%
Sight of both eyes	100%
One hand or one foot or sight of one eye	50%

Any bodily injury or disablement not specified above shall not be covered by this policy.

“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 cardholder shall sustain more than one of such losses as a result of one accident, payment of the amounts 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.

In any policy period, the aggregate amount payable under the Disablement Benefit with respect to any one or more accidents shall not exceed the amount stated in the policy schedule for each cardholder. The amount of benefit payable for loss of life arising from independent, unrelated accident covered by this policy shall always be the amount stated in the schedule per cardholder regardless of the amount(s) paid for Disablement Benefit for that cardholder.

3. Hospital Confinement Cover

When as a result of injury arising from robbery, hold-up, assault or other means of unlawful violent taking of cash withdrawn from the Bank account happening from the moment the cardholder commences its act of withdrawing cash from a machine, or happening within fifteen (15) minutes from the completion of the transaction and whilst within 50 meters radius from the machine, whichever occurs first, the insured shall be necessarily confined commencing while this policy is in effect, in a hospital as in patient under the continuous attendance of a currently licensed physician or surgeon, the Company will pay the Daily Hospital Cash Benefit amount stated in the Schedule, for each day that the insured shall be so confined therein, per day minimum of twenty-four (24) hours up to thirty (30) days.

4. Identity Restoration Benefit

A. Document Replacement Benefit

Provides cash benefit for expenses incurred by the Insured in the process of replacing the ATM card and other documents such as national identity cards (e.g. SSS or GSIS card, driver’s license, employee ID, etc.) arising from robbery, hold-up, assault or other means of unlawful violent taking of cash withdrawn from the Bank account happening from the moment the cardholder commences its act of withdrawing cash from a machine, or happening within fifteen (15) minutes from the completion of the transaction and whilst within 50 meter radius from the machine, whichever occurs first.

B. Identity Theft Restoration

Provides indemnity to the Insured in retaining a specialist to assist the cardholder to correct false or fraudulent use of his/her identity subject to the condition that the card must be reported as lost or stolen.

GENERAL EXCEPTIONS

The Insurer shall not be liable under this Policy in respect of:

- a. any loss or damage directly or indirectly, proximately or remotely caused by or contributed to by or traceable to or arising out of or in connection with war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, mutiny, revolution, insurrection or military or usurped power, strike, riot, military or popular rising or loot, sack or pillage in connection therewith or flood, typhoon, hurricane, windstorm, volcanic eruption, earthquake or other convulsion of nature;
- b. any loss caused by:

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- i. any dishonest, fraudulent, or criminal act of the Insured or Policyholder or of any officer, employee, partner, director, trustee or authorized representative of the Insured or Policyholder whether acting alone or in conjunction with others;
- ii. the giving or surrendering of any credit card in any exchange or purchase;
- iii. non-settlement of accounts by the card holder's normal or in excess of limits granted to the cardholder;
- iv. charges incurred by a resident of cardholder's household, or by a person in the service of the cardholder or which the credit card is entrusted to for safekeeping;

and in the event of any claim hereunder the Insured shall prove that the loss or damage arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences, or any consequence thereof and in default of such proof the Insurer shall not be liable to make any payment in respect of such claims.

EXCLUSIONS:

The insurance under this policy shall not cover, and no payment shall be made for expenses incurred in connection with:

1. Persons who are not RSB Hexagon Privilege Club Members
2. Pregnancy and resulting childbirth, miscarriage or diseases of the female organs of reproduction.
3. Routine physical or any other examinations where there are no objective indications or impairment in normal health and laboratory diagnostic of X-ray examinations except in the course of a disability established by the prior call or attendance of a physician.
4. Intentionally self-inflicted injury or suicide while sane or insane or any attempt threat.
5. Cosmetics or plastic surgery, any dental work, dental treatment and eye examination, except as a result of an Injury.
6. Any mental and nervous disorder or rest cures.
7. Treatment of drug addiction or alcoholism.
8. Injury occasioned by war, warlike operations, civil commotion, strike, civil war, revolution, rebellion, service in the armed forces.
9. Congenital anomalies.
10. Treatment or surgery for tonsils, adenoids, and hernia.
11. Venereal diseases.
12. Acquired Immunology Deficiency Syndrome (AIDS).

CLAIMS PROCEDURE

IN CASE OF A CLAIM, the Insured or his Dependent/s should submit the following original documents to the member's maintaining branch of account.

CLAIMS REQUIREMENTS

General Requirements:

1. RSB Hexagon Club Privilege Card
2. Valid ID of Insured, with signature and address
3. Valid ID of Beneficiary/Claimant with signature and address

Additional Requirements for Accidental Death:

1. Notarized Affidavit of how the accident happened
2. Police Report/Incident Report
3. Death Certificate (Original or Certified True Copy)
4. Autopsy report (as may be required)
5. NSO Birth certificate of the Insured (Original or Certified True Copy)
6. Identification of Beneficiary

For Spouse: Marriage Certificate

For Parents/Children/Siblings: Birth Certificate

Additional Requirements for Total Permanent Dismemberment/Disablement/Hospitalization:

1. Notarized Affidavit of how the accident happened
2. Police Report/Incident Report
3. Medical Certificate (Original of Certified True Copy)
4. Operating Room report
5. Laboratory results
6. Picture
7. Billing Statement from the Hospital

Additional Requirements for Machine Tampering:

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1. Incident report from RSB or from other Bancnet member banks regarding the mechanical device or machine tampering incident

Additional Requirements for Document Replacement Benefit:

1. Police Report
2. Original Official Receipts

NOTICE OF CLAIM

Written notice of loss on which claim may be based must be given to RSB within the specified period after the of the incident causing the loss. In the event of accidental death, immediate notice thereof must be given to RSB.