University of the Philippines Diliman 1st Floor, South Wing, Quezon Hall UP Diliman, Quezon City Telefax: (632) 928-2886 Email: ovcsa@upd.edu.ph

13 January 2017

MEMORANDUM NO. JFA 2017-004

FOR:

Deans and Heads of Academic Units

FROM:

Prof. Jerwin F. Agpaoa

Vice Chancellor for Student Affairs

SUBJECT:

GSIS Group Personal Accident Insurance Plan

For your information and guidance, we are furnishing you a copy of the insurance policy for the GSIS Group Personal Accident Insurance Plan for UP Diliman Students.

Please note, however, that we have yet to draft the insurance specification guidelines and will furnish you with a copy as soon as the aforementioned document is done.

Thank you.

cc: Chancellor Michael L. Tan OVCRD OVCA OVCAA OVCCA



Line	PERSONAL ACCIDENT				
	GROUP	PERSONAL ACCIDENT			
Policy No.		PA-GPA-GSISHO-0002751			

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From NOV 16, 2016 To NOV 16, 2017

Issue Date DEC 08, 2016

	Policy	ID	1000549034	
Premium		3,08	1,420.00	
Doc Stamps			0.00	
Premium Tax			0.00	
VAT			0.00	
Local Tax			0.00	
Other Charges			0.00	
Amount Due		3,08	1.420.00	
Currency	P	PHILIPPINE PESO		

ASSURED : UP-OFC OF THE VICE CHANCELLOR FOR STUDENT AFFAIRS

Address : UP CAMPUS DILIMAN, QUEZON CITY

Remarks

DETAILS OF COVERAGE:

ACCIDENTAL DEATH/DISMEMBERMENT: PHP 200.000.00/PERSON
MEDICAL REIMBURSEMENT: PHP 20.000.00/PERSON
BEREAVEMENT ASSISTANCE: PHP 10.000.00/PERSON

18.126 STUDENTS:

Siapco Ann Nicole Arviso Masangday Aspen Nicolle Forte Rolloda Megan Lazar Garcia Jolo Jarren Pastoral Angeles Lady Roweena Yuzon Francisco Jessie Cuesta Baron Isabella Carmela Abad Santos Arevalo Claudette Manloloyo Maniquis Maria Angelica Matias Calderon Pamela Iris Fernandez Rayos Ramon Jose Tence Catungal Marielle Sandiko Urbiztondo Goldwayne Racelote Mayette Borja Calderon Jayvie Tomelden Go Althea Marie Salvador Aninang Eugelyn Joy Elivada Tadeo Naiza Ellaine Motin Luna Chelsea Pascual Dimalanta Leanne Elaica Bondoc Habulan Jasmine Malungcut Santiago Ruan Jean Buncato Viterbo Alexandria Blaire Mundo Buenaventura Jari Eustaquio Alvarez Ma. Allysiu May Go

USER: SLCOTAS

INTERMEDIARY RCO

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pg.1 (-

Villanueva Joanah Lee Domingo Pangilinan Emmanuelle Alcazaren Templo Isaiah Carlo Poblete Tan Isabella Mae Sy Macabuhay Alfred Nico De Castro Mauricio Rachel Hannah Hernande2

1.30 Tuazon Edmar Tacata

P3 30

Item/Person Name : BIGHTEEN THOUSAND ONE HUNDRED TWENTY-SIE (18,126) STUDENTS Occupation/Title :

Schedule of Rates and Premium of Principal,

Acc. Death/Med. Reim./Bereavement

Insurance Amount

Premium

4,168,980,000.00

3,081,420.00

TOTAL :

3,081,420.00

WARBANTIES AND CLAUSES AT THE TIME OF ISSUE :

SUBJECT TO GSIS STANDARD PERSONAL ACCIDENT INSURANCE 24HOUR ACCIDENT RIDER INCLUDING ALL COMMERCIAL FLYING (TERRITORIAL LIMIT-WORLDWIDE)

THIS POLICY COVERS AGAINST LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES, FROM BODILY INJURIES CAUSED BY ACCIDENT. HOWEVER, COVERAGE AS RESPECTS FLYING IS LIMITED TO LOSS OCCURRING WHILE THE INSURED IS RIDING SOLELY AS A PASSENGER, NOT AS AN OPERATOR OR CREW MEMBER, IN, BOARDING OR ALIGHTING FROM:

- a. A certified passenger aircraft provided by a commercial airline on any regular, scheduled or non-scheduled, special or chartered flight and operated by a properly certified pilot flying between duly established and maintained airports, or
- b. Any transport type aircraft operated by the Military Air Transport Service (MATS) of the United States of America or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world.

HENEFITS

The Insurance afforded is only with respect to injuries which, directly or indirectly of all other causes, result in death, dismemberment, total disability or medical expense, as stated hereunder, within the time limits indicated,

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but only against so many of the benefits as are specifically indicated in the Declaration page by the insertion of a premium charge or charges.

PART I.

LOSS OF LIFE INDEMNITY

When the injury results in loss of life of the Insured within one hundred eighty (180) days after the date of the accident the FUND will pay the LOSS OF LIFE INDEMNITY stated in the Schedule.

PART II. DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INDEMNITY

When injury does not result in loss of life of the Insured within one hundred eighty (180) days after the occurrence of the accident but does result in any of the following losses within said one hundred eighty (180) days, the FUND will pay for loss of:

Two limbs
Both Hands or all
Fingers and both thumbs100% of the Principal Sum
BOLD FEEL
Sight of Both Eyes
Arm at or above elbow
Arm between elbow and wrist60% of the Principal Sum
One Hand
Four Fingers & Thumb of one hand 50% of the Principal Sum
rout ringers
Thumb
index singer
middle Finger
Ring Finger5% of the Principal Sum
Little Finger4% of the Principal Sum
Metacarpals
Pirst or second (additional)
Third, fourth or fifth (additional) .2% of the Principal Sum
beg at or above knee
Leg below knee
one root
roes-
All of one Foot25% of the Principal Sum
Big Toe
May 100 Other than big toe, each 18 of the Drivering 1 com
sight of one Eye
Hearing-

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The occurrence of any specific loss for which indemnity is payable under this Part shall at once terminate all insurance under this Policy, but such termination shall be without prejudice to any claim originating out of the accident causing such loss.

No indemnity will be paid under any circumstances for more than one of the losses, the greatest, for which provision is made in this Part.

PART III.

PERMANENT TOTAL DISABILITY

When as the result of injury and commencing within 180 days of the date of the accident, the Insured is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the FUND will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under this Policy as the result of the same accident, at the rate of one percent per month for 100 months.

PART IV.

MEDICAL EXPENSE REIMBURSEMENT

When by reason of injury, the Insured shall require treatment by a legally qualified physician or surgeon, confinement in a hospital or the employment of a licensed or graduate nurse, the FUND will pay the actual expense incurred within fifty two weeks from the date of the accident for such treatment, hospital charges and nurses' fees which is in excess of the deductible amount (if any) stated in the Schedule, but not exceed the aggregate amount payable stated in the Schedule as the result of any one accident.

PART V.

EXCLUSIONS

The insurance with respect to the above hazards shall not apply:

- a. to loss caused directly or indirectly, wholly or partly by:
 - bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound);
 - 2. any other kind of disease,
 - 3. medical and surgical treatment (except such as may be necessary solely

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for injuries covered by this policy and performed within the time provided in the policy);

- 4. murder, assault or any attempt thereat.
- b. to suicide or any attempt thereat (same or insame);
- c. to loss occasioned by war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority, or any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war.

This exclusion shall not be affected by any endorsement which does not specifically refer to it, in whole or in part. The Insured, shall, if so required, and as a condition precedent to any liability of the FUND, prove that the loss did not any way arise under or through any of the above excepted circumstances or causes.

CIVIL CODE ARTICLE 1250 WAIVER CLAUSE

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IT IS HEREBY DECLARED AND AGREED that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 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 the establishment of the obligation shall be the basis of payment, "...shall not apply in determining the extent of liability under the provisions of this Policy.

INCLUSION OF UNPROVOKED MURDER OR ASSAULT- PA - 50%

IT IS HEREBY DECLARED AND AGREED THAT policy Provision under Item 4 - exclusion (a) Twenty Four Hour Accident Rider A-5, attachment of this policy, is amended to read as follows:

"IT IS FURTHER DECLARED AND AGREED that the Principal Sum hereunder for loss of life arising from directly or indirectly due to unprovoked murder or assault is fifty percent (50%) of the Principal Sum but not to exceed Ps50,000.00 PROVISION ON GRIS APPLICABLE TAXES & DOCUMENTARY STAMP TAX:

It is understood that all applicable taxes, including Documentary Stamp Tax

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(DST), if any shall be borne by the Insured.

For this purpose, the insured acknowledges that the GSIS is not a withholding agent for DST and hereby undertakes and commits itself to make direct payments to the BIR of any DST that may be imposed on the execution and performance of this Policy.

PROVISIONS FOR FILING NOTICE OF LOSS

The Insured under the Policy is required to file a Notice of Loss to the Insurance Company, without unnecessary delay, that is , within sixty (60) days from the date of accident or discovery of the loss.

Failure to submit said Notice of Loss on the above stipulated prescription period shall mean a loss of interest on the part of the Insured and will exonerate the Insurer from any liability on the benefit of the Insurence to which the Insured may be entitled to.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its duly authorized officer/representative at Financial Center, Passy City as of the date of issue.

MARIA OBDOLIA V. PALANCA

SENIOR VICE PRESIDENT

이 얼마 없는 아무리 중요한 모임이 되지 않는데 없었다.

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