



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
1071 United Nations Avenue
Manila



July 12, 2018

Ms. Silvida Reyes-Antiquera
General Manager
Kasagana-Ka Mutual Benefit Association, Inc.
#5 Don Francisco Street, Don Enrique Heights
Brgy. Holy Spirit, Quezon City

SUBJECT: Hospital Income Insurance Plan

Dear Ms. Reyes-Antiquera:

Please be advised that your ***Hospital Income Insurance Plan***, a group yearly renewable term product which provides for the following benefits is hereby approved:

Benefit	Amount
1. Daily Hospital Income Benefit	Php 200 per day, maximum of 30 days
2. Accidental Death Benefit	Php 5000
3. Accidental Total and Permanent Disability Benefit	Php 5000

Attached are the duly approved specimen copies of the following contract forms to be used for the said plan:

1. ***Master Policy Contract***
2. ***Application Form***
3. ***Certificate of Insurance***
4. ***Declaration of Health and Insurability***

It is understood that:

1. they have exactly the same text as the forms previously found in order under our letter dated June 05, 2018; and
2. approval of the said plan and forms shall be recalled at any time if there is a finding of violation of or non-compliance with the Amended Insurance Code and pertinent circulars and guidelines, without prejudice to the authority of the Insurance Commission to impose applicable penalties and other administrative sanctions provided in the same Code.

By Authority of the Insurance Commissioner:


RANDY B. ESCOLANGO
Deputy Insurance Commissioner
Legal Services Group



KASAGANA-KA Mutual Benefit Association, Inc.

#5 Don Francisco St., Don Enrique Heights, Brgy. Holy Spirit, Quezon City

Telefax No. (02) 990-7915 TIN 246-220-351-000 NON VAT

E-mail: kasaganaka.mba@gmail.com

HOSPITAL INCOME INSURANCE PLAN (HIIP) MASTER POLICY CONTRACT

ENTIRE CONTRACT

This Master Policy Contract, any Supplementary Contract, Endorsements, Application Form, Certificate of Insurance, Declaration of Good Health, and any amendments thereto, shall constitute the entire contract between the parties hereto. All statements made by KASAGANA-KA Mutual Benefit Association, Inc. (KASAGANA-KA MBA) or by the insured shall in the absence of fraud, be deemed representations and not warranties. No statement shall void this Master Policy Contract or be used in defense to a claim, unless it is contained in the written application thereof.

KASAGANA-KA MBA, subject to the provisions of this **Master Policy Contract**, shall pay the benefits on the **Certificate of Insurance**, in accordance with the following provisions.

Section 1. DEFINITIONS

The following conditions and definitions shall apply under the hospitalization benefits:

1. A **physician** or **surgeon** is defined as a person legally registered to practice medicine in the geographical location where the services to the patient have been rendered.
2. A **hospital** shall mean any private or government institution, duly licensed by the Department of Health (DoH), providing medical, diagnostic, and surgical facilities for the care and treatment of patients under the supervision of a physician with twenty-four (24) hours nursing service by registered graduate nurses. This does not include homes for the aged, nursing homes, convalescent homes and institutions for the treatment and care of patients suffering from drug addiction, alcoholism and nervous or mental disorders.
3. **Confinement** shall refer to administration of medical care of a curative or preventive measure and must be certified to be medically necessary by a physician. The medical care shall be afforded with a view to maintaining, restoring, or improving the health of the person insured and his/her ability to work.
4. **Day of confinement** shall mean full day of confinement for which a full charge for room and board is made by the hospital.

REPUBLIC OF THE PHILIPPINES
INSURANCE COMMISSION
APPROVED
UNDER THE PROVISION OF SECTION 232 OF P.D. NO. 612 OTHERWISE KNOWN AS "THE INSURANCE CODE" AS AMENDED BY RA 10666
BY AUTHORITY OF THE INSURANCE COMMISSIONER
JUL 12 2018
DATE
RANDY B. ESCOLANGO
DEPUTY INSURANCE COMMISSIONER
LEGAL SERVICES GROUP

1 2 4

5. **Policy year** as used herein shall mean the twelve (12) month period from the effective date of coverage of this Master Policy Contract that begins and ends between successive anniversary dates of the covered person's individual insurance coverage.
6. A **Pre-existing** condition is defined as any illness, ailment, or condition for which medical advice or treatment has been received by the member within the six (6) months prior to the effective date of coverage.
7. **Accidental death** is defined as a loss of life resulting directly, independently and exclusively of all other causes, of bodily injury effected solely by external, violent and accidental means of which, except in the case of drowning or if internal injury revealed by an autopsy, there is evidence of a visible contusion or wound on the exterior of the body occurring within one hundred eighty (180) days from date of such injury.
8. **Accidental TPD** shall mean disability caused by bodily injury that is accidental in nature, which prevents the member from engaging in any gainful activity and it must continue uninterrupted for at least six (6) months. There are two types of disability:
 - a) Disability with dismemberment – If a member suffers a loss of both arms, both legs, of one arm and one leg, or of both eyes, he/she shall be considered as totally and permanently disabled. Loss of both arms and both legs shall mean dismemberment by amputation of the entire hand or foot; with respect to eyes, entire and irrecoverable loss of sight.
 - b) Disability without dismemberment – If a member suffers a complete inability to engage in any gainful employment and becomes bedridden, he/she can be considered as totally and permanently disabled if after six (6) months the health condition has not improved as confirmed by a physician.

Section 2. ELIGIBILITY FOR COVERAGE

1. Only members who are insured under the Basic Life Insurance Plan and in good health shall be eligible for coverage under this HIIP.
2. Any willful misstatement in the application that would render a person eligible for coverage under HIIP when he/she would otherwise be ineligible shall be sufficient cause for the cancellation of one's coverage at any time such misstatement is known. KASAGANA-KA MBA will only refund the premium paid by the disqualified member.

Section 3. BENEFIT

KASAGANA-KA MBA's HOSPITAL INCOME INSURANCE PLAN (HIIP) Table of Benefits	
Insurance Benefits	Amount of Benefit
Hospital Confinement	200 / day of hospitalization
Accidental Death	5,000
Accidental TPD	5,000
*All amounts are in Philippine Peso	

a) Hospital Confinement Benefit

1. The hospital confinement benefit is a daily cash allowance paid for the number of days the member is unable to work due to bodily injury or sickness requiring hospital confinement.
2. No benefit shall be payable for hospital confinement caused by any of the following:
 - a. Self-inflicted injuries;
 - b. Maternity-related confinement;
 - c. Drug addiction;
 - d. Continued excessive or compulsive use of alcoholic drinks;
 - e. Declared or undeclared war or civil strife;
 - f. Acts in violation of the law; and
 - g. Pre-existing conditions subject to waiting period
3. The member shall be indemnified by an amount equal to TWO HUNDRED PESOS (PHP 200.00) per day multiplied to each full day of confinement, beginning on the first day of confinement, up to a maximum of thirty (30) days per policy year.
4. No benefit shall be payable for hospital confinement of less than twelve (12) hours.
5. If the maximum number of days of hospital confinement benefit for the policy year has been attained, no benefit shall be paid for succeeding hospital confinements within the policy year.
6. In case the benefit is not availed of in a given policy year, it shall not be carried forward to a later policy year. Likewise, if the maximum number of days is not attained, it shall not be carried forward to a later policy year.

b) Personal Accident Benefit

1. Upon accidental death of the member, the designated beneficiary/ies shall be indemnified according to the KASAGANA-KA MBA's HIIP Table of Benefits.
2. Upon accidental TPD of the member, the member or the designated beneficiary/ies shall be indemnified according to the KASAGANA-KA MBA's HIIP Table of Benefits.
3. It is understood that upon death or accidental TPD of the member, the Certificate of Insurance is terminated.

Section 4. PREMIUM AND IDENTIFIABLE CHARGES

1. Members shall be charged an annual premium of TWO HUNDRED FIFTY (PHP 250.00) PESOS.
2. The Board of Trustees may adjust the premium as may be necessary to maintain the funds of KASAGANA-KA MBA at a level adequate to meet its benefit obligations or commitments under this HIIP. Any change in the premium is subject to approval by the Insurance Commission.
3. Premiums may be paid by direct remittance to the KASAGANA-KA MBA Office or designated authorized collection centers in cash and are considered

paid on the date of receipt of KASAGANA-KA MBA office or authorized collection center.

Section 5. BENEFICIARIES

1. For hospital confinement benefit and accidental TPD benefit, the member shall be the beneficiary of the plan.
2. In case of the member's accidental death, the primary beneficiary, as set forth in the application form, shall be entitled to receive the said applicable benefits. However, in case the primary beneficiary predeceased the member, the secondary beneficiary shall receive the benefits.
3. In any case that the member is not able to receive the insurance benefits including (but is not limited to) death during hospital confinement period, the primary beneficiary, as set forth in the application form, shall be entitled to receive the said applicable benefits. However, in case the primary beneficiary predeceased the member, the secondary beneficiary shall receive the benefits.
4. The right to change the beneficiary is reserved to every member of KASAGANA-KA MBA, who may at any time, designate a new beneficiary/ies. Such request for change of beneficiaries must be made in writing and signed by the member, then submitted to KASAGANA-KA MBA office or designated authorized collection centers.

Section 6. MAXIMUM BENEFIT AND BENEFIT

1. The maximum benefit under HIIP shall not exceed one thousand (1000) times the daily minimum wage rate of non-agricultural workers in Metro Manila.
2. The maximum amount of premiums computed on a daily basis shall not exceed seven and a half percent (7.5%) of the daily minimum wage rate for non-agricultural workers in Metro Manila.

Section 7. WAITING PERIOD


KASAGANA-KA MBA shall impose a six (6) month waiting period on benefits for hospital confinement due to a pre-existing condition, wherein during such period, no benefits shall accrue to the member.

Section 8. EFFECTIVE DATE OF COVERAGE

1. HIIP coverage shall take effect immediately upon payment of premium and approval of application, subject to waiting period provision.
2. A Certificate of Insurance containing the effective date of coverage and a summary of benefits and excerpts of this Master Policy Contract for HIIP of KASAGANA-KA MBA shall be issued to every member upon approval of the application. A copy of this Master Policy Contract shall be provided to each Center or group of members.

Section 9. EVIDENCE OF INSURABILITY

No medical examination shall be required. However, each member shall be required to submit a Declaration of Good Health and Insurability Form, prescribed by KASAGANA-KA MBA.



Section 13. INCONTESTABILITY

Except for non-payment of premium or any other grounds recognized by law and jurisprudence, KASAGANA-KA MBA cannot contest the Certificate of Insurance after it has been in-force for one (1) year from the effective date of coverage.

Section 14. CLAIM SETTLEMENT

Payment of claims shall be made by KASAGANA-KA MBA not later than ten (10) working days from date of receipt of the complete documents required to validate the claim.

Section 15. NON-TRANSFERABILITY CLAUSE

The Certificate of Insurance is non-transferable.

Section 16. NOTICE AND PROOF OF CLAIM

1. When a member is hospitalized, the member or beneficiary must notify the Claims Examination/ Board of Awards Committee through the Center Chief, stating the full name and address of the patient, the cause of injury or hospitalization, and the date of injury or hospital confinement.
2. For hospital confinement claims, the member may file for claim for benefits as soon as he/she is confined and can still file within one (1) week after discharge from the hospital. For accidental death or accidental TPD, the claim for benefits should be filed within 6 (six) months after the accidental death or accidental TPD.
3. The benefits described under the Benefits Section above shall be paid upon presentation of any of the following documents showing the actual expenses, date and time of actual confinement such as official receipts, hospital billing, discharge slip, medical certificate and competent evidence of identity of the claimant.

Competent evidence of identity includes any of the following:

- a. SSS ID
- b. GSIS ID
- c. Driver's License
- d. COMELEC Voter's ID
- e. Postal ID
- f. BIR TIN
- g. KASAGANA-KA ID

*Cedula of CTC is not acceptable as competent evidence of identity.

4. Failure to give notice and proof as required, will not invalidate nor diminish the claim if it is shown not to have been reasonably possible to give such notice or proof and that each was given as soon as was reasonably possible.

Section 17. LIMITATION OF COMPLAINTS

Any complaint or grievance on this HIIP must be filed with the proper authorities within six (6) years from the time of rejection or denial of the claim. The venue for

the complaints and grievances on this plan must not be limited to the place of issue of this contract.

Section 18. DISPUTE RESOLUTIONS

All disputes arising in connection with this HIIP shall be initially settled through alternative dispute resolution mechanism.

Section 19. AVAILABILITY OF THIS MASTER POLICY CONTRACT

A copy of this Master Policy Contract shall be kept in the Main Office of KASAGANA-KA MBA and will be available to the members for their inspection during the KASAGANA-KA MBA's regular office hours.

Section 20. WAIVER OF ARTICLE 1250 OF THE CIVIL CODE

It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines which reads:

"In case of 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..."

shall not apply in determining the extent of the liability under the provisions of the Certificate of Insurance.

Section 21. AMENDMENTS TO THIS MASTER POLICY CONTRACT

Any amendment/s made to this Master Policy Contract is/are subject to approval by the Insurance Commission.

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 and has supervision over Mutual Benefit Associations and intermediaries. It is ready at all times to assist the general public in matters related to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and with email address publicassistance@insurance.gov.ph. The Official website of the Insurance Commission is <https://www.insurance.gov.ph>

**KASAGANA-KA MUTUAL BENEFIT ASSOCIATION (KASAGANA-KA MBA), INC.**

#5 Don Francisco St. Don Enrique Heights, Brgy. Holy Spirit, Quezon City

Telefax No. (02) 9907915 TIN 246-220-351-000 NON VAT

Email Add: kasaganaka.mba@gmail.com**APPLICATION FORM FOR HOSPITAL INCOME INSURANCE PLAN (HIIP)****A. APPLICANT'S DATA**

Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Coop/MFI:	Date Filed:
First Name		Age	Birthday (mm/dd/yyyy)	Branch:	Date of Payment:
Middle Name		Birth Place	Nationality	Occupation	
Home Phone	Cell Phone	TIN	SSS/GSIS/Valid ID	Other source/s of Income (if any)	
(A) Present Address		(B) Permanent Address		(C) Mailing Address (if different from A or B)	

B. BENEFICIARIES

	Name of Beneficiary(ies)			Date of Birth			Relationship to the Applicant
	Last Name	M.I.	First Name	mm	dd	yyyy	
Primary Beneficiary							
Secondary Beneficiary							

I hereby state and declare that all the answers contained herein are true and correct and I fully understand that any willful misstatement in age in this application that would render me eligible for insurance when I would otherwise be ineligible shall be sufficient cause for the cancellation of my coverage in KASAGANA-KA MBA's Hospitalization Income Insurance Plan at any time such misstatement is known.

I declare that to the best of my knowledge I am in good health and am able to perform the normal activities in the pursuit of livelihood at the time of my application with KASAGANA-KA MBA.

I understand that disqualification from coverage eligibility requirements will entitle me only to a refund of my premium payment.

I signify my consent and agree that KASAGANA-KA MBA: (a) may collect, use and disclose my/our personal data, as provided in this document, or obtained by KASAGANA-KA MBA as a result of being its client, for the purpose of processing this document and (b) may disclose and share the said information to KASAGANA-KA MBA's subsidiaries and/or affiliates; and further understand that I have a right to amend/revise the information that I have provided including the deletion of the given information, in accordance with the Data Privacy Act of 2012 and KASAGANA-KA MBA data protection policy.

I hereby acknowledge and authorize: (a) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof and (b) the sharing of my basic credit data with other lenders authorized by CIC, and credit reporting agencies duly accredited by the CIC.

SIGNATURE OF APPLICANT
Date Signed: _____

Processed by:	Endorsed by:	Approved by:
 _____ COOP/MFI SO	 _____ COOP/MFI MANAGER	 _____ MBA GENERAL MANAGER

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
INSURANCE COMMISSION
MANILA**APPROVED**

UNDER THE PROVISION OF SECTION 232 OF P.D. NO. 612 OTHERWISE KNOWN AS "THE INSURANCE CODE" AS AMENDED BY R.A. NO. 10607.

BY AUTHORITY OF THE INSURANCE COMMISSIONER

JUL 12 2018

DATE

RANDY B. ESCOLANGO
DEPUTY INSURANCE COMMISSIONER
LEGAL SERVICES GROUP