

NEW CLAIM REQUIREMENTS GUIDE

CLPP (Loan Protection Plan)

(For claims P100, 000.00 and below)

- Coop's covering/endorsement letter
- Original Death Certificate **or** certified true copy by the Local Civil Registrar
- Original individual certificate of Insurance
- Loan Ledger
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Attending Physician's Statement (duly notarized)*
- Other documents when needed (case to case)
- Police **or** Accident Report (when by violent death or accident)
- Autopsy Report or Post Mortem Examination Report (if autopsy were undertaken)
- Affidavit of guardianship (of guardian if declared beneficiaries were minors) - Sworn Statement/Affidavit of eye-witness/es (if any in medico legal cases) - Proof of payment, loan documents.

(For claims above P100, 000.00)

- Original individual certificate of Insurance
- Original Death Certificate **or** certified true copy from the Local Civil Registrar
- Identification Statement (3 copies)*
- Claimant's Statement (3 copies, duly notarized)*
- Attending Physician's Statement (3 copies, notarized)*
- Original or Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Others (when required)
- Police or Accident Report (when by violent death or accident)
- Autopsy Report **or** Post Mortem Examination Report (if autopsy were undertaken)
- Affidavit of guardianship (of guardian if declared beneficiaries were minors)
- Sworn Statement/Affidavit of eye-witness/es (if any in medico legal cases)

CLSP (Loan Savings Plan)

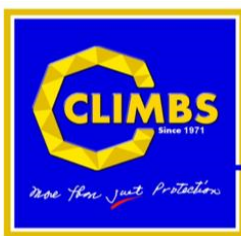
- Coop's covering/endorsement letter
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- CLSP Policy with the list of members covered
- Share and Savings Ledger
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse) - Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children) - Others when required/needed (case to case):
- Police or Accident Report (when by violent death or accident)
- Autopsy Report **or** Post Mortem Examination Report (if autopsy were undertaken)
- Affidavit of guardianship (of guardian if declared beneficiaries were minors) - Sworn Statement/Affidavit of eye-witness/es (if any in medico legal cases)

MAS & SP-MAS

- Coop's covering/endorsement letter
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- Original MAS Policy/Certificate of Insurance
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Affidavit of guardianship (of guardian if declared beneficiaries were minors) - Others when required/needed (case to case)

MAS WITHDRAWAL OF MEMBERSHIP

LUZON BRANCH OFFICE	BAGUIO AREA OFFICE	NAGA AREA OFFICE	CEBU AREA OFFICE	DAVAO AREA OFFICE	ILOILO AREA OFFICE
Units 501,505,604 & 605 8F EU State Tower 30 Quezon City, Philippines 1100 TF: (063) (02) 511 7078 Email: metro_manila@climbs.coop	Room 402, Lyman Ogilby Centrum Magsaysay Avenue Baguio City, Philippines 2600 TF: (063) (74) 422 6720 Email: metro_baguio@climbs.coop	2F Ramalde Building Elias Angeles, Santa Cruz Naga City, Philippines 4400 TF: (063) (54) 881 7604 Email: metro_naga@climbs.coop	6F Cebu CFI Building Capital Compound Cebu City, Philippines 6000 TF: (063) (32) 255 2234 Email: metro_cebu@climbs.coop	Door 27 88B, CAM Building Montverde-Alvarez Streets Davao City, Philippines 8000 TF: (063) (82) 305 1898 Email: metro_davao@climbs.coop	Door 26, Ground Floor Zorrudo Commercial Complex, E. Lopez St. Jaro, Iloilo City, Philippines 5000 TF: (063) (33) 320 0625 Email: metro_ililo@climbs.coop



- Withdrawal of membership as indicated in the MAS remittance report - Submit Certificate of Membership/Policy (original) - Submit letter of withdrawal.

GRTL

- Coop's covering/endorsement letter
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- Original Certificate of Insurance/Policy
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Affidavit of guardianship (of guardian if declared beneficiaries were minors)
- HDF1 or HDF2
- Others when required/needed (case to case)
- Attending Physician's Report
- Police **or** Accident Report (when by violent death or accident)
- Investigatory Report

CERP

- Coop's covering/endorsement letter
- CERP ID
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- Employer's Certification of Retirement

CERP WITHDRAWAL CLAIM

- Member's resignation letter
- Coop's covering/endorsement letter
- Submit CERP Member's ID (original)

MYRACL

Death Claim

- Coop's covering/endorsement letter
- Original MYRACL policy/certificate of Insurance
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- HDF-1
- Attending Physician's Report
- Other documents when needed (case to case)
- Police or accident report (when violent death or accident)
- Affidavit of Guardianship (of guardian if the declared beneficiary/ies were minors)
- Sworn statement/affidavit of eye-witness/es (if any in medico legal cases)
- Investigatory Report (case to case)

Accidental Dismemberment and Hospitalization Claim

- Police or Accident Report
- Attending Physician's Report stating details of the nature of loss and extent and period of disability,
- Xerox copy of policy or certificate of cover
- Hospital bills, receipts and doctor's prescription during confinement - Medical Certificate

GADDI, GLAFL, MICRO-BIZ & COOP FAMILY PLAN

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- Endorsement/Covering Letter
- Policy or Original Certificate of Life Insurance
- Original Death Certificate or Certified true copy from the Local Civil Registrar
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Attending Physician's Report/Statement (duly notarized)
- Others (when required)
- Police or Accident Report (when by violent death or accident)
- Autopsy Report or Post mortem Examination Report (if autopsy was undertaken)
- Affidavit of Guardianship (of guardian if the declared beneficiary/ies were minors)
- Sworn Statement/Affidavit of eye-witness/es (if any in medico legal cases)

Accidental Dismemberment and Hospitalization Claim

- Police or Accident Report (for accident only)
- A

tending Physician's Report stating details of the nature of loss and extent and period of disability (for accident only)

- Xerox copy of policy or certificate of cover
- Hospital bills, receipts and doctor's prescription during confinement - Medical Certificate

PAI, SAI & OTHER ACCIDENT INSURANCE

- Endorsement/Covering Letter
- Policy or Original Certificate of Insurance
- Original Death Certificate or Certified true copy from the Local Civil Registrar
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Attending Physician's Statement (duly notarized)
- Police or Accident Report
- Others (when required)
- Autopsy Report or Post mortem Examination Report (if autopsy was undertaken)
- Affidavit of Guardianship (of guardian if the declared beneficiary/ies were minors)
 - Sworn Statement/Affidavit of eye-witness/es (if any in medico legal cases)

Accidental Dismemberment and Hospitalization Claim

- Police or Accident Report
- Attending Physician's Report stating details of the nature of loss and extent and period of disability
- Xerox copy of policy or certificate of Insurance
- Hospital bills, receipts and doctor's prescription during confinement - Medical Certificate

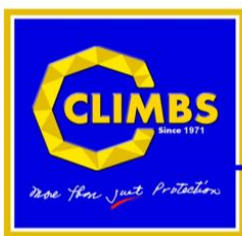
CMPP (Coop Members Protection Plan)

- Coop's covering/endorsement letter
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- Original Certificate of Cover/Policy
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Affidavit of guardianship (of guardian if declared beneficiaries were minors) - Others when required/needed (case to case)

HOSPITALIZATION CLAIM

- Attending Physician's Report - Medical Certificate - Hospital bills, receipts and doctor's prescription during confinement.

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COPP (Coop Officers Protection Plan)

- Coop’s covering/endorsement letter
- Original Death Certificate **or** Certified true copy from the Local Civil Registrar
- Original Certificate of Cover/Policy
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children) - Others when required/needed (case to case)

LABB

- Policy or Original Certificate of Life Insurance
- Original Death Certificate or Certified true copy from the Local Civil Registrar
- Original **or** Xerox copy of Marriage Contract/Certificate (if beneficiary is the spouse)
- Birth/Baptismal Certificate, **or** other evidence of age (if beneficiary/ies were children)
- Identification Statement (3 copies)
- Claimant’s Statement (3 copies duly notarized)
- Attending Physician’s Statement (3 copies duly notarized)
- Others (when required)
- Police or Accident Report (when by violent death or accident)
- Autopsy Report or Post mortem Examination Report (if autopsy was undertaken)
- Affidavit of Guardianship (of guardian if the declared beneficiary/ies were minors)

- Sworn Statement/Affidavit of eye-witness/es (if any in medico legal cases)

MYRACL GUIDE FOR BENEFITS

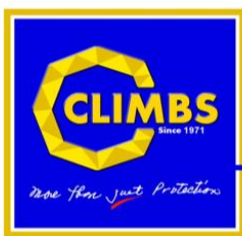
Table 1. MYRACL Standard Benefits Summary (1 unit)

Benefit Description	Attained Age At Death 16-54	Attained Age At Death 55-59	Attained Age At Death 60-64	Attained Age At Death 65-69
1. Life	5,000	3,750 (75%)	2,500 (50%)	2,500 (50%)
2. Burial	1,000	750 (75%)	500 (50%)	500 (50%)
3. Accidental Death	5,000	5,000	5,000	N/A
4. Accidental Dismemberment	Various See Dismemberment Schedule	Various See D/S	Various See D/S	N/A
5. Total & Permanent Disability Due to Accident	5,000	5,000	5,000	N/A

NOTE: New enrollees are not eligible for Life and Burial benefits if death occurs within the first 90 days of the effective date. Premium will be returned in such cases.

NOTE: If the 5-year premium is paid, then Life and Burial benefits will not reduce during the entire 5-year term, however all other benefits will reduce per the schedule above.

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CLIMBS Life and General Insurance Cooperative

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 Email: head_office@climbs.coop Website: www.climbs.coop

Table 2. MYRACL Silver Benefits Summary (1 unit)

Benefit Description	Attained Age At Death 16-54	Attained Age At Death 55-59	Attained Age At Death 60-64	Attained Age At Death 65-69
1. Life	5,000	3,750 (75%)	2,500 (50%)	2,500 (50%)
2. Burial	1,000	750 (75%)	500 (50%)	500 (50%)
3. Accidental Death	5,000	5,000	5,000	N/A
4. Accidental Dismemberment	Various See Dismemberment Schedule	Various See D/S	Various See D/S	N/A
5. Total & Permanent Disability Due to Accident	5,000	5,000	5,000	N/A
6. Medical Reimbursement if Hospitalized due to Accident (Up to 10% of the AD&D)	80% of eligible expenses, up to 500	80% of eligible expenses, up to 500	80% of eligible expenses, up to 500	N/A

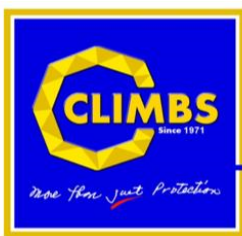
NOTE: New enrollees are not eligible for Life and Burial benefits if death occurs within the first 90 days of the effective date. Premium will be returned in such cases.

NOTE: If the 5-year premium is paid, then Life and Burial benefits will not reduce during the entire 5-year term, however all other benefits will reduce per the schedule above.

Table 3. MYRACL Gold Benefit Summary (1 unit)

Benefit Description	Attained Age At Death 16-54	Attained Age At Death 55-59	Attained Age At Death 60-64	Attained Age At Death 65-69
1. Life	5,000	3,750 (75%)	2,500 (50%)	2,500 (50%)
2. Burial	1,000	750 (75%)	500 (50%)	500 (50%)
3. Accidental Death	5,000	5,000	5,000	N/A
4. Accidental Dismemberment	Various See Dismemberment Schedule	Various See D/S	Various See D/S	N/A

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5. Total & Permanent Disability Due to Accident	5,000	5,000	5,000	N/A
6. Medical Reimbursement if Hospitalized due to Accident (Up to 10% of the AD&D)	80% of eligible expenses, up to 500	80% of eligible expenses, up to 500	80% of eligible expenses, up to 500	N/A
7. Supplementary Daily Cash Benefit if Hospitalized due to accident	30/day/unit max 300/day	30/day/unit max 300/day	30/day/unit max 300/day	N/A

NOTE: New enrollees are not eligible for Life and Burial benefits if death occurs within the first 90 days of the effective date. Premium will be returned in such cases.

NOTE: If the 5-year premium is paid, then Life and Burial benefits will not reduce during the entire 5-year term, however all other benefits will reduce per the schedule above.

NOTE: Maximum entry age for Supplementary Daily Cash Benefits is 59, but once enrolled and seasonably renewed, coverage continues until 65th birthday.

Table 4. MYRACL Diamond Benefit Summary (1 unit)

Benefit Description	Attained Age At Death 16-54	Attained Age At Death 55-59	Attained Age At Death 60-64	Attained Age At Death 65-69
1. Life	5,000	3,750 (75%)	2,500 (50%)	2,500 (50%)
2. Burial	1,000	750 (75%)	500 (50%)	500 (50%)
3. Accidental Death	5,000	5,000	5,000	N/A
4. Accidental Dismemberment	Various See Dismemberment Schedule	Various See D/S	Various See D/S	N/A
5. Total & Permanent Disability Due to Accident	5,000	5,000	5,000	N/A
6. Medical Reimbursement if Hospitalized due to Accident (Up to 10% of the AD&D)	80% of eligible expenses, up to 500	80% of eligible expenses, up to 500	80% of eligible expenses, up to 500	N/A
7. Supplementary Daily Cash Benefit if Hospitalized due to accident	30/day/unit max 300/day	30/day/unit max 300/day	30/day/unit max 300/day	N/A
8. Supplementary Daily Cash Benefit if Hospitalized due to sickness	30/day/unit max 300/day	30/day/unit max 300/day	30/day/unit max 300/day	N/A

NOTE: New enrollees are not eligible for Life and Burial benefits if death occurs within the first 90 days of the effective date. Premium will be returned in such cases.

NOTE: If the 5-year premium is paid, then Life and Burial benefits will not reduce during the entire 5-year term, however all other benefits will reduce per the schedule above.

NOTE: Maximum entry age for Supplementary Daily Cash Benefits is 59, but once enrolled and seasonably renewed, coverage continues until 65th birthday.

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