

COVID-19 INSURANCE

TERM OF INSURANCE: ONE (1) YEAR

SCHEDULE OF BENEFIT:

COVERAGE	PLAN
Death due to COVID-19	P20,000.00
Medical Reimbursement due to COVID-19	P10,000.00
Financial Assistance (in case a policyholder was tested and found to be symptomatic or asymptomatic and infected of COVID-19 but was only subjected to home quarantine or was brought to a facility for quarantine).	P2,500.00
ANNUAL PREMIUM	
HPP Coop Members	FREE
Dependents	P90.00

TERMS AND CONDITIONS:

- This is named basis policy coverage
- Coverage is for One (1) Year, effective from enrollment and payment of premium
- Age of qualification is 1 year old to 90 years old
- Qualified enrollees are coop members and their family members up to 2nd degree of consanguinity and affinity
- Covid-19 insurance policyholders who were found to be infected of Covid-19 virus before the effectivity of the policy will not be covered. However, recurrence of the same shall be covered.
- There shall be no diminishing effect of benefits and coverage.
- In case of claim, the member must submit the following requirements:
 - In case of Home Quarantine or Facility Quarantine:
 - Photocopy of SWAB or RT PCR Test Result with Proof of Payment or OR made thereof
 - Photocopy of Member's and Claimant's valid IDs
 - Photocopy of Certificate of Membership
 - Duly Notarized Affidavit of Relationship to the Coop member, if applicable
 - Certification from Cooperative or LGU that member was identified as having been exposed or in close contact to a person positive of COVID-19 infection
 - In case of confinement:
 - Photocopy of Certificate of Confinement
 - Photocopy of Hospital Billing Statement, Official Receipts of medicines prescribed by the doctor
 - Other requirements stated above.
 - In case of death due to Covid-19:
 - Death Certificate with medical findings that the cause of death was due to Covid-19
 - Certificate of Membership
 - Duly notarized Affidavit of Relationship to the Coop member, if applicable
 - Other requirements stated above.