

GROUP CRITICAL ILLNESS



Insurance that provides lump sum cash benefits to insured members if they are diagnosed with critical illness to help them cope with the medical bills and other major cash needs. Coverage is renewable every year and has a short waiting period of 30 days after which benefit can be payable.

Depending on the client's preference, this product has 3 package offerings that cover critical illness in varying scope:

List of Critical Illnesses		
15	20	35
Heart Attack (Acute Myocardial Infraction)	Heart Attack (Acute Myocardial Infraction)	Heart Attack (Acute Myocardial Infraction)
Stroke	Stroke	Stroke
Cancer	Cancer	Cancer
Multiple Sclerosis	Multiple Sclerosis	Multiple Sclerosis
Coronary Artery Surgery	Coronary Artery Surgery	Coronary Artery Surgery
Heart Valve and Structural Surgery	Heart Valve and Structural Surgery	Heart Valve and Structural Surgery
Kidney Failure	Kidney Failure	Kidney Failure
Major Organ Transplant	Major Organ Transplant	Major Organ Transplant
Benign Brain Tumour	Benign Brain Tumour	Benign Brain Tumour
Motor Neuron Disease	Motor Neuron Disease	Motor Neuron Disease
Muscular Dystrophy	Muscular Dystrophy	Muscular Dystrophy
Aortal Surgery	Aortal Surgery	Aortal Surgery
Bacterial Meningitis	Bacterial Meningitis	Bacterial Meningitis
Poliomyelitis	Poliomyelitis	Poliomyelitis
Parkinson's Disease	Parkinson's Disease	Parkinson's Disease
	Chronic Liver Disease	Chronic Liver Disease
	Major Burns	Aplastic Anaemia
	Coma	Coma
	Chronic Lung Disease	Encephalitis
	Terminal Illness	Fulminant Hepatitis
		Loss of Hearing
		Loss of Limb
		Loss of Sight
		Total and Permanent Disability
		Major Burns
		Paralysis
		Primary Pulmonary Hypertension
		Major Head Trauma
		Terminal Illness
		Chronic Lung Disease
		Progressive Bulbar Palsy
		Pseudobulbar Palsy
		Primary Lateral Sclerosis
		Amyotrophic Lateral Sclerosis

Claim Documents:

- Terminal Illness Claim Form
- Certificate of Attending Physician
- Certified True Copy of:
 - Birth Certificate of Insured
 - Medical Records (i.e Clinical Abstract/ Discharge Summary)
- Certificate of Employment stating last date of active work
- Photocopy of any valid ID of the Insured

Contact Information:

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