

BIZ PACK

A comprehensive and customizable group term insurance plan suitable for small-scale businesses with 5 to 99 employees, no medical underwriting required.



DESIGNED FOR:

- Memberships / Organizations
- Employer-Employee
- Schools
- Manpower Agencies
- Service-oriented Businesses
- Financial Institutions
- Food Industry
- Others***

PRODUCT FEATURES



BASIC LIFE BENEFIT

Pays designated beneficiaries the amount of insurance for the untimely death of the insured, regardless of cause.



ACCIDENTAL MEDICAL EXPENSE BENEFIT (AME)

Covers medical expenses for injuries caused by an accident, as long as treatment starts within 30 days of the accident.



ACCIDENTAL DEATH AND DISABLEMENT BENEFIT

Provides benefits for bodily injuries caused by external, violent, and accidental events, if the loss to be indemnified occurs within 180 days from the date of the accident.



DAILY ACCIDENTAL HOSPITAL BENEFIT (DAHAB)**

Pays a daily cash benefit if the insured is hospitalized due to accident-related injuries, starting within 30 days of the accident. The benefit begins on the first day of confinement and continues for up to 12 months per hospital stay.

***Subject to exclusions and pre-existing conditions.*



TOTAL AND PERMANENT DISABILITY BENEFIT

Provides a lump sum benefit amount to an insured person who becomes totally and permanently disabled.

Total and permanent disability shall mean any of the following:

- Total and irrecoverable loss of sight in both eyes;
- Loss of or loss of use of two or more limbs at or above the wrist or ankle; or
- Uninterrupted disability for not less than six months, which prevents the insured individual from engaging in any gainful occupation, employment, or business.



CRITICAL ILLNESS BENEFIT - 15 DISEASES (CIB)**

Pays a lump sum benefit amount in the event of a critical illness as defined in the contract, as long as these conditions are met:

- It is the first time the insured is diagnosed with a critical illness.
- The diagnosis happens at least 30 days after the coverage starts or is last reinstated.
- The diagnosis is confirmed by a licensed specialist and approved by the insurer's medical team

***Subject to exclusions and pre-existing conditions.*

ELIGIBILITY:

- ✓ All probationary (who have passed and undergone pre-employment exam), contractual, casual, project-based and regular full-time employees of the Policyholder shall be eligible for this insurance plan.
- ✓ The employee must be at least 18 years old but has not yet reached 65 years of age.
- ✓ The employee must be actively at work, which means reporting to their designated place of employment and performing all their usual and customary duties.

**An employment contract can confirm employee's employment with the company.*

PLANS & BENEFITS TO CHOOSE FROM:

Benefits	Plan 100	Plan 200	Plan 300	Plan 400	Plan 500	Customized
Life Insurance Coverage						
Accidental Death and Dismemberment Benefit	100,000	200,000	300,000	400,000	500,000	500,000 - 1,000,000
Total and Permanent Disability Benefit						
Accidental Medical Expense Benefit (AME)	10% of the Basic Life Benefit					
Daily Accidental Hospital Benefit (DAHAB)	500	600	700	900	1,000	500 - 1,000
Critical Illness Benefit - 15 Diseases (CIB)	25,000	50,000	75,000	100,000	125,000	25,000 - 150,000
Head Count Requirement	Less than 50 but minimum of 5					Greater than 50 but not more than 100

AME is 10% of basic cover

MINIMUM REQUIREMENTS FOR ISSUANCE:

- ✓ **Census or Estimated Number of Heads per Age Band (Min. info required to provide a quote)**
- ✓ Completely Filled-Out Application Form
- ✓ Completely Filled-Out Pioneer Corporate Client Data Form (KYC)
- ✓ Copy of DTI/SEC Registration (for Solo Proprietorship)
- ✓ Copy of Articles of Incorporation & SEC Certification/GIS (Corporate)

For any inquiries or concerns, please contact:

Name: _____
 Contact No.: _____
 Email: _____

***Optional Benefits - Daily Accidental Hospital Benefit (DAHAB); Critical Illness Benefit - 15 Diseases (CIB)*
****Others - Kindly contact us to know more about other industries we cover.*

Pioneer Life Inc.

Pioneer House Makati, 108 Paseo de Roxas, Legazpi Village, Makati City,
 1229 Tel: +632 8812 7777 | www.pioneer.com.ph

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ANNUAL PREMIUM PER INDIVIDUAL

Age Range	Plan 100	Plan 200	Plan 300	Plan 400	Plan 500
LIFE, ADDB, TPD					
18 - 30	262	525	787	1,050	1,312
31- 40	312	625	937	1,250	1,562
41- 50	547	1,094	1,641	2,188	2,735
51 - 59	1,183	2,366	3,549	4,731	5,914
60 - 64	2,147	4,294	6,442	8,589	10,736
AME					
18 - 64	60	120	179	239	299

Age Range	Plan 100	Plan 200	Plan 300	Plan 400	Plan 500
DAHB					
18 - 64	33	39	46	59	66
CIB (15 Illnesses)					
18 - 30	42	83	125	166	208
31- 40	76	152	228	304	380
41- 50	240	480	720	960	1,200
51 - 59	543	1,086	1,628	2,171	2,714

15 CRITICAL ILLNESSES COVERED (optional benefit):

- | | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| 1. Heart Attack (Acute Myocardial Infarction) | 5. Coronary Artery Surgery | 9. Benign Brain Tumor | 13. Bacterial Meningitis |
| 2. Stroke | 6. Heart Valve and Structural Surgery | 10. Motor Neuron Disease | 14. Poliomyelitis |
| 3. Cancer | 7. Kidney Failure | 11. Muscular Dystrophy | 15. Parkinson's Disease |
| 4. Multiple Sclerosis | 8. Major Organ Transplant | 12. Aortal Surgery | |

PLAN EXCLUSIONS

Pioneer Life Inc. shall not pay loss resulting directly or indirectly from any of the following instances:

A. Occupations that are engaged in hazardous activities such as:

Underground construction, mining, underwater; oil and gas exploration, production or refining; chemical industries; Industries that manufacture, process, transport or use ammunition, explosives, fireworks or substantial quantities of toxic substances; professional sports team; flight and sea-faring personnel, naval, military or air force services; police and emergency services.

B. Accidental Death and Disablement Benefit Rider; Accidental Medical Expense Benefit; Daily Accidental Hospital Benefit

- suicide or attempted suicide while sane or insane, or any self-inflicted injury or any sickness;
- murder, assault, or any attempt thereof, except as specifically provided herein;
- war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, and civil commotion assuming the proportion of or amounting to a popular uprising. This exclusion shall not be affected by any endorsement which does not specifically refer to it in whole or in part;
- service in or being attached to the armed forces, the police forces or the opposing forces;
- participation in any fight or brawl by the Insured Individual; or assault or death with provocation from the Insured Individual;
- any violation or attempted violation of the law or resistance to arrest;
- accident caused by the effect of alcohol or any unprescribed drug on the Insured Individual;
- any bodily or mental infirmity, disease or sickness, or infection other than infection occurring at the same time with or because of an accidental cut or wound;
- poison, gas or fumes voluntarily taken or atomic explosion, nuclear fission or radioactive matter, chemical or biological contamination;
- entering, leaving, operating, servicing, or being in, on or about any aerial or submarine device or conveyance except as a passenger in an aircraft provided by a commercial passenger airline;
- involvement in any dangerous sports or hobbies such as racing on wheels, glider flying, sailing or other hobbies which are comparably dangerous and risky unless sports risk premium is paid;
- losses or medical expenses of whatever nature, caused by or resulting from an Accident occurring while the Insured Individual is riding on a motorcycle either as a driver or as a passenger. A motorcycle is described as a "two-wheeled motorized vehicle";
- cosmetic or plastic surgery, any dental work, treatment or surgery, eye or ear examination, except to the extent that any of them is necessary for the repair or alleviation of damage to the Insured's person caused solely by Accident; or
- any Act of Terrorism or any action taken in controlling, preventing, suppressing, or in any way relating to, any act of terrorism. For the purpose of this exclusion, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence, atomic/ biological/ chemical weapons, weapons of mass destruction, disruption or subversion of communication and information systems infrastructure and/or the contents thereof, sabotage or any other means to cause or intended to cause harm of whatever nature and/ or the threat of any of the aforementioned acts, of any person or group(s), whether acting alone or in behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

C. Total and Permanent Disability Lump Sum Benefit Rider

- any sickness or injury intentionally self-inflicted by the Insured Individual;
- acquired Immune Deficiency Syndrome (A.I.D.S.), or any of its complications;
- intentional use of any unprescribed drug;
- any violation or attempted violation of the law or resistance to arrest;
- strike, riot or any enforcement of public order, declared or undeclared war, civil war, or any other warlike operation;
- service in or being attached to the armed forces, the police forces or the opposing forces; or
- entering, leaving, operating, servicing, or being in, on or about any aerial or submarine device or conveyance except as a passenger in an aircraft provided by a commercial passenger airline.

D. Critical Illness Benefit - 15 Diseases

- any sickness or injury intentionally self-inflicted by the Insured Individual, while sane or insane;
- addiction to alcohol or intentional and illegal use of any prohibited drug;
- while under the influence of alcohol or unprescribed drugs;
- Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS), or any of its complications;
- congenital anomalies; or
- pre-existing conditions as defined.

You may refer to the policy contract for the full list of conditions and exclusions.

Pioneer Life Inc.

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APPLICATION FOR GROUP INSURANCE

Applicant Information	
Applicant's Legal Name	
Address	
Nature of Business	
Contact Number(s)	
Compliance with AMLA Requirements	<input type="checkbox"/> Identification Documents (TIN, SSS/GSIS) <input type="checkbox"/> Incorporation/Partnership Documents/By-laws/List of Directors, Partners, Principal Stockholders, Beneficial Owners <input type="checkbox"/> Source of Fund

Group Policy Details	
Plan of Insurance	Supplementary Benefits
<input type="checkbox"/> Group Yearly Renewable Term Life Insurance <input type="checkbox"/> Group Credit Life Insurance <input type="checkbox"/> Group Personal Accident Insurance <input type="checkbox"/> Group Travel Accident Insurance <input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/> Accidental Death and Disablement Benefit Rider <input type="checkbox"/> Accidental Medical Expense <input type="checkbox"/> Daily Accident Hospital Benefit <input type="checkbox"/> Daily Sickness Hospital Benefit <input type="checkbox"/> Cash Assistance Benefit <input type="checkbox"/> Group TPD Lump Sum Benefit Rider <input type="checkbox"/> Group Bereavement Benefit Rider <input type="checkbox"/> Living Care Benefit Rider <input type="checkbox"/> Others, please specify: _____
Contribution Rate	<input type="checkbox"/> Contributory <input type="checkbox"/> Non-contributory
Mode of Premium Payment	<input type="checkbox"/> Annual <input type="checkbox"/> Others, please specify: _____

Provide details if Plan is GROUP TRAVEL ACCIDENT INSURANCE	
Type of Travel	<input type="checkbox"/> Local <input type="checkbox"/> International
Number to be insured	
Duration of Coverage	FROM (mm/dd/yyyy): _____ TO (mm/dd/yyyy): _____
Purpose of Travel	<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Others: _____
Itinerary	

Authorized Signatory for Applicant:

 Printed Name and Signature

 Date Signed

 Title/Designation

 Place Signed

Broker/Agent:

 Printed Name and Signature

PIONEER LIFE INC.

Pioneer House Makati, 108 Paseo de Roxas, Legazpi Village, Makati City 1229, Philippines
 Tel: +63 2 8812 7777 or +63 2 7750 9999 • Fax: +63 2 8817 1461 • www.pioneer.com.ph

KNOW YOUR CUSTOMER - CORPORATE CLIENT (GROUP POLICYHOLDER)

☐ I am allowing Pioneer Life Inc. to collect and use my Know Your Customer (KYC) information and identification documents from its related insurance companies for purposes of complying with the customer due diligence requirements under the Anti-Money Laundering Act of 2001.

To enable us to process and issue your policy accurately and to signify our support for the Anti-Money Laundering Act of 2001 (AMLA), kindly provide us the following information: (Items with * must be filled out)

Company Name: *		Company Tax Identification Number: *	
Office Address: * House No.		Bldg./Street	
		Brgy.	
City/Municipality		Province	
Company Telephone Number: *		Company Email Address: *	
Name of Company Representative: *			
Company Representative Email Address and/or Telephone Number: *			
Nature of Business:		Source of Funds:	
If applicable, please fill out:			
Name of Agent: *			
Telephone Number of Agent: *		Email Address of Agent: *	
Politically-Exposed Persons (PEP) Questions:			
1. Do you have directors or officers who are presently or formerly Government Officials? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please specify: _____			
2. Do any of the owners, directors, officers or other executives have a close personal or family relationship with any Government Official/s?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ Relationship: _____			
Note: If answer to above is "Yes", please answer a separate PEP Questionnaire.			
This is to certify that I have the authority to issue this certification for and in behalf of the above-cited business. It is hereby further certified that the names listed in the attached comprises the complete list of all eligible employees/members enrolled in the group policy that will be issued. Furthermore, any adjustments in the list of members that may be added in the future, provided it is submitted through our authorized representative, should be considered as certified by me. Finally, we shall be responsible for verifying and maintaining the customer identification documents and records of the enrolled employees/members.			
Furthermore, we hereby consent to be bound by obligations set out in the relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction.			
Specimen Signature of Company Representative:		Position:	
Form completed by Contact Person, if other than the Company Representative:		Tel. No. of Contact Person: Email Address of Contact Person:	
Position:		Date:	
Please submit this Know Your Customer form together with the following latest documents to your intermediary or Pioneer account officer:			
1. For Corporations: <ul style="list-style-type: none"> Secretary's Certificate authorizing the representative Valid photo-bearing identification document of the authorized representative General Information Sheet (GIS) Articles of Incorporation and By-laws Certificate of Incorporation issued by the Securities and Exchange Commission (SEC) 		3. For Sole Proprietors: <ul style="list-style-type: none"> Certificate of Registration issued by the Department of Trade and Industry (DTI) Valid photo-bearing identification document of the transactor (<i>owner/representative</i>) Special Power of Attorney authorizing the representative 	
2. For Partnerships: <ul style="list-style-type: none"> Partners' Certificate authorizing the representative Valid photo-bearing identification document of the authorized representative Articles of Partnership and By-laws Certificate of Partnership issued by the Securities and Exchange Commission (SEC) 		4. For Money changers/foreign exchange dealers and agents: <ul style="list-style-type: none"> Appropriate documents above AMLC covered persons Certificate issued by the Bangko Sentral ng Pilipinas (BSP) 	
In compliance with the Data Privacy Act of 2012, please read the following terms of use: In processing and protecting the above and other information collected, Pioneer Group of Insurance Companies shall observe the applicable provisions of the privacy laws and regulations of the Philippines, including but not limited to, the pertinent provisions of Rep. Act No. 10173 or otherwise known as "Data Privacy Act of 2012" as well as applicable Confidentiality and/or Non-disclosure Agreements. In addition and to the extent permitted by law or contract, Pioneer Group of Insurance Companies may process the above and other information collected for the following purpose/s: <ul style="list-style-type: none"> to comply with data parameters and enable client matching in the Pioneer Group of Insurance Companies' database; to support data analytics and other customer-centric initiatives; to comply with the legal and statutory requirements and processes imposed by the courts and different regulatory bodies such as the Insurance Commission and the Anti-Money Laundering Council. 			

Note: The security of your information is our priority. We protect this information by maintaining physical, technical and organizational measures and by following practices on data security.

If you have any questions or concerns about your information and/or how we process your data, you may contact us through email at dpo@pioneer.com.ph or call us at (02) 8812-7777 from 8 am to 6 pm, Monday to Friday.