

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

Circular No :	27 - 2005
Date :	August 26, 2005
Supersedes:	CL No. 25-94

**CIRCULAR LETTER**

**TO : ALL LIFE INSURANCE COMPANIES DOING  
BUSINESS IN THE PHILIPPINES**

**SUBJECT : EXPEDITIOUS APPROVAL OF TRADITIONAL  
LIFE INSURANCE PRODUCTS**

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In order to expedite the approval of life insurance products, certificates or contracts of insurance, supplementary contracts, riders and endorsements, the following rules and regulations are hereby promulgated to implement Section 226 of Presidential Decree No. 1460, otherwise known as the "Insurance Code of 1978" pursuant to the powers vested in the Insurance Commissioner by the provisions of Section 414 thereof:

1. Any submission of life insurance products to be sold as basic policies must be accompanied by all the documents required by Circular Letter No. 11- 90 dated 10 July 1990, together with the transmittal letter addressed to the Insurance Commissioner and a duly accomplished Checklist and Evaluation Sheet. Specimen copies of the various Checklists and Evaluation Sheets are attached hereto as Annexes "A", "A.1", "B", "B.1", "C" and "C.1". Due care must be observed by the company in accomplishing the appropriate Checklist and Evaluation Sheet and no item therein must be left unanswered except when it is not applicable, in which case "N.A." should be indicated together with a brief explanation.
2. The submission must also be accompanied by a Deed of Undertaking to be executed by the President or Head of the company or by any authorized senior officer of the company whose name/s must be submitted to the Insurance Commission. Such Deed of Undertaking shall state, among others, the following:
  - a) That the insurance product submitted for approval pursuant to Section 226 of the Insurance Code substantially contains the mandatory provisions prescribed in Sections 227 to 231 of the Insurance Code as well as the standard provisions required under Circular Letter No. 14-93 dated 25 June 1993 and uses the standard format for asset share calculations prescribed in Circular Letter No. 30-92 dated 20 November 1992 as and when applicable;
  - b) That the insurance product strictly complies with the substantive requirements of the Insurance Code and other pertinent circulars and guidelines duly issued by

the Insurance Commission. The Circulars (Annex “D”) and Guidelines (Annex “E”) attached hereto are made integral parts of this Circular. Furthermore, any circular and guideline pertaining to insurance products and their approval which the Insurance Commission shall subsequently issue shall automatically form part of this Circular;

- c) That the accompanying Checklist and Evaluation Sheet were duly accomplished and each entry made thereon is correct and accurate; and
- d) That the company shall be responsible for any willful misrepresentation and/or any willful violation committed by any of its officers and/or authorized representatives in connection with the application for approval of the insurance product.

Enclosed is the prescribed Deed of Undertaking form which is marked as Annex “F” hereof.

3. This Circular shall apply to the following:

- a) traditional life insurance products both on standard policy provisions and/or asset share format as prescribed by Circular Letter No. 30-92 dated 20 November 1992 and Circular Letter No. 14-93 dated 25 June 1993;
- b) traditional life insurance products which are not on standard policy provisions and/or asset share format; and
- c) other traditional life insurance products.

This Circular shall not apply to variable contracts as defined in Title 10 of the Insurance Code of 1978.

- 4. The Insurance Commission reserves the right to conduct post-audit even after the life insurance product has been issued to confirm if it fully complies with the requirements of the pertinent provisions of the Insurance Code and circulars and guidelines issued by the Insurance Commission.
- 5. Approval of any insurance product pursuant to this Circular shall be subject to recall at anytime if there is a finding of violation of the Insurance Code and circulars and guidelines issued by the Insurance Commission, without prejudice to the authority of the Insurance Commissioner to impose the applicable penalties prescribed under Section 415 of the Insurance Code and/or other administrative sanctions provided in the Insurance Code. If the misrepresentation, deficiency or violation may be remedied by a corrective action, the Insurance Commissioner may order the company concerned to effect such remedy/ies provided that the interest of the insured is duly and adequately protected. In no case shall this prevent the affected insured or beneficiaries from instituting any appropriate action to recover from the company any damage which they may have incurred or suffered as a result of such misrepresentation, deficiency or violation.
- 6. All submissions of insurance products, together with the required supporting documents, shall be directly forwarded to the Actuarial Division of the Insurance Commission which shall issue an acknowledgment upon receipt thereof. Upon verification that: i) the required documents are complete; ii) the appropriate Checklist and Evaluation Sheet are duly accomplished; and iii) the prescribed Deed of Undertaking is duly executed, as provided in this Circular, the Insurance Commission shall release the approval letter.

7. The Philippine Life Insurance Association (PLIA) is hereby deputized to disseminate to its member-companies this Circular together with all the attachments referred to herein.
8. This Circular shall supersede Circular Letter No. 25-94 dated 12 December 1994 issued by the Insurance Commission.

This Circular shall take effect immediately.

**(SGD.) BENJAMIN S. SANTOS**

Insurance Commissioner

**ACT.\**

## ANNEXES

2. ANNEX A - Checklist of Minimum Requirements for the Approval of *Individual Life Insurance Products*
3. ANNEX A.1 - Evaluation Sheet for the Approval of *Individual Life Insurance Products*
4. ANNEX B - Checklist of Minimum Requirements for the Approval of *Group Life Insurance Products*
5. ANNEX B.1 - Evaluation Sheet for the Approval of *Group Life Insurance Products*
6. ANNEX C - Checklist of Minimum Requirements for the Approval of *Accident and Health Insurance Products*
7. ANNEX C.1 - Evaluation Sheet for the Approval of *Accident and Health Insurance Products*
8. ANNEX D - List of Circular Letters
9. ANNEX E - Guidelines Relative to Products Approval
10. ANNEX F - Deed of Undertaking

Name of Company : \_\_\_\_\_

**CHECKLIST OF MINIMUM REQUIREMENTS for the approval of  
TRADITIONAL INDIVIDUAL LIFE INSURANCE PRODUCTS**

	YES	NO	REMARKS
<b>I. Plan</b> _____			
A. Policy Form (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Brief and concise description of insurance plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Table of Gross Premium Rates and Net Valuation Premiums (all issue ages)	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Actuarial Notes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Asset share calculations for the complete duration of the plan or 20 policy years whichever is shorter, for decennial ages.	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Schedule of Terminal Reserves for the complete duration of the plan or 20 policy years whichever is shorter, for decennial ages	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Table of Non-forfeiture values available under the plan (Cash Values, RPU and/or ETI) for the entire duration of the plan for all issue ages	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Illustration of Benefits *	<input type="checkbox"/>	<input type="checkbox"/>	_____
I. Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
J. Application Form (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
K. Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>II. Rider</b> _____			
A. Rider / Supplementary Contract (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Brief and concise description of rider	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Table of Gross Premium rates and Net Valuation Premiums	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Actuarial Notes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Asset share calculations for the complete duration of the rider or 20 policy years whichever is shorter, for decennial ages *	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Schedule of Terminal Reserves for the complete duration of the rider or 20 years whichever is shorter, for decennial ages *	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Table of Non-forfeiture values available under the rider (Cash Values, RPU and/or ETI) for the entire duration of the rider for all issue ages	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Illustration of Benefits *	<input type="checkbox"/>	<input type="checkbox"/>	_____
I. Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
J. Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* if applicable

**Note :**

- For request for approval of policy / supplementary contract only, item IA / IIA applies.
- For request for approval of premium rates only for plan / rider, items I.B to I.I / II.B to II.I apply.
- For request for approval of revision of existing policy / rider contract provisions, attach a summary of changes and highlight the changes made in one (1) copy of contract.
- Indicate the name of plan / rider / supplementary contract on each page of Evaluation Sheet.

**EVALUATION SHEET for the approval of TRADITIONAL INDIVIDUAL LIFE INSURANCE PRODUCTS****I. Policy Contract****A. Policy Data Page**

	YES	NO	REMARKS
1 . Policy Number	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Policy Date / Effective Date / Issue Date	<input type="checkbox"/>	<input type="checkbox"/>	
3 . Policy Owner	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Insured	<input type="checkbox"/>	<input type="checkbox"/>	
5 . Age of Insured	<input type="checkbox"/>	<input type="checkbox"/>	
6 . Policy Amount / Sum Insured / Face Amount	<input type="checkbox"/>	<input type="checkbox"/>	
7 . Maturity Date / Expiry Date / Termination Date	<input type="checkbox"/>	<input type="checkbox"/>	
8 . Form Number *	<input type="checkbox"/>	<input type="checkbox"/>	
9 . Schedule of Benefits and Premiums			
a . Benefit Description	<input type="checkbox"/>	<input type="checkbox"/>	
b . Benefit Amount	<input type="checkbox"/>	<input type="checkbox"/>	
c . Premium (Annual and Other Modes)	<input type="checkbox"/>	<input type="checkbox"/>	
d . Due Dates	<input type="checkbox"/>	<input type="checkbox"/>	
e . Maximum Years Payable	<input type="checkbox"/>	<input type="checkbox"/>	
10 . Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>	
11 . Documentary Stamp Tax clause	<input type="checkbox"/>	<input type="checkbox"/>	
12 . Others (e.g. Company address, Telephone Nos., TIN, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

**B. Policy Provisions**

1 . Insuring clause - <i>must be consistent with Benefit Provision</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Benefit Provision	<input type="checkbox"/>	<input type="checkbox"/>	
2.a. <i>must be consistent with plan description and actuarial formulations</i>			
2.b. <i>if participating, include provision relative to payment of dividend accumulations upon termination of the policy</i>			
3 . Grace Period	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Incontestability	<input type="checkbox"/>	<input type="checkbox"/>	
5 . Entire Contract	<input type="checkbox"/>	<input type="checkbox"/>	
6 . Effectivity of the Policy and Policy Date	<input type="checkbox"/>	<input type="checkbox"/>	
7 . Misstatement of Age / Sex	<input type="checkbox"/>	<input type="checkbox"/>	
8 . Suicide	<input type="checkbox"/>	<input type="checkbox"/>	
8.a. <i>must comply with Circular Letter dated July 25, 1985 and Guidelines Relative to Products Approval</i>			
8.b. <i>prescription period must not be longer than that in the Incontestability provision</i>			
9 . Non-participating / Participating	<input type="checkbox"/>	<input type="checkbox"/>	

\* if applicable

10 . Dividends (for participating plans)	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 . Non-forfeiture*			
a . Option 1 : Cash Surrender Value	<input type="checkbox"/>	<input type="checkbox"/>	_____
b . Option 2 : Paid-Up - <i>must be consistent with actuarial formulations</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c . Option 3 : Extended Term Insurance - <i>must be consistent with actuarial formulations</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 . Policy Loan *	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 . Premium Loan Option *	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . Premium Default Option *	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 . Settlement Options	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . Lapsation / Termination *	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . Reinstatement	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 . Table of Non-forfeiture Values *	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . Important Notice	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 . Optional provisions			
a . Assignment	<input type="checkbox"/>	<input type="checkbox"/>	_____
b . Claim Settlement	<input type="checkbox"/>	<input type="checkbox"/>	_____
c . Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	_____
d . Premium	<input type="checkbox"/>	<input type="checkbox"/>	_____
e . Limitation of Action - <i>venue of action must not be limited to the place of issuance of contract</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f . Currency	<input type="checkbox"/>	<input type="checkbox"/>	_____
g . Conversion privileges / Optional Conversion (for term plans)	<input type="checkbox"/>	<input type="checkbox"/>	_____
h . Renewal (for term plans)	<input type="checkbox"/>	<input type="checkbox"/>	_____
i . Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>C. Illustration of Benefits</b> - <i>must comply with IC Circular Letter No. 23-2005.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>D. Others</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**II. Rider /Supplementary Contract**

<b>A. Rider Provisions</b>			
1 . Reference Policy Number to which rider will be attached	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . Effective Date / Issue Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . Benefit Amount / Sum Insured / Face Amount *	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* if applicable

4 . Maturity Date / Expiry Date / Termination Date

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\_\_\_\_\_

5 . Form Number \*

☐☐

\_\_\_\_\_

6 . Authorized Signatories\*

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\_\_\_\_\_

7 . Definitions \*

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\_\_\_\_\_

8 . Benefit Provision - *must be consistent with actuarial formulations*

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\_\_\_\_\_

9 . Incontestability \*

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\_\_\_\_\_

10 . Suicide \*

☐☐

\_\_\_\_\_

11 . Non-participating / Participating

☐☐

\_\_\_\_\_

12 . Non-forfeiture \*

a . Option 1 : Cash Surrender Value

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\_\_\_\_\_

b . Option 2 : Paid-Up - *must be consistent with actuarial formulations*

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\_\_\_\_\_

c . Option 3 : Extended Term Insurance - *must be consistent with actuarial formulations*

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\_\_\_\_\_

13 . Table of Non-forfeiture Values\*

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\_\_\_\_\_

14 . Lapsation / Termination

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\_\_\_\_\_

15 . Reinstatement \*

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\_\_\_\_\_

16 . Conversion privileges / Optional Conversion  
(for term riders)

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17 . Renewal (for term riders)

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\_\_\_\_\_

18 . Others (Optional provisions)

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**B. Illustration of Benefits** - *format must comply with IC Circular Letter No. 23-2005.*

**C. Others** \_\_\_\_\_

☐☐

\_\_\_\_\_

\* if applicable



**EVALUATION SHEET for the approval of TRADITIONAL INDIVIDUAL LIFE INSURANCE PRODUCTS**

III. Application Form for Life Insurance	YES	NO	REMARKS
<b>A . Pertinent Information on Applicant/Policy Owner</b>			
1 . Name, Addresses, Date and Place of Birth, Telephone nos., etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . Nationality	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . Nature of Business, Occupation and Business Address	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 . Compliance with AMLA requirements ( CL 9-2002 )			
a. Identification Documents (TIN, SSS, GSIS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Incorporation/partnership documents, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Source of fund	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Others	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 . Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>B . Pertinent Information on Proposed Insured</b>			
1 . Name, Addresses, Date and Place of Birth, Contact nos., etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . Nationality	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . Nature of Business and Occupation	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 . Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>C . Policy Details</b>			
1 . Details on Beneficiary and Designation <i>- designation options must be limited to "revocable" and "irrevocable"</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . Premium Default Options - <i>must be consistent with policy provision on Premium Default</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . Policy Dividend Options 3.a. <i>must be consistent with policy provision on Dividend Options</i> 3.b. <i>must comply with Guidelines on Dividend Requirements</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 . Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>D . Compliance with IC Circular 1-2002 on Replacement of Policies</b>			
1 . Part I Declaration of Applicant	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . Part II Declaration of Agent	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . Replacement Notification Form	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>E . Certificate of Coverage / Temporary Life Cert.*</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>F . Others _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>IV. Other forms</b>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**EVALUATION SHEET for the approval of TRADITIONAL INDIVIDUAL LIFE INSURANCE PRODUCTS**

V. Actuarial Data	YES	NO	REMARKS
A . Brief and concise description of the Plan / Rider	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B . Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
C . Table of Gross Premium Rates and Net Valuation Premiums (all issue ages)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<i>C.1. For basic plans - gross premium should be at least equal to the corresponding net valuation premium</i>			
<i>C.2. For riders - the aggregate gross premiums of the packaged plan should be at least equal to the corresponding aggregate net valuation premiums</i>			
D . Compliance with the requirements of the Insurance Code / IC Guidelines :			
1. Section 210 - Reserves (Valuation Interest Rate, Mortality Table and Methods of Valuation)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
2. Section 227(f) 1 & 2, 227(h) - Non-forfeiture Values (Cash Values, RPU and/or ETI)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
3. Section 227(e) - Dividends (for participating plans)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
4. IC Guidelines on Minimum Cash Values for Limited-pay Plans and Dollar-Denominated Plans	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
E . Consistency of Actuarial Assumptions and Formulations with actuarial values and Accuracy of actuarial values			
1. Asset Shares (mortality, withdrawal, interests, expenses, etc.) *	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
2. Schedule of Terminal Reserves including Net Valuation Premiums	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
3. Cash Values	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
4. Reduced Paid-up	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
5. Extended Term Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
6. Illustrative Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

\* ***For very late break-even (BE) points or BE points occurring beyond premium paying period explanation / justification must be submitted.***

Name of Company : \_\_\_\_\_

**CHECKLIST OF MINIMUM REQUIREMENTS for the approval of  
GROUP LIFE INSURANCE PRODUCTS**

	YES	NO	REMARKS
<b>I. Plan</b> _____			
A. Policy Form (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Brief and concise description of the insurance plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Table of Gross/ Net Premium rates	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Actuarial Notes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Certificate of Coverage (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Application Forms (3 copies each)			
1. Application for Group Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Individual Application for Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Group Enrollment Card	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>II. Rider</b> _____			
A. Rider / Supplementary Contract (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Brief and concise description of the rider	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Table of Gross/ Net Premium rates	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Actuarial Notes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Note :**

- a. *For request for approval of policy / supplementary contract only, item IA / IIA applies.*
- b. *For request for approval of revision of existing policy / rider contract provisions, attach a summary of changes and highlight the changes made in one (1) copy of contract.*
- c. *Indicate the name of plan / rider / supplementary contract on each page of Evaluation Sheet.*

**EVALUATION SHEET for the approval of GROUP LIFE INSURANCE PRODUCTS****I. Master Policy Contract****A. Policy Specifications**

	YES	NO	REMARKS
1 . Group Policy Number	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Policy Date / Effective Date / Issue Date	<input type="checkbox"/>	<input type="checkbox"/>	
3 . Policyholder / Assured	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Insured / Member / Debtor	<input type="checkbox"/>	<input type="checkbox"/>	
5 . Age of Insured	<input type="checkbox"/>	<input type="checkbox"/>	
6 . Benefits Payable / Amount of Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
7 . Expiry Date / Termination Date	<input type="checkbox"/>	<input type="checkbox"/>	
8 . Benefit Description	<input type="checkbox"/>	<input type="checkbox"/>	
9 . Conditions for Continuance of Policy			
a . Minimum number of individual insureds/debtors	<input type="checkbox"/>	<input type="checkbox"/>	
b . Amount of insurance	<input type="checkbox"/>	<input type="checkbox"/>	
c . Others _____	<input type="checkbox"/>	<input type="checkbox"/>	
10 . Eligibility Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
11 . Contributory / Non-Contributory	<input type="checkbox"/>	<input type="checkbox"/>	
12 . Authorized Signatories	<input type="checkbox"/>	<input type="checkbox"/>	
13 . Documentary Stamp Tax clause	<input type="checkbox"/>	<input type="checkbox"/>	
14 . Form Number (optional)	<input type="checkbox"/>	<input type="checkbox"/>	
15 . Others (e.g. Company address, Telephone Nos., TIN, etc. )	<input type="checkbox"/>	<input type="checkbox"/>	

**B. General Provisions**

1 . Insuring clause - <i>must be consistent with Benefit Provision</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Benefit Provision * - <i>must be consistent with plan description and actuarial formulations</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3 . Entire Contract	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Individual Certificates	<input type="checkbox"/>	<input type="checkbox"/>	
5 . Availability of Master Policy	<input type="checkbox"/>	<input type="checkbox"/>	
6 . Misstatement of Age	<input type="checkbox"/>	<input type="checkbox"/>	
7 . Incontestability	<input type="checkbox"/>	<input type="checkbox"/>	
8 . Effectivity of the Policy and Policy Date	<input type="checkbox"/>	<input type="checkbox"/>	
9 . Evidence of Insurability	<input type="checkbox"/>	<input type="checkbox"/>	
10 . Payment of Premiums	<input type="checkbox"/>	<input type="checkbox"/>	
11 . Experience Rating Refund (optional)	<input type="checkbox"/>	<input type="checkbox"/>	
12 . Grace Period	<input type="checkbox"/>	<input type="checkbox"/>	

13 . Suicide ☐ ☐ \_\_\_\_\_  
13.a. *must comply with Circular Letter dated July 25, 1985  
and Guidelines relative to Products Approval*  
13.b. *prescription period must not be longer than that in the  
Incontestability provision*

14 . Data Required / Reports ☐ ☐ \_\_\_\_\_  
15 . Termination of the Policy \*\* ☐ ☐ \_\_\_\_\_  
16 . Payment of Benefits / Beneficiary ☐ ☐ \_\_\_\_\_  
17 . Claims Settlement ☐ ☐ \_\_\_\_\_  
18 . Clerical Error ☐ ☐ \_\_\_\_\_  
19 . Assignment ☐ ☐ \_\_\_\_\_  
20 . Reinstatement ☐ ☐ \_\_\_\_\_  
21 . Conversion privileges ☐ ☐ \_\_\_\_\_  
22 . Renewal ☐ ☐ \_\_\_\_\_  
23 . Article 1250 of the Civil Code of the Philippines Not Applicable ☐ ☐ \_\_\_\_\_  
24 . Legal Proceedings ☐ ☐ \_\_\_\_\_  
25 . Important Notice ☐ ☐ \_\_\_\_\_

**C. Insuring Provisions Applicable to Members**

1 . Definition of "Insured / Member / Debtor" ☐ ☐ \_\_\_\_\_  
2 . Persons Eligible ☐ ☐ \_\_\_\_\_  
3 . Enrolment ☐ ☐ \_\_\_\_\_  
4 . Effective Date of a Member's Insurance ☐ ☐ \_\_\_\_\_  
5 . Contributions from Members ☐ ☐ \_\_\_\_\_  
6 . Classification/Insurance Changes ☐ ☐ \_\_\_\_\_  
7 . Termination of Individual Insurance \*\*\* ☐ ☐ \_\_\_\_\_  
8 . Temporary Suspension of a Member's Insurance ☐ ☐ \_\_\_\_\_  
9 . Insurance Benefits ☐ ☐ \_\_\_\_\_

**D. Insuring Provisions Applicable to Dependents \*\*\*\***

1 . Definition of "Dependent" ☐ ☐ \_\_\_\_\_  
2 . Members Eligible for Dependents Insurance ☐ ☐ \_\_\_\_\_  
3 . Eligibility Date of Dependents ☐ ☐ \_\_\_\_\_  
4 . Declaration of Dependents ☐ ☐ \_\_\_\_\_  
5 . Effective Date of Insurance for Dependents ☐ ☐ \_\_\_\_\_  
6 . Contributions from Members ☐ ☐ \_\_\_\_\_  
7 . Insurance Classification ☐ ☐ \_\_\_\_\_

8 . Termination of Dependents Insurance

<input type="checkbox"/>	<input type="checkbox"/>	_____
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9 . Dependents Insurance Benefits

<input type="checkbox"/>	<input type="checkbox"/>	_____
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## II. Certificate of Insurance

### A. Certificate Details

1 . Certificate Number

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

2 . Name of Policyholder

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

3 . Name of Insured / Member / Debtor

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

4 . Effective / Expiry Dates of Individual Coverage /  
Period of Insurance

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

5 . Others \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

### B. Benefit Description

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

### C. Availability of the Master Policy

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

### D. Claims Provision

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

### E. Important Notice

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

### F. Others

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### \* For group creditor life:

*In the event of death of the borrower, the insurer shall pay proceeds to the creditor up to the extent of the outstanding loan/indebtedness of the borrower and the balance, if any, to the designated beneficiaries.*

**\*\* If a group permanent policy is discontinued or terminated by the policyholder, it may be surrendered to the company for the total cash surrender value accruing to the insurance coverages of all insured members. In the case of contributory plans, where the insured members pay part of the insurance premiums, the pro-rata amount of their total cash surrender value corresponding to the premiums contributed by them should be distributed to them in cash unless the paid-up option is elected by the members.**

**\*\*\* If an individual insurance of insured member is terminated but the group policy continues to be in force, then any cash surrender value accruing to his insurance coverage shall be payable to the policyholder. In the case of contributory plans, the insured member has the option to either get his pro-rata share of the cash surrender value or to apply such amount to purchase paid-up insurance.**

**\*\*\*\* If applicable**

#### NOTE:

**Policy provisions must substantially comply with pertinent provisions of the Insurance Code [e.g. Section 228 (group life and group creditor life) and Sections 229 - 231 (industrial life) ]**

**EVALUATION SHEET for the approval of GROUP LIFE INSURANCE PRODUCTS****III. Application Forms****A. Application Form for Group Life Insurance****1. Pertinent Information on Applicant/Policyholder**

**a .** Name/Company Name, Addresses,  
Contact nos., etc.

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**b .** Nature of Business and Occupation

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**c .** Compliance with AMLA requirements  
(CL 9-2002)

c.1. Identification documents (TIN, SSS, GSIS)

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

c.2. Incorporation / partnership documents

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

c.3 Source of fund

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**d .** Others \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**2. Policy Details**

**a .** Plan Name / Benefit Description

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**b .** Contributory / Non-contributory

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**c .** Others \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**B. Application Form for Individual Insurance****1. Pertinent Information on Insured Member and other Certificate Details**

**a .** Name, Addresses, Date and Place  
of Birth, Contact nos., etc.

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**b .** Nationality

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**c .** Nature of Business and Occupation

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**d .** Details on Beneficiary and Designation

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**e .** Others \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

**2. Others**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**IV. Other Forms**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**EVALUATION SHEET for the approval of GROUP LIFE INSURANCE PRODUCTS**

<b>V. Actuarial Data</b>	<b>YES</b>	<b>NO</b>	<b>REMARKS</b>
A . Brief and concise description of the Plan / Rider	<input type="checkbox"/>	<input type="checkbox"/>	_____
B . Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
C . Premium Rates	<input type="checkbox"/>	<input type="checkbox"/>	_____
D . Compliance with the requirements of the Insurance Code / IC Guidelines :			
1. Section 210 - Reserves (Valuation Interest Rate, Mortality Table and Methods of Valuation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Section 227(f) 1 & 2, 227(h) - Non-forfeiture Values (Cash Values, RPU and/or ETI) *	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Section 227(e) - Dividends (for participating group plans) *	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. IC Guidelines on Minimum Cash Values for Limited-pay Plans and Dollar-Denominated Plans *	<input type="checkbox"/>	<input type="checkbox"/>	_____
E . Consistency of Actuarial Assumptions and Formulations with actuarial values and Accuracy of actuarial values *			
a. Asset Shares (mortality, withdrawal, interests, expenses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Schedule of Terminal Reserves including Net Valuation Premiums	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Cash Values	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Reduced Paid-up	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Extended Term Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Illustrative Dividends	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* **for group permanent plans**



Name of Company : \_\_\_\_\_

**CHECKLIST OF MINIMUM REQUIREMENTS for the approval of  
ACCIDENT AND HEALTH INSURANCE PRODUCTS**

	YES	NO	REMARKS
<b>I. Plan</b> _____			
A. Policy Contract (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Brief and concise description of the insurance plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Gross Premium Rates (all issue ages)	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Actuarial Notes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Application Form (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Certificate of Coverage - <i>for group ins.</i> (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>II. Rider</b> _____			
A. Rider / Supplementary Contract (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Brief and concise description of the features/ mechanics of the rider	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Gross Premium Rates (all issue ages)	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Actuarial Notes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Others _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Note :**

- For request for approval of policy / supplementary contract only, item IA / IIA applies.*
- For request for approval of premium rates only for plan / rider, items I.B to I.E / II.B to II.E apply.*
- For request for approval of revision of existing policy / rider contract provisions, attach a summary of changes and highlight the changes made in one (1) copy of contract.*
- Indicate the name of plan / rider / supplementary contract on each page of Evaluation Sheet.*

## **EVALUATION SHEET for the approval of ACCIDENT AND HEALTH INSURANCE PRODUCTS**

### **I. Policy Contract**

<b>A. Policy Data Page</b>	<b>YES</b>	<b>NO</b>	<b>REMARKS</b>
1 . Particulars of the insured / assured	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Beneficiaries - irrevocable / revocable	<input type="checkbox"/>	<input type="checkbox"/>	
3 . Period of insurance	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Premium rates and other charges	<input type="checkbox"/>	<input type="checkbox"/>	
5 . Attachments to the policy	<input type="checkbox"/>	<input type="checkbox"/>	
6 . Documentary Stamps clause	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. Scope of Coverage and Limitations</b>			
1 . Insuring Clause	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Benefits Provision / Schedule of Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
2.a. <i>Check consistency with benefit description and formulations in actuarial notes.</i>			
2.b. <i>Must comply with requirements under Circular Letter Nos. 19-95 and 23-95</i>			
3 . Definition of Terms	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Exclusions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. General Provisions</b>			
1 . Entire Contract / Changes in Policy	<input type="checkbox"/>	<input type="checkbox"/>	
2 . Premium Payment	<input type="checkbox"/>	<input type="checkbox"/>	
3 . Effective Date	<input type="checkbox"/>	<input type="checkbox"/>	
4 . Grace Period	<input type="checkbox"/>	<input type="checkbox"/>	
5 . Renewal Clause	<input type="checkbox"/>	<input type="checkbox"/>	
6 . Cancellation Clause	<input type="checkbox"/>	<input type="checkbox"/>	
- <i>Short period rate scale</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7 . Termination of Policy	<input type="checkbox"/>	<input type="checkbox"/>	
8 . Notice of Claim	<input type="checkbox"/>	<input type="checkbox"/>	
9 . Sufficiency of Notice	<input type="checkbox"/>	<input type="checkbox"/>	
10 . Claim Forms	<input type="checkbox"/>	<input type="checkbox"/>	
11 . Proof of Loss	<input type="checkbox"/>	<input type="checkbox"/>	
12 . When Claim Payable	<input type="checkbox"/>	<input type="checkbox"/>	
13 . To Whom Payable	<input type="checkbox"/>	<input type="checkbox"/>	
14 . Legal Action Clause	<input type="checkbox"/>	<input type="checkbox"/>	

15 . Civil Code Article Waiver Clause	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . Important Notice Clause	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . Consent of Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 . Assignment of Policy / Change of Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . Physical / Medical Examination and Autopsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 . Change of Occupation	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 . Age Limitation	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 . Misstatement of Age	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 . Reinstatement	<input type="checkbox"/>	<input type="checkbox"/>	_____
24 . Non-participation	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 . Important Notice Clause	<input type="checkbox"/>	<input type="checkbox"/>	_____
26 . Others (for group accident / health insurance)			
a. Termination of Individual Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Individual Certificates	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Note:**

***Policy provisions must comply with pertinent provisions of the Insurance Code and Guidelines in the Evaluation and Approval of Accident and Health Insurance Plans / Riders.***

**EVALUATION SHEET for the approval of ACCIDENT AND HEALTH INSURANCE PRODUCTS**
**II. Certificate of Insurance**

	YES	NO	REMARKS
<b>1 . Policy Details</b>			
a . Certificate Number	<input type="checkbox"/>	<input type="checkbox"/>	
b . Name of Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	
c . Name of Insured Member	<input type="checkbox"/>	<input type="checkbox"/>	
d . Period of Insurance / Effective / Expiry Dates of Individual Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
e . Others _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2 . Benefit Description</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3 . Availability of the Master Policy</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4 . Claims Provision</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5 . Important Notice</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6 . Others</b>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	

**III. Application Forms for Accident and Health Insurance**

	YES	NO	REMARKS
<b>A. Application for Individual Insurance</b>			
<b>1 . Pertinent Information on Applicant/Policy Owner</b>			
a . Name, Addresses, Date and Place of Birth, Contact nos., etc.	<input type="checkbox"/>	<input type="checkbox"/>	
b . Nationality	<input type="checkbox"/>	<input type="checkbox"/>	
c . Nature of Business and Occupation	<input type="checkbox"/>	<input type="checkbox"/>	
d . Others	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2 . Pertinent Information on Proposed Insured</b>			
a . Name, Addresses, Date and Place of Birth, Contact nos., etc.	<input type="checkbox"/>	<input type="checkbox"/>	
b . Nationality	<input type="checkbox"/>	<input type="checkbox"/>	
c . Nature of Business and Occupation	<input type="checkbox"/>	<input type="checkbox"/>	
d . Others	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3 . Policy Details</b>			
a . Details on Beneficiary and Designation	<input type="checkbox"/>	<input type="checkbox"/>	
b . Premium Default Options *	<input type="checkbox"/>	<input type="checkbox"/>	
c . Others	<input type="checkbox"/>	<input type="checkbox"/>	

4 . Compliance with AMLA requirements (CL 9-2002)

a . PolicyOwner Identification

a.1 Occupation, Business Address

--	--

\_\_\_\_\_

a.2 Identification Documents (TIN, SSS, GSIS)

--	--

\_\_\_\_\_

a.3 Incorporation/partnership documents,  
if applicable

--	--

\_\_\_\_\_

b . Others

--	--

\_\_\_\_\_

5 . Certificate of Coverage / Temporary Life Cert. \*

--	--

\_\_\_\_\_

6 . Others

--	--

\_\_\_\_\_

**B. Application Form for Group Life Insurance**

1 . Pertinent Information on Applicant/Policyholder

a . Name/Company Name, Addresses,  
Contact nos., etc.

--	--

\_\_\_\_\_

b . Nature of Business and Occupation

--	--

\_\_\_\_\_

c . Others

--	--

\_\_\_\_\_

2 . Policy Details

a . Plan Name / Benefit Description

--	--

\_\_\_\_\_

b . Contributory / Non-contributory

--	--

\_\_\_\_\_

c . Others

--	--

\_\_\_\_\_

**C. Application Form for Individual Insurance**

*(for individual coverage of insured member under  
Group Accident and Health plans)*

1. Pertinent Information on Insured Member and other  
Certificate Details

a . Name, Addresses, Date and Place  
of Birth, Contact nos., etc.

--	--

\_\_\_\_\_

b . Nationality

--	--

\_\_\_\_\_

c . Nature of Business and Occupation

--	--

\_\_\_\_\_

d . Details on Beneficiary and Designation

--	--

\_\_\_\_\_

e . Others

--	--

\_\_\_\_\_

2. Others

\_\_\_\_\_

--	--

\_\_\_\_\_

\_\_\_\_\_

--	--

\_\_\_\_\_

**IV. Other Forms**

\_\_\_\_\_

--	--

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**EVALUATION SHEET for the approval of ACCIDENT AND HEALTH  
INSURANCE PRODUCTS**

V. Actuarial Data	YES	NO	REMARKS
A . Brief and concise description of the Plan / Rider	<input type="checkbox"/>	<input type="checkbox"/>	_____
B . Actuary's Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
C . Table of Gross Premiums (all issue ages)	<input type="checkbox"/>	<input type="checkbox"/>	_____
D . Compliance with the requirements of the Insurance Code / IC Guidelines :			
1. Section 210 - Reserves (Valuation Interest Rate, Mortality Table and Methods of Valuation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Section 227(f) 1 & 2, 227(h) - Non-forfeiture Values (Cash Values, RPU and/or ETI) *	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. IC Guidelines on Minimum Cash Values for Limited-pay Plans and Dollar-Denominated Plans *	<input type="checkbox"/>	<input type="checkbox"/>	_____
E . Consistency of Actuarial Assumptions and Formulations with actuarial values and Accuracy of actuarial values			
a. Asset Shares (mortality, withdrawal, interests, expenses, etc.) *	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Schedule of Terminal Reserves including Net Valuation Premiums	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Cash Values *	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Reduced Paid-up *	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Extended Term Insurance *	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* if applicable

## LIST OF CIRCULAR LETTERS

		Date
1 . Circular Letter	<i>Guidelines Governing Advertisement of Insurance Products</i>	June 3, 1983
2 . Circular Letter	<i>Batas Pambansa Bilang 874, Entitled "An Act Amending Certain Sections of Presidential Decree Numbered Fourteen Hundred Sixty, Otherwise Known as the Insurance Code of 1978"</i>	July 25, 1985
3 . Circular Letter	<i>Addendum to the Automatic Premium Loan Provision on Life Insurance Policies</i>	April 30, 1986
4 . Circular Letter No. 11/90	<i>Minimum Requirements for the Approval of Insurance Plans/Forms for Policy, Certificate or Contract of Insurance, Application, Rider, Clause, Warranty or Endorsement</i>	July 10, 1990
5 . Circular Letter No. 30/92 CL	<i>Standard Asset Share Format</i>	November 20, 1992
6 . Circular Letter No. 14-93 CL	<i>Standard Life Insurance Policy Provisions</i>	June 25, 1993
7 . Circular Letter No. 18-94	<i>Provisions on Premium Loan and Automatic Option in Case of Default in Premium Payment in Life Insurance Policies</i>	August 15, 1994
8 . Circular Letter No. 25-94	<i>Approval of Insurance Products</i>	December 12, 1994
9 . Circular Letter No. 19-95	<i>Rules Relative to the Termination of Accident Contracts</i>	July 24, 1995
10 . Circular Letter No. 23-95	<i>Amendment to Rules Relative to the Termination of Accident Contracts</i>	September 11, 1995
11 . Circular Letter No. 9-97	<i>Guidelines for Foreign Currency Denominated Investments and Insurance Policies</i>	September 4, 1997
12 . PLIA JD Circular No. 2002-01	<i>Replacement of Policies</i>	October 1, 2001
13 . Circular Letter No. 1-2002	<i>Replacement of Policies</i>	January 10, 2002
14 . Circular Letter No. 23-2005	<i>Guidelines on Sales Illustrations of Life Insurance Proposals</i>	August 3, 2005

## **GUIDELINES RELATIVE TO PRODUCTS APPROVAL**

### **I. Policy Provisions**

#### **1. *Suicide***

The text of Suicide Provision as provided in Circular Letter 14-93CL re Standard Life Insurance Provisions shall be revised to read as follows:

“ The company will not be liable if the Insured dies by suicide within two (2) years\* after the effective date or date of last reinstatement of this policy; provided, however, that suicide committed in the state of insanity will be compensable regardless of the date of commission.

Where suicide is not compensable, the liability of the company will be limited to the return of premiums.”

*\*company may provide for less than two (2) years but not longer than the contestable period.*

#### **2. *LAPSATION***

“If any premium is not paid by the end of the 31-day grace period, this Policy will lapse and all its benefits, except those mentioned in the Non-forfeiture provisions will end.”

*(This was inadvertently omitted from Circular Letter 14-93CL re: Standard Life Insurance Provisions.)*

#### **3. *LIMITATION OF ACTION***

The venue of legal action on the Policy must not be limited to the place of issue of contract.

### **II. Dividend Requirements under Participating Plans**

1. There shall be no utilization of *Dividend Accumulations* unless requested/authorized by the applicant/policyowner.

- a. Application Form

Prior consent of authorization from applicant regarding the utilization of dividend accumulation in case of application of premium default option must be taken.



b. Policy Contract

b.1. Utilization/non-utilization of dividend accumulations must be incorporated in the following provisions:

1. Premium Loan / Policy Loan
2. Non-Forfeiture Options
  - Cash Surrender
  - RPU
  - ETI

**b.2. In case of non-utilization of dividend, any unused dividend accumulation shall be paid to the policyowner upon election of any of the Non-forfeiture Options.**

2. The Policy Loan provision must contain the following:

- a. The maximum loanable amount must be the tabular cash value plus cash value of any paid-up additions.
- b. The policy shall terminate whenever the loan exceeds the tabular cash value plus cash value of paid-up additions.

**III. Foreign Currency Denominated Insurance Policies (Circular Letter No. 9-97 dated September 24, 1997)**

1. Policy benefits and claims shall be payable in the currency of the insurance policy issued. However, payment may be made in another currency subject to the agreement between the claimant and the insurance company.
2. Premiums shall be billed in the same currency as the policy issued. However, payment may be made in another currency subject to the agreement between the policyowner and the insurance company.

**IV. Premium Deposit Fund (PDF) Rider Conditions and Limitations**

1. The fund shall be used for payment of any unpaid premiums under the policy including any riders.
2. The accumulated fund shall not exceed the total future premium payments under the policy.
3. There shall be minimum guaranteed interest rate to be used in accumulating the fund.
4. Partial or full withdrawal from the fund shall be allowed.
5. A status report shall be issued to the policyowner at least annually.

6. Benefit Illustration Interest Rates must follow the 3-tier interest rate under CL No. 23-2005 re: Guidelines on Sales Illustrations of Life Insurance Proposals.
7. Sales Promotions literature and contract forms must not in any way create the impression that such fund is the same as savings account in a banking or savings institution and use of passbook which bear any resemblance to savings bank passbooks or similar items is prohibited.

#### **V. CONTINGENCY FUND RIDER**

Subject to PDF's conditions and limitations except for the following:

1. The name of rider shall be other than "PDF".
2. The fund utilization shall not be limited to premium payments but also for policy enhancements, etc.
3. The total deposits in the fund may exceed total future premiums.
4. The word "contribution" shall be used in place of "deposit".

#### **VI. LIEN ENDORSEMENT**

For substandard risk, life companies may issue a policy at standard rates with a lien against it provided:

1. the list of specific risks to be excluded shall be indicated in the endorsement or letter request to Insurance Commission;
2. the period of lien shall be limited only to the specified actual period of exposure of risk and such period shall not be extended to the term of the policy;
3. the insured shall be informed of the lien conditions and accept the same before issuance of policy; and
4. the insured shall have the right to request the company at anytime to terminate the endorsement subject to its approval.

#### **VII. Riders**

1. The term of the rider attached to a basic policy shall not exceed that of the basic policy (i.e., the rider must terminate whenever the basic policy to which it is attached terminates).

2. Accident/health rider attached to a basic life policy cannot be terminated at the option of the life insurance company.
3. “Other than life” riders (e.g. health / hospitalization insurance) may provide for non-guaranteed renewal premium rates.

#### **VIII. Rider, Endorsement, Clause etc.**

Unless applied for by the Insured / Owner, any rider, endorsement, etc., issued after the original policy shall be countersigned by the Insured / Owner (Sec. 50 of the Insurance Code).

#### **IX. Term Plans**

Term plans with durations of at least 20 years (e.g. Term to 65 plan for issue ages 45 and below), shall provide for non-forfeiture values which may be in the form of cash values only.

Such cash values need not be available for loans.

#### **X. Policy Loan and Interest Thereon**

1. A life company may defer payment of policy loan to its policyholders for a period not exceeding six months after the application therefore is made unless the loan is to be applied to the payment of premiums due;
2. The maximum interest rates on policy loans presently allowed are 12% p.a. and 16% p.a. for non-participating and participating policies, respectively. For dollar policies, the maximum policy loan interest rate is 10% p.a.

#### **XI. Deficiency Reserves**

Whenever the net valuation premium exceeds the gross premium, the company shall set up deficiency reserves. However, this may be allowed for riders provided the aggregate net valuation premium of the packaged plan shall not exceed the aggregate gross premium.

For basic plans, gross premiums shall at least be equal to the net valuation premiums to avoid setting up of deficiency reserves.

## **XII-A. Minimum Cash Values for Peso-Denominated Plans & Riders**

*(see attached table)*

## **XII-B. Minimum Cash Values for Dollar-Denominated Plans & Riders**

*(see attached table)*

## **XIII. Group Permanent Plans**

2. If the group permanent policy is discontinued or is terminated by the policyholder, it may be surrendered to the company for the total cash surrender value accruing to the insurance coverage of all insured members. In the case of contributory plans, where the insured members pay part of the insurance premiums, the pro-rata amount of their total cash surrender value corresponding to the premiums contributed by them should be distributed to them in cash unless the paid-up option is elected by the members.
3. If an individual insurance of insured member is terminated but the group policy continues to be in force, then any cash surrender value accruing to his insurance coverage shall be payable to the policyholder. In the case of contributory plans, the insured member has the option to either get his pro-rata share of the cash surrender value or to apply such amount to purchase paid-up insurance.

## **XIV. Group Creditor Life Plans**

In the event of death of the borrower, the insurer shall pay proceeds to the creditor up to the extent of the outstanding loan/indebtedness of the borrower and the balance, if any, to the designated beneficiaries.

## **XV. Experience Refund under Group Life Policy**

If included in the policy provision, the company shall provide a statement to the effect that if the contributions from the insured individuals are required, the policyholder shall share the amount of experience refund in excess of the policyholder's cost of insurance in an equitable manner.

## **XVI. Guidelines in the Evaluation & Approval of Accident & Health Insurance Plans/Riders**

*(see attached)*

## XII-A. Minimum Cash Values for Peso-denominated Plans & Riders

<i>End of Policy Year</i>	Regular Pay	<i>Limited Premium Paying Period</i>					
		Single Pay or 1 Year	2 Years	3-4 Years	5-9 Years	10-19 Years	20 Years
<b>1st Year</b>	0	Minimum CV*	50% Reserves	30% Reserves	0	0	0
<b>2nd Year</b>	0	Minimum CV*	Minimum CV*	50% Reserves	30% Reserves	20% Reserves	0
<b>3rd Year &amp; Above</b>	Minimum Cash Value (CV)*	Minimum CV*	Minimum CV*	Minimum CV*	Minimum CV*	Minimum CV*	Minimum CV*

*\*Reserves less Surrender Charge of 20% of Reserves or 25 per 1000 of Face Amount.*

## XII-B. Minimum Cash Values for Dollar-denominated Plans & Riders

<i>End of Policy Year</i>	Regular Pay	<i>Limited Premium Paying Period</i>					
		Single Pay or 1 Year	2 Years	3-4 Years	5-9 Years	10-19 Years	20 Years
<b>1st Year</b>	0	Minimum CV*	50% Reserves	30% Reserves	0	0	0
<b>2nd Year</b>	0	Minimum CV*	Minimum CV*	50% Reserves	30% Reserves	20% Reserves	0
<b>3rd Year &amp; Above</b>	Minimum Cash Value (CV)*	Minimum CV*	Minimum CV*	Minimum CV*	Minimum CV*	Minimum CV*	Minimum CV*

*\*Reserves less Surrender Charge of 20% of Reserves or 25 per 1000 of Face Amount, whichever is lower.*

## XV. GUIDELINES IN THE EVALUATION AND APPROVAL OF ACCIDENT AND HEALTH INSURANCE PLANS/RIDERS

The policy must substantially contain the following:

**A. POLICY DATA** – these include the blank spaces with corresponding heading for:

1. **Particulars of the Insured/Assured**
2. **Beneficiaries – *Irrevocable/Revocable***
3. **Effective Date**
4. **Expiry/Termination Date**
5. **Premium Rates and Charges**
6. **Attachments to the Policy**

### **B. SCOPE OF COVERAGE & LIMITATIONS**

1. **Insuring Clause** - This shall state in clear and plain language that the Insurer shall, subject to the terms, conditions and limitations provided in the policy, pay the benefit(s) specified in the policy if the Insured, during the period of insurance, shall sustain accidental bodily injury which within one hundred eighty (180) days from the date of accident results in loss(es) covered by the policy.

If the policy also covers sickness, the Insuring Clause shall include the following statement:

“and/or if the Insured shall contract sickness during the effectivity of the policy which shall result in his/her hospitalization and/or avilment of medical/surgical services.”

2. **Schedule of Benefits** - Incorporate the requirements under Circular Letter Nos. 19-95 and 23-95 re: Termination of Accident Contracts.
3. **Definition of Terms** - If “loss” shall include “loss of use” it must be so stated.
4. **Exclusions**
  - a. “Unprovoked assault” shall be included in the coverage. It may be excluded provided justification (e.g. adjustment in premium) is submitted;
  - b. “drug” may be excluded if qualified as “unprescribed”.

## **C. GENERAL PROVISIONS**

### **1. Entire Contract/Changes in Policy**

The policy together with the endorsements, if any, certificate of insurance and the application, rider, clause, warranty or endorsement purporting to be part of the contract of insurance and which is pasted or attached to the Policy is not binding on the Insured, unless the descriptive title or name of the rider, clause, warranty or endorsement is also mentioned and written on blank spaces provided in the policy. Unless applied for by the Insured, any rider, clause, warranty or endorsement issued after the original policy shall be countersigned by the Insured, which countersignature shall be taken as his agreement to the contents of such rider, clause, warranty or endorsement.

### **2. Premium Payment**

The Policy shall not be valid and binding unless and until the premium therefore has been paid.

### **3. Grace Period**

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which time the Policy shall be continued in force unless the Policy has been cancelled in accordance with the provisions of the Policy. However, if the loss occurs within the grace period, any premium then due and unpaid will be deducted in settlement.

### **4. Renewal Clause**

Unless the company at least forty-five (45) days in advance of the end of the policy period mails or delivers to the Insured at the address shown in the policy, certificate of insurance or application, notice of its intention not to renew the policy or the certificate of insurance or to condition its renewal upon reduction of limits or elimination of coverages, the Insured shall be entitled to renew the policy or the certificate of insurance upon payment of the premium due on the effective date of renewal.

### **5. Cancellation Clause**

The policy shall not be cancelled by the Company except upon prior notice thereof to the Insured, and no notice of cancellation shall be effective unless it is based on occurrence, after the effective date of the policy, of one or more of the following:

- a. non-payment of premiums;
- b. conviction of crime arising out of acts increasing the hazard insured against;
- c. discovery of fraud or material misrepresentation;

- d. discovery of willful or reckless acts or omissions increasing the hazard insured against;
- e. a determination by the Commissioner that the continuation of the policy would violate or would place the Company in violation of the Insurance Code.

All notices of cancellation shall be in writing, mailed or delivered to the Insured at the address shown in the policy, or application, and shall state (a) which of the grounds set forth in this provision is relied upon and (b) that, upon written request of the Insured, the Company will furnish the facts on which the cancellation is based.

In the event of such cancellation, the Company shall refund the paid premiums less the earned portion thereof to the Insured. Likewise, if the Insured cancels the policy, notice of which must be in writing, the Company shall retain the earned premium for the time the policy has been in force, computed in accordance with the Short Period Rate Scale indicated below:

**SHORT PERIOD RATE SCALE**  
(Specify the rate here)

**6. Termination of Policy**

The policy will terminate on the earliest of the following dates:

- b. the first premium due date on which no person occupies the status of Insured.
- c. on the expiration of the grace period for any premium not paid when due
- d. on the latest of expiration of coverage of all Insured(s) when applicable.

**7. Notice of Claim**

Written notice of claim must be given to the Company within thirty (30) days after the date of accident causing the loss covered by the policy, or soon thereafter as is reasonably possible. In the event of accidental death, immediate notice thereof must be given to the Company.

**8. Sufficiency of Notice**

Written notice of claim given by or in behalf of the Insured or Beneficiary, to the Company or to any authorized representative of the Company, with information sufficient to identify the Insured, shall be deemed to be notice to the Company.



## **9. Claim Forms**

The Company upon receipt of a notice of claim, will furnish to the claimant such forms as are usually required by the Company for filing proofs of loss. If such forms are not so furnished by the Company within fifteen (15) days after its receipt of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made. All certificates, information and evidence, other than the usual claim forms, which the Company may reasonably require in support of a claim shall be furnished by the Insured.

## **10. Proof of Loss**

Completed claim forms and written proof of loss must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time.

## **11. When Claim Payable**

The amount of any loss for which the Company may be liable under the Policy, shall be paid within thirty (30) days after proof of loss is received by the Company and ascertainment of the loss is made by the agreement between the Insured and the Company or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by the Company of the proof of loss, then the loss shall be paid within ninety (90) days after such receipt. Refusal or failure to pay the loss within the time prescribed herein will entitle the Insured to collect interest on the proceeds of the policy for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board, unless such refusal or failure to pay is based on the ground that the claim is fraudulent.

## **12. To whom Payable**

Indemnity for loss of life of the Insured is payable to the Beneficiary, if surviving the Insured, otherwise, to the estate of the Insured. All other indemnities are payable to the Insured.

## **13. Legal Action Clause**

Unless the claim has been rejected, no legal action may be filed before the end of sixty (60) days after proof of loss has been filed in accordance with the applicable provisions of the Policy. In any event, no legal action may be filed after one (1) year from the time the claim is denied or decided.

**14. Civil Code article Waiver Clause**

It is hereby declared and agreed that the provisions of Article 1250 of the Civil Code of the Philippines (R.A. No. 386) which reads:

“in case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment. . .”

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

**15. Consent of Beneficiary**

Unless irrevocably designated, consent of the Beneficiary shall not be requisite to change of beneficiary or assignment of the policy or to any other change in the policy.

**16. Assignment of Policy/Change of Beneficiary**

No assignment of interest under the policy shall be binding upon the Company unless and until the original or a duplicate thereof is filed with the Company. The Company does not assume any responsibility for the validity of any assignment. No change of beneficiary under the policy shall bind the Company unless consent thereto is formally endorsed by the authorized agent of the Company.

**17. Physical/Medical Examination and Autopsy**

The Company shall have the right and opportunity to examine the person of the Insured when and as often as it may reasonably require during the pendency of claim hereunder, and the right and opportunity to make an autopsy in case of death, where it is not forbidden by law.

**18. Change of Occupation**

If the Insured sustains a loss after having changed occupation to one classified by the Company as more hazardous than that stated in the Application, or while doing, for compensation, anything pertaining to an occupation so classified, the Company will pay only such portion of the indemnities provided in the policy as the premium paid would have purchased at the rates and within the limits fixed by the Company for such more hazardous occupation.

If the Insured changes occupation to one classified by the Company as less hazardous than that stated in the application, the Company, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess prorata unearned premium from the date of change of occupation, or from the policy anniversary date immediately preceding receipt of such proof, whichever is more recent.

In applying this provision, the classification of occupation and premium rates shall be such as existing as of the date the policy was first issued or, if there has been renewal of the policy, as of the date it was last renewed, whichever is applicable.

**19. Age Limitation**

If at the effective date of the Policy, the age of the Insured at nearest birthday is more than \_\_\_\_\_ years, the Policy is void and the Company shall be liable only for the return of premiums actually paid on it.

**20. Misstatement of Age**

If the age of the Insured has been misstated, all amounts payable under the Policy shall be such as the premium paid would have purchased at the correct age. If according to the correct age of the Insured, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium(s), then the liability of the Company during the period the Insured is not eligible for coverage shall be limited to the refund, of all premiums paid for the period not covered by the policy.

**21. Reinstatement**

When the Policy terminates by reason of non-payment of premium, any subsequent acceptance of a premium shall constitute reinstatement of the Policy but shall only cover loss resulting from injury/sickness sustained after the date of such reinstatement.

*Note:*

*The foregoing provisions apply to individual accident/health plans.*

- For **group** accident/health plans, use appropriate terminologies, e.g. "Policyholder", "Named Insured", etc.
- For accident/health **riders**, effect the necessary revisions.

## DEED OF UNDERTAKING

I, \_\_\_\_\_, (citizenship), of legal age, married/single, in my official capacity as \_\_\_\_\_ of (name of life insurance company) with principal office address at \_\_\_\_\_, \_\_\_\_\_ hereby warrant, attest and undertake that:

2. The insurance product, \_\_\_\_\_ (product name), herewith submitted for approval pursuant to Section 226 of the Insurance Code substantially contains the mandatory provisions prescribed under Sections 227 to 231 of the Insurance Code as well as the standard provisions required under Circular Letter No. 14-93 dated 25 June 1993 and uses the standard format for asset share calculations prescribed in Circular Letter No. 30-92 dated 20 November 1992, as and when applicable.
3. The said insurance product strictly complies with the substantive requirements of the Insurance Code and other pertinent circulars and guidelines duly issued by the Insurance Commission.
4. The Checklist and Evaluation Sheet accompanying the insurance product herewith submitted were duly accomplished and each entry made thereon is correct and accurate.
5. The Company hereby acknowledges full responsibility and accountability for any willful misrepresentation and/or any willful violation committed by any of its officers and/or authorized representative.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
(Signature over printed name)

**(This document shall be notarized)**