

CARIBBEAN AMERICAN LIFE ASSURANCE COMPANY
#273 Ponce de León Ave., Suite 1300, San Juan, Puerto Rico 00917-1838

**FEMALE GUARD
INDIVIDUAL CERTIFICATE**

Policy

Name of Policyholder: Oriental Bank
Master Policy Number: 2594
Certificate Number: PPFEMGS0000000
Effective Date: March 1st, 2016

Insured

Full Name:
Address:
City:

Coverage and Benefits Schedule

<u>Coverage</u>	<u>Benefit</u>
Monthly Expenses	
(Maximum Monthly Sum /Maximum Limit)	\$
Surgical Expense Reimbursement (Maximum Limit)	\$
Mastectomy Reimbursement (Maximum Limit)	\$
Breast Reconstruction Reimbursement (Maximum Limit)	\$
Hospital Confinement Cash Benefit (Daily Sum)	
– For Eligible Cancer under the Certificate	\$
4 deductible days up to 60 days (Maximum Limit)	\$
Total Limit	\$

Premium

Monthly Premium: \$

Note: The premium will be deducted from your deposit account monthly.

For additional information, please call our Customer Service Department at: (787) 250-6470, or by fax at: (787) 250-7680.

[Authorized Signature]

Caribbean American Life Assurance Company

Important: Nothing herein included shall be used to vary, change, alter, differentiate any of the terms, limits or conditions of this Certificate, except as set forth above.

FEMALE GUARD

Caribbean American Life Assurance Company, issues this Certificate under Certificate Number: _____ to insure eligible persons of the Policyholder named in the cover page of this Certificate (individually called "Insured Person"). This insurance will be in effect from the Effective Date set forth in the cover page of this Certificate. This Certificate is not the Policy, it only provides a summary of the coverage provided and is subject to all definitions, limitations, conditions and other terms and conditions set forth in the Policy, copy of which is available for inspection at the office of Caribbean American Life Assurance Company, at #273 Ponce de León Ave., Suite 1300, San Juan, Puerto Rico 00917-1838.

DEFINITIONS

1. "Insured Person" means the person to whom this Certificate is issued.
2. "Cancer" and "Eligible Cancer" mean Female Breast Cancer and Female Genital Cancer, as diagnosed by a Physician specializing in oncology and supported by positive pathological evidence. Actual, dated copies of test result with the physician's interpretation attached is required to positively determine a cancer diagnosis. "Female Breast Cancer" means breast carcinoma manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The primary tumor, before any metastasis must be in the breast mass. Diagnosis must be made by microscopic examination of tissue. "Female Genital Cancer" means invasive carcinoma of the uterine cervix, uterine corpus, uterine adnexa and/or the ovaries manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The primary tumor, before any metastasis must be in the uterine cervix, uterine corpus, uterine adnexa or ovaries. Dysplasia or carcinoma detected on a pap smear or by a blood test must be investigated with colposcopy and/or biopsy, as determined by a qualified oncologist.
3. "Cancer in Situ" means an early stage cancer in which the cancerous growth or tumor is still confined to the site from which it started, and has not spread to surrounding tissue or other organs in the body. A cancer in situ which involves cells that line the internal organs or epithelial cells is a "Carcinoma in Situ".
4. "Confined in a Hospital" and "Hospitalization" mean that the Insured Person has been admitted to a hospital as the direct consequence of an Eligible Cancer suffered by the Insured Person. "Each Day" shall mean a full twenty-four (24) hour period of confinement.
5. "Coverage and Benefits Schedule" means the Coverage and Benefits Schedule set forth in the cover page of this Certificate.
6. "Hospital" wherever used in this Certificate means an establishment which meets all the following requirements: (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (3) provides 24-hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not

primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains X-ray equipment and operating room facilities.

7. "Insured Person's family" shall mean the spouse of the Insured Person, relatives by marriage up to the second degree and blood relatives up to the fourth degree of kinship of the Insured Person.

8. "Pathological evidence" shall mean documentation of positive diagnostic test results. To be acceptable "pathological evidence" under the terms of this Certificate, documentation of diagnostic tests must be dated (month, day and year) and signed by a physician qualified in the practice of oncology, pathological anatomy or examination of fixed tissues, or preparation from the hemic system. A cancer diagnosis must be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

9. "Physician" shall mean a medical doctor with a permanent, valid license to practice medicine within the jurisdiction where diagnosis, advice, treatment or surgery is performed. "Physician" does not include a physician or other health professional who is a member of the Insured Person's family or is living in the same household as the Insured Person. No benefits will be paid on a diagnosis made by a person who is a member of the Insured Person's family or is living in the same household as the Insured Person, regardless of whether the person is a Physician or other health professional. A "Specialist" shall mean a physician who has received additional education and training that qualifies him or her to make diagnosis or prescribed treatments for diseases specified within the Certificate.

BENEFITS

The Insured Person must meet the following conditions to receive the benefits under this Certificate:

- 1) be diagnosed with an Eligible Cancer as defined in this Certificate, and
- 2) the Cancer experienced by the Insured Person is the first incident of cancer, and
- 3) the Certificate has been in force for at least 60 days, and
- 4) none of the Exclusions or limitations specifically identified in this Certificate apply.

If all these conditions have been satisfied except condition number three (3), then the Company shall refund to the Insured Person all premiums paid under this Certificate and the Company shall not be liable for any other payment or benefit.

If another certificate with Caribbean American Life Assurance Company that also provides insurance upon a diagnosis of cancer is also in force, the Insured Person may elect the certificate under which insurance payments will be made and Caribbean American Life Assurance Company will return all premiums paid for any other certificate.

Hospital Confinement Cash Benefit

When as the result of an Eligible Cancer under this Certificate an Insured Person is Confined in a Hospital, the Company will pay the Hospital Confinement Cash benefit provided for in the Coverage and Benefits Schedule for Each Day the Insured Person is Confined in a Hospital up to the maximum number of days provided for in the Coverage and Benefits Schedule. In order to be eligible for this benefit, Hospitalization must be ordered by the Physician attending the Insured Person.

Surgical Expense Reimbursement

When as the result of an Eligible Cancer under this Certificate an Insured Person is Confined in a Hospital and is charged for a surgical procedure recommended and performed by a Physician, the Company will pay the actual charges incurred, not to exceed the usual, customary and reasonable charges, up to the maximum amount provided for under the Coverage and Benefits Schedule.

Mastectomy Reimbursement Benefit

When as the result of an Eligible Cancer under this Certificate an Insured Person is Confined in a Hospital and is charged for a mastectomy, as recommended and performed by a Physician, the Company will pay the actual charges incurred not to exceed the usual, customary and reasonable charges, up to the maximum amount stated in the Coverage and Benefits Schedule.

Breast Reconstruction Reimbursement Benefit

When as a result of an Eligible Cancer under this Certificate the Insured Person receives payment for benefits provided for under the Mastectomy Benefit of this Certificate, the Company will pay the actual charges incurred for the reconstruction of the breast mass that was removed in necessary mastectomy surgery up to the maximum amount provided for in the Coverage and Benefits Schedule. Breast reconstruction must be performed by a Specialist and must be performed only to reconstruct breast mass that was removed as a result of an Eligible Cancer under this Certificate.

Monthly Expenses Benefit

When an Insured Person is diagnosed with an Eligible Cancer under this Certificate, the Company will pay the Insured Person a monthly benefit in the amount stated in the Coverage and Benefits Schedule, for a period of two (2) years following the confirmed diagnosis and up to the maximum amount set forth in the Coverage and Benefits Schedule, for use by the Insured Person to cover any expenses of the Insured Person such as, but not limited to, household and living expenses.

TERMINATION OF COVERAGE UNDER THIS CERTIFICATE

Insurance Coverage for the Insured Person will terminate on the earliest of the following dates:

- (a) the date in which the Policy expires or terminates;
- (b) the date after the Grace Period has lapsed and the Insured Person has failed to pay the premium;
- (c) the date in which the Insured Person ceases to be an eligible person of the Policyholder;
- (d) the date in which the Insured Person dies;
- (e) the date in which the Insured Person reaches 69 years of age.

The termination of the insurance will not affect nor reduce coverage for loss occurring before the termination of this Certificate.

EXCLUSIONS

This Certificate does not cover any loss or expense caused by or resulting from:

1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. war, invasion, act of foreign enemy, hostilities or warlike operations, riot, strike, civil war, rebellion, insurrections, conspiracy, military or usurped power, seizure, quarantine, or customs regulations, or any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war;
3. any period an Insured Person is serving in the Armed Force of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Insured Person, shall return the pro rata premium for any such period of service;
4. loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
5. any loss of which a contributing cause was the Insured Person's attempted commission of or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person;
6. any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein;
7. congenital anomalies and conditions arising out of or resulting there from;
8. hernia (except traumatic hernia);
9. heat prostration;
10. pregnancy and resulting childbirth, miscarriage or diseases of organs of reproduction;
11. routine physical examinations;
12. cosmetic or plastic surgery, except as a result of injury;
13. any mental or nervous disorder;
14. medical or surgical treatment except as may be necessary solely as the result of injury;
15. medical surgical treatment or nursing care provided by any person employed or retained by the policyholder and supplies, prescriptions or medicines provided by such person;
16. a pre-existing condition for which attention, treatment, or medical advice has been received or recommended by a Physician within a period of two (2) years prior to the date of effectiveness of the coverage, or a condition which has required Hospitalization or surgery within a period of five (5) years prior to the date of effectiveness of the coverage;
17. Insured Person who has reached sixty-nine (69) years of age;
18. injury that is the result of the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
19. pre-existing conditions, that is, any condition which had its origins or for which an Insured Person had previously received treatment, medication or advice from a Physician, or of which the Insured Person was aware of at the inception of the Certificate;
20. any cancer other than cancer as it is specifically defined in this Certificate;
21. Cancer in Situ and Carcinoma in Situ;
22. an opportunistic infection and/or malignant neoplasm (tumor), if at the time of the crisis event the insured had AIDS or having an anti-body positive blood test to HIV.

UNIFORM PROVISIONS

1. **ENTIRE CONTRACT – CHANGES:** This Certificate, together with any forms, riders and endorsements hereto, constitutes the entire contract of insurance. No change in this Certificate shall be valid until approved by

an officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Certificate or to waive any of the provisions of this Certificate.

2. **RENEWAL CONDITIONS:** This Certificate may be renewed with the consent of the Company from term to term by the payment in advance of the total premium specified by the Company, which premium shall be at the Company's premium rate in force at the time of renewal, subject to the "Grace Period" and all other terms and conditions of this Certificate. Unless renewed as herein provided, this Certificate shall terminate at the expiration of the period for which premium has been paid, subject to the "Grace Period".

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 Certificate shall be continued in force, unless the Certificate has been cancelled in accordance with "Cancellation". However, if loss occurs within the Grace Period, any premium then due and unpaid will be deducted in settlement.

4. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by this Certificate, or as soon thereafter as is reasonably possible. Written notice of claim given by or on behalf of the Insured Person to the to the Company at the following address: 273 Ponce de León Ave., Suite 1300 San Juan, Puerto Rico 00917-1838, or to any authorized official of the Company with information sufficient to identify the Insured Person shall be deemed as notice to the Company. 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.

5. **CLAIMS 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 furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Certificate as to proof of loss upon submitting, within the time fixed in the Certificate for filing proofs of loss, written proof covering the occurrence, and the character and extent of the loss for which claim is made.

6. **PROOF OF LOSS:** Completed claim forms and written proof of loss must be furnished to the Company at the following address: 273 Ponce de León Ave., Suite 1300 San Juan, Puerto Rico 00917-1838. In case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss, proof of loss must be furnished within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss, 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 possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time the loss occurred.

7. **TIME OF PAYMENT OF CLAIM:** Benefits payable under this Certificate for any loss other than loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss all accrued benefits for loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

8. **MEDICAL EXAMINATION:** The Company, at its own expense, shall have the right and opportunity to examine an Insured Person when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

9. **LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on this Certificate prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

10. **MISSTATEMENT OF AGE:** If the age of any Insured Person has been misstated, all amounts payable under this Certificate shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured Person has been misstated, and if according to the correct age of the Insured Person, the coverage provided by the Certificate would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Certificate.

11. **CANCELLATION:** The Company may cancel this Certificate at any time by written notice delivered to the Insured, or mailed to the last address as shown by the records of the Company, stating when, not less than thirty (30) days thereafter, such cancellation shall be effective. In the event of cancellation the Company will return promptly the pro rata unearned portion of any premium actually paid by the Insured. Such cancellation shall be without prejudice to any claim originating prior thereto.

In the event the Certificate is cancelled by the Insured, the earned premium shall be computed in accordance with the short rate table used by the Company at the time of cancellation.

12. **AGGREGATE LIMIT:** The maximum amount for which an Insured Person may be insured will not exceed one million dollars (\$1,000,000), regardless of the number of policies the Insured Person may have with the Company. Premiums paid for principal sums bought in excess of one million dollars will be refunded to the Insured Person.

13. **COMPLIANCE WITH CERTIFICATE PROVISIONS:** Failure to comply with any of the provisions contained in this Certificate shall invalidate all claims hereunder.

14. **REINSTATEMENT OF CERTIFICATE:** When this Certificate terminates by reason of non-payment of premium, any subsequent acceptance of premium by the Company or an authorized producer of the Company authorized to receive such premium shall reinstate the Certificate without requiring an application, however, if the Company or authorized producer requires an application and issues a conditional receipt for the premium tendered, the Certificate will be reinstated upon approval of the application or on the 45th day following the date of the receipt of the premium, unless written notice of the disapproval of the application is provided to the Insured Person. The reinstated Certificate shall cover only loss sustained after the date of reinstatement. In all other respects, the Insured Person and the Company shall have the same rights thereunder as they had under the Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

15. **CONFORMITY WITH STATUTES:** Any provision of this Certificate which, on the Certificate effective date, is in conflict with the statutes of the jurisdiction in which this Certificate is delivered is hereby amended to conform to the minimum requirements of such statutes.