



**BINDER NO. MS-2019-F-0000590**  
**LINE OF BUSINESS MISCELLANEOUS**

January 22, 2019

**TO : NATIONAL REINSURANCE CORPORATION OF THE PHILS.**  
**18TH FLR., PHIL. AXA LIFE CENTRE**  
**SEN. GIL J. PUYAT AVE.**  
**MAEATI CITY**

The **GSIS GENERAL INSURANCE FUND** requests reinsurance  
**ASSURED BANGKO SENTRAL NG PILIPINAS**  
**POLICY NO MS-DOL-GSISHO-0000468**  
**BILL NO 19-1550265 PREMIUM AMOUNT 3,967,385.00**  
**PERIOD JANUARY 01, 2019/DECEMBER 31, 2019**  
**CURRENCY PHILIPPINE PISO**  
**SUM INSURED 500,000,000.00 YOUR SHARE 45,000,000.00 9%**

SEE ATTACHED RISK AND PERILS COVERED

**I. Facultative Share in Premium**

Peril	Premium Ceded	RI Comm Rate	Less: RI Comm Amt	Less: CNT
DOL	357,064.65	20.00%	71,412.93	7,141.29
<b>TOTAL</b>	<b>357,064.65</b>		<b>71,412.93</b>	<b>7,141.29</b>
			<b>Less: Broker Fee</b>	<b>0.00</b>
			<b>NET DUE YOU</b>	<b>278,510.43</b>

II. Subject to the original terms and conditions of the above-mentioned Policy.  
 III. This facultative offer should not be retroceded to the GSIS.

**NOTE:**

1. The following documents shall form part of this agreement:
  - a. Bidding Documents;
  - b. Eligibility requirements, Technical and Financial Proposal;
  - c. Performance Security; and
  - d. Notice of Award
2. Please return this original copy to Reinsurance Dept., Insurance Group together with the four (4) carbonized copies within three working days upon receipt hereof.

Very truly yours,

GOVERNMENT SERVICE INSURANCE SYSTEM

Acceptance Confirmed by:

ORIGINAL SIGNED

**EMERITA G. ESTEBAN**

OFFICER IV - REINSURANCE DEPT.

PRINTED NAME/SIGNATURE/DATE

JAN 29 2019

**ACKNOWLEDGEMENT:**

To: **GSIS GENERAL INSURANCE FUND**

I hereby confirm acceptance of the reinsurance requested on your risk as described in the above **BINDER NO: MS-2019-F-0000590** subject to all terms and conditions of the Bidding Documents and the original printed policy.

DATE: \_\_\_\_\_

**NATIONAL REINSURANCE CORPORATION OF THE PHILS.**

By:

PRINTED NAME/DESIGNATION

AUTHORIZED SIGNATURE