

Republic of the Philippines

Department of Education

REGION V - BICOL

SCHOOLS DIVISION OFFICE OF CATANDUANES



ADVISORY

January 25, 2022 OSDS-SGOD-AD-00 4

- 1. This is to inform the field of the Membership with Accident Assistance Benefit (MAAB) and Prestige Humanitarian Membership offered by the Philippine Red Cross-Catanduanes Chapter.
- 2. Please find the attached Membership Package and Enrollment Form for reference and guidance.
- 3. For inquiries, you may email at <u>catanduanes@redcross.org.ph</u> or contact them at 09178068258/09511031624 and look for Ms. Jennelyn V. Chavez, CSR-FR, Philippine Red Cross-Catanduanes Chapter, EBMC Compound, San Isidro Village, Virac, Catanduanes.
- 4. For information.

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SUSAN S. COLLANO

Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

SGOD/mbb/01242022



PHILIPPINE RED CROSS

CATANDUANES CHAPTER



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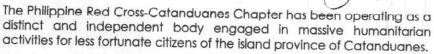
Dir. Patrick Alain Azanza

January 10, 2022

DR. SUSAN COLLANO

Public Schools Division Superintendent Department of Education Division of Catanduanes

Dear Dr. Collano,



As an independent humanitarian organization, auxiliary to the government, the Red Cross offers a variety of services that you and your company may be interested in. PRC offers safety trainings and ambulance services, blood services and an annual membership program. Membership to our organization not only entails them to become Red Cross leaders but also covers them on insurance.

PRC offers the Membership with Accident Assistance Benefit (MAAB) Program and our new PRESTIGE Humanitarian Membership which both offers an annual insurance coverage.

The Philippine Red Cross – Catanduanes Chapter strongly encourages the employees and personnel of the Department and the students of all DepEd schools to enroll in the Membership Program of their choosing, become members of the Red Cross and be insured 24 hours a day, 7 days a week.

Attached is the Membership Package offered by PRC and Enrollment Form for reference and guidance.

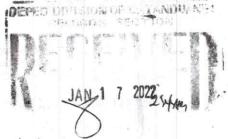
We would likewise be happy to conduct a **Membership Orientation** at your request.

For inquiries, you may email us at catanduanes@redcross.org.ph, or contact us at 0917-806-8528/ 0951-103-1624 and look for Ms. Jennelyn V. Chavez, CSR-FR

Thank you and more power.

Sincerely yours,

REYMUNDIA. REGINALDO Chapter Administrator





PRESTIGE MEMBERSHIP

Catanduanes Chapter

Catanduane	s Cha	pter					
PRC BENEF	HTS.	INSURANCE DETAILS	TERMS AND CONDITIONS				
Priority Assistance on blood requests Priority Access on Am- bulance Services		Accidental Death & Disablement Cover worth PHP 200,000	Age eligibility: 18 to 64 years old Effective for one(1) year from date of purchase				
		Unprovoked Murder & Assault Cover worth PHP 200,000	Insurance inception will be based on: a. Non-life Insurance Automatically start upon confirmed payment				
10% Discount or ty Training		Term Life Cover worth PHP 200,000	b. Life Insurance Must be <u>activated via PRC Help and Protect</u> Microsite				
		Fire Cash Assistance worth PHP 20,000	 Each individual is entitled to a maximum of 1 activa ed card per year only 				
SCOPE OF COVER		Bodily injury, death or disablement arising from accidental and external cause. Provides protection 24 hours a day, 7 days a week and 365 days a year worldwide.	4. Insurance claims must be coordinated directly with MAPFRE (non-life) and Insular Life (life). Contact details can be found on the proof of cove attached to your activation confirmation email an				
AGE ELIGIBI	LITY	18-64 years old	on the back portion of your card kit. 5. Term Life Insurance covers All Causes of Death sub				
REGISTRATI FEE	ION	Php 1,200.00	ject to the Terms of Condition of the policy				
COVERAGE		DEFINITIONS	CLAIMS DOCUMENTS				
Accidental Death and Disablement (AD&D) Unprovoked Mur- der and Assault	accide If, with accider the Insi age of Permar Covers jured, a inciden shall no areas, i a) Sout c) Sulta e) Lana g) Zam	ne Sum Insured amount in case of death caused by nt occurring within 365 days from date of accident with three hundred sixty-five (365) days from date of act, and the injury shall result in Permanent Disability of ured, the Company shall pay the benefits as a percent-the sum insured amount depending on the degree of ment Disability. injury or death if the Insured was intentionally insusualted, or killed by another person provided that such at shall not have been provoked by the Insured and on thave occurred in any of the following geographical including their cities, towns, barrios and barangays: h Basilan b) Entire Samar d) Sulu Archipelago to del Norte/ Sur f) North/ South Cotabato boanga del Norte/ Sur	 Duly Accomplished claim form Copy of valid government ID of insured Original Copy of Certified True Copy of Police Report Original Copy or Certified True Copy of Death Certificate PSA Certified—Marriage, Birth, Cenomar—to establish relationship of beneficiary Copy of valid government ID of beneficiary with 3 specimer signatures 				
Fire Cash Assistance Benefit	Insure	Insured up to the limit of coverage in the schedule of s in the event of a total loss or damage to the d's house at the declared address and its contents fire or lightning.	 Duly accomplished claim form Certification of Loss from the Barangay Fire Incident Report (BFP) Photos of Damages Property 				
Term Life Cover	insured	es death benefit to designated beneficiaries should the member die due to any cause while the policy is in DEATH DUE TO COVID-19 INCLUDED)	 Original Death Certificate with LCR Number Attending Physician's Statement Claimant's Statement to be accomplished by the insured's beneficiaries Birth Certificates of Insured and Beneficiaries Original Marriage Contract and PSA Advisory on Marriages (if married) Original PSA Certificate of No Marriage and Affidavit Stating of 2 Disinterested Parties stating that insured has no child (if single) Copy of Proof of Cover 				

Important Note:

Should the insured <u>die due to accident</u> a total of <u>Php 400.000.00</u> (Php200K for term life cover + Php200K for Accidental Death) will be paid to him/her.



PRC PRESTIGE MEMBERSHIP CARD REGISTRATION FORM

Emall Ad: membership.mapfrr@redcross.org.ph | DL: 7902396

Php 1,240.00	200,000.00	200,000.00	200,000.00	20,000.00
Prestign Membership (Annua Fret	Accidental Seath, Disablement & Disnemberment	Unprovoked Murder & Assenit	i Ha Term Cover	Fire Cash Assistance

CLIENT MAME		BIRTHDATE	VALID GOV'T ID #		7				T
(LAST, FIRST & MIDDLE INITIAL)	ADDRESS	(MONTH/DD/YYYY)	TYPE OF GOV'T ID	(W/PIC)	CONTACT NO.	EMAIL ADDRESS	Assigned Card No.	OR NO.	PAYMENT DAT
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APORTANT REMINDERS:

mail address is a must.

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etige Membership Card is open for individuas ages 18-64 utige Membership Card has an annual membership fee of Phy 1,200.00 (reasyable) tige Membership card provides life and nortife insurance coverage

RED CROSS MEMBERSHIP

"MARA NAI

MAGPAREHISTRO

ASIN MAGING

MIYEMBRO NING

RED CROSS"



"PAPAN-O MAGPAMYEMBRO SA REDCROSS"

Hanapon ang redcross coordinator sa sainyong barangay asin magpamyembro dara ang mga minasunod na inpormasyon:

EXAMPLE

NAME B-DATE ADDRESS : JUAN T. DELACRUZ : DEC. 02, 1990 : BRGY. BIGAA, VIRAC CATANDUANES

BLOOD TYPE: TYPE 0+ CONTACT INFO: 0999-999-9999

MEMBERSHIP CHOICE: SILVER-PHP 300.00

Iparehistro ang lambang miyembro ning pamilya edad 5-85 years old. Maging protektado beinte kuwatro oras maski sain na parte ning kinaban.

MEMBERSHIP FEES CHOICES	PHP 60	PHP 150	PHP 300	PHP 500	PHP 1000	PHP3 00	PHP 350
	(5-25y/o)	(5-65y/o)	(5-65y/o)	(5-65y/o)	(5-65y/o)	(66-80y/o)	(81-85y/o)
	CLASSIC	BRONZE	SILVER	GOLD	PLATINUM	SENIOR	SENIOR PLUS
ACCIDENTAL DEATH, DISABLEMENT DESMEMBERMENT	12,000.00	35,000.00	100,000.00	200,000.00	300,000.00	50,000.00	50,000.00
UNPROVOKED MURDER ASSAULT	12,000.00	35,000.00	100,000.00	200,000.00	300,000.00	50,000.00	50,000.00
ACCIDENTAL MEDICAL REIMBURSEMENT (for accident only)	5,000.00 per	5,000.00 per	10,000.00	10,000.00	10,000.00	5,000.00 per	5,000.00 per
	accident	accident	per accident	per accident	per accident	accident	accident
BURIAL BENEFIT (for accident only)	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
HOSPITAL DAILY ALLOWANCE (up to 60 days maximum of confinement) (for accidental cases only)	PHP 150.00	PHP 150.00	PHP 200.00	PHP 200.00	PHP 200.00	PHP 100.00	PHP 100.00
	per day						

REMINDER: THIS MEMBERSHIP FEES CHOICE ABOVE IS VALID FOR 1 YEAR COVERAGE ONLY.
FOR EXAMPLE: DATE OF MEMBERSHIP REGISTRATION - JAN 2, 2014
EXPIRY DATE AND RENEWAL OF MEMBERSHIP - JAN 1,2015

	TYPE OF CLAIMS					
CLAIM REQUIRMENTS	ACCIDENTAL MEDICAL REIMBURSEMENT	DEATH CLAIM (FOR ACCIDENTAL CASE ONLY)				
XEROX ID (red cross membership i.d)	YES	YES				
2.MEDICAL CERTIFICATE (original)	YES	YES				
3.HOSPITAL STATEMENT OF ACCOUNT(original)	YES	YES				
4.DOCTOR PRESCRIPTION/RESETA (original)	YES	YES				
5.MEDICAL BILLS AND RECEIPTS (original)	YES	YES				
6.POLICE INVESTIGATION REPORT OR STATEMENT OF WITNESS (brgy blotter or certification)	YES	YES				
7.DRIVER'S LICENSE (original) - for vehicular accident	YES	YES				
8.DEATH CERTIFICATE (original)	NO	YES				
9. BIRTH CERTIFICATE(original)	NO	YES				
10.MARRIAGE CONTRACT "for married person only" (original or certified true copy)	NO	YES				
11. BURIAL RECEIPTS(original)	NO	YES				

"PAGILUMDOM: pakisumitir ang kumpletong dokumento sa laog ning beinteng (20) aldaw poon kang mangyari ang aksidente. Kung dai masumitir sa RED CROSS ang kumpletong dokumento sa laog ning 20 aldaw, ang sainyong claim ma-i-imbalido." PARA SA MGA DAGDAG NA INPORMASYON ASIN KAHAPOTAN, MAGTEKS O MAG-APOD SA MGA MNASUNOD NA CELPHONE NOS.

0917-806-8528/0951-103-1624

Exclusion to Claim:

This Plan shall not cover any loss resulting from or related to:

- War or war like operations
- Military or police service except when off duty
- Willful participation in any crime
- Flying except as a fare paying passenger in any licensed or private aircraft
- Rape

- Osteoporosis
- Childbirth, miscarriage or any pregnancy-related complications
- Accident while under the influence of alhocol or unprescribed drugs
- Hazardous Sports
- Racing
- Pre-existing conditions

Philippine Red Cross is not an insurance provider but we assume full responsibility on our members. We are engaged on this program to generate funds for the organization and encourage individual to extend for the benefit of people in distress and also in return be covered by the benefit it offers. We build our partnership with the Insurance Provider-Prudential Guarantee Assurance through Gotuaco Del Rosario and Associates.



MEMBERSHIP ENROLLMENT FORM

T		NAME OF MEMBERS					8	BLOOD CONTACT THE				
10	FIRST NAME (Pangalan)	MIDDLE NAME (Gitnang Pangalan)	LAST NAME (Apelyido)	ADDRESS	BIRTHDAY mm/dd/yyyy	AGE	GENDER	TYPE	CONTACT INFO	I.D. NUMBER	EFFECTIVITY	OR#
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Types of N	1embership		Prepared by:	Noted:	
Classic	(Php 60.00)	[5 y/o to 25 y/o]			
Bronze	(Php 150.00)	[5 y/o to 65 y/o]			
Silver	(Php 300.00)	[5 y/o to 65 y/o]	manufacture transportation and the second	 	
Gold	(Php 500.00)	[5 y/o tp 65 y/o]			

Platinum (Php 1,000.00) [5 y/o to 65 y/o] Senior (Php 300.00) [66 y/o to 80 y/o] Senior Plus (Php 350.00 [81 y/o to 85 y/o]