



CASH ASSISTANCE FORM (for COVID-19 positive claimants)

- Uniformed Personnel
 Overseas Seafarer

- Health care worker
 Others _____

DATE OF APPLICATION: _____ CONTROL NO.: _____

DETAILS OF MEMBER / BENEFICIARY

Name of Member: _____
Date of Birth: _____ Sex: _____ Marital Status: _____
SSS / GSIS / AFPSN Number: _____
Address of Member: _____
Contact No.: _____ Email Address: _____
Place of Contingency: _____ Date of Contingency: _____

FOR DEATH

Name of Beneficiary: _____
Relation to Member: _____

DOCUMENTS SUBMITTED: (only original or certified true copies shall be accepted)

- Accomplished ECC **Cash Assistance Application Form**
 Proof of Approved EC Voucher from SSS or GSIS
 Copy of 2 valid IDs preferably Office/Company ID, SSS/GSIS or other government issued IDs
 Medical Abstract/Medical Certificate for COVID-19 **illness** (to indicate period of medical attendance of illness) or **Laboratory (RT-PCR) test result** showing POSITIVE for COVID-19, issued by a DOH accredited testing center or **Quarantine Clearance** issued by LGU-Health Office/ BHERT.

(Signature of Applicant above Printed Name)

TO BE ACCOMPLISHED BY ECC:

Recommending the approval of the application for cash assistance in the amount of Php _____.

DR. RAYMOND C. BAÑAGA
Chief, WCPRD

ATTY. EVELYN R. RAMOS
Deputy Executive Director

Approved by:

ENGR. JOSE MARIA S. BATINO, CESO IV
OIC-Executive Director

