



CASH ASSISTANCE FORM (for COVID-19 positive claimants)

DATE OF APPLICATION: _____ CONTROL NO.: _____

DETAILS OF MEMBER / BENEFICIARY

Name of Member: _____ Date of Birth: _____
Sex: _____ Marital Status: _____ Email Address: _____
SSS / GSIS / AFPSN Number: _____ Type of Worker: _____
Position: _____ Company: _____
Address of Member: _____
Province: _____ Contact Number: _____
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)

Document for COVID-19 positive claimants

- ☐ Accomplished ECC Cash Assistance Application Form
- ☐ Proof of Approved EC Voucher from SSS/GSIS or Certification of Employment with Last Date of Reporting to Work Due to COVID-19 illness prior to absence
- ☐ Copy of 2 valid IDs preferably Office/Company ID, SSS/GSIS or other government issued IDs. (For Domestic Employees)
- ☐ Medical Abstract/Medical Certificate for COVID-19 illness (to indicate period of medical attendance of illness) or Laboratory (RT-PCR) test result / Rapid Antigen Test showing POSITIVE for COVID-19, issued by a DOH accredited testing center or Quarantine Clearance issued by LGU-Health Office/ BHERT.

** Additional Requirements for COVID-19 Death Beneficiaries

- ☐ Death Certificate
- ☐ Any 2 valid IDs of Beneficiary
- ☐ Affidavit of Guardianship (if applicable)
- ☐ Marriage Certificate (for claimant spouse)
- ☐ Birth Certificate of child (for claimant child)

(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. CHRISTINE C. MARQUEZ
OIC, WCPRD

ATTY. EVELYN R. RAMOS
Deputy Executive Director

Approved by:

ATTY. KAIMA VIA B. VELASQUEZ
Executive Director