



CASH ASSISTANCE FORM

☐ UNIFORMED PERSONNEL

☐ NON-UNIFORMED PERSONNEL

DATE OF APPLICATION: _____

CONTROL NO.: _____

DETAILS OF BENEFICIARY/MEMBER

Name of Member: _____

Date of Birth: _____ Sex: _____ Marital Status: _____

SSS / GSIS / AFPSN Number: _____

Address of Member: _____

Contact No.: _____ Email Address: _____

Nature of Contingency: ☐ Workplace Accident ☐ Encounter ☐ Sickness/Illness ☐ Others: _____

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)

- ☐ Medical Certificate
- ☐ Spot Report/ Mission Order/ Order coming from authorized officials/ Battle casualty Report
- ☐ Death Certificate (for KIA)
- ☐ AFP Official I.D. (Original+ photocopy)/ any 2 Government issued I.D.: _____
- ☐ Marriage Certificate/ Dependent's I.D. (for Spouse)
- ☐ Birth certificate of dependents (minor dependents of KIA- in the absence of spouse), w/ Affidavit of Guardianship if spouse is deceased)
- ☐ Birth Certificate of KIA/ dependent's I.D. (for parents)
- ☐ Photocopy of Approved EC Voucher
- ☐ Certified True copy of Accident Report/ Incident Report/ Police Report/ EC Logbook
- ☐ Official Endorsement from DOLE (if applicable)

(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