



DEPARTMENT OF JUSTICE
EMPLOYEES' MULTI-PURPOSE COOPERATIVE
DOJ Building, Padre Faura St., Ermita, Manila
(02) 7617-7068 * 0927-6144820 * 0917-1378030
Email: osjempc1989@gmail.com

APPLICATION FORM – CARE HEALTH PLAN

Premium Payment Options:

MONTHLY (PAYROLL DEDUCTION) SEMI-ANNUAL (MIDYEAR & YEAR END BONUS) ANNUAL (MY / YE)

Name of Principal Member/Employee: PLAN
Date of Birth/Age:
Civil Status:
Contact Number:

OPTIONAL: ADDITIONAL ENROLLEE (INDIVIDUAL PAYMENT)

Name of Dependent (to be enrolled): PLAN
Date of Birth:
Relationship of Dependent to Principal:
Civil Status:

Name of Dependent (to be enrolled) PLAN
Date of Birth:
Relationship of Dependent to Principal:
Civil Status:

Name of Dependent (to be enrolled) PLAN
Date of Birth:
Relationship of Dependent to Principal:
Civil Status:

NOTE:

- 1. SEE PREMIUM RATES AT THE BACK (PAGE 2)
2. Please use additional sheet if necessary.

PROMISSORY NOTE

I, hereby promise to pay the Department of Justice Employees' Multi-Purpose Cooperative (DOJ-COOP) directly, or through its Treasurer, or through Payroll Deduction, the amount of (P), payable in TWELVE (12) monthly installments of (P) as my premium fee for my health maintenance insurance for one (1) year coverage. (PRE-TERMINATION OF PREMIUM IS NOT ALLOWED)

I hereby agree that, in case of default in the payment of any installment, or in case of my disability, retirement, resignation, absence without official leave, and/or separation from the service, the entire unpaid balance of this health card, shall immediately become due and payable without need of any formal demand. I hereby agree to waive presentation of payment, demand, protest and notice of protest and dishonor of the same.

In case of the above mentioned cases, I hereby assign in favor of DOJ-COOP, without further notice, so much of my capital deposit, including earned dividends, with DOJ-COOP and all monies and monetary benefits due, or to be due, from my present office, that would be sufficient to pay off the entire outstanding balance of this health card. I, therefore, authorize the Department of Justice to deduct the necessary amounts from all monies due me and to remit the same directly to DOJ-COOP, thru its duly authorized representative.

Date

Applicant's Name and Signature

Official Station

NOTES:

- 1. Program is subject to Maximum Benefit Limit per Disability. DISABILITY shall mean a sickness or injury; all bodily injuries sustained in any one accident shall considered as one disability and any sickness existing simultaneously with an injury or other sickness shall likewise be considered as one disability.
2. Pre-existing Medical Conditions are covered for existing members.
3. OPEN DOOR POLICY: Members have direct access to all our accredited Hospitals and Clinics.
4. All benefits are on TOP OF PHILHEALTH BENEFITS.

ELIGIBILITY:

1. Fifteen (15) days old to Seventy (70) years old

2. WITH COVID-19 COVERAGE & LIFE INSURANCE (FOR PRINCIPAL MEMBER ONLY)

For PRINCIPAL (Age 18 – 65 years old)				
PLAN	MAXIMUM BENEFIT LIMIT	ANNUAL PREMIUM	SEMI-ANNUAL PREMIUM	MONTHLY PREMIUM
WARD	P 70,000.00	P 10,735	P 5,797	P 1,008
SEMI PRIVATE	100,000.00	14,214	7,675	1,334
PRIVATE	150,000.00	19,480	10,519	1,828
SUITE	200,000.00	27,006	14,585	2,535

For DEPENDENTS (Age 7 – 65 years old)				
PLAN	MAXIMUM BENEFIT LIMIT	ANNUAL PREMIUM	SEMI-ANNUAL PREMIUM	MONTHLY PREMIUM
WARD	P 70,000.00	P 10,628	P 5,739	P 998
SEMI PRIVATE	100,000.00	14,073	7,699	1,321
PRIVATE	150,000.00	19,288	10,415	1,810
SUITE	200,000.00	26,740	14,440	2,510

For DEPENDENTS (Age 66 - 70 years old)				
PLAN	MAXIMUM BENEFIT LIMIT	ANNUAL PREMIUM	SEMI-ANNUAL PREMIUM	MONTHLY PREMIUM
WARD	P 70,000.00	P 13,818	P 7,461	P 1,297
SEMI PRIVATE	100,000.00	18,295	9,879	1,717
PRIVATE	150,000.00	25,074	13,540	2,353
SUITE	200,000.00	34,763	18,772	3,263

For DEPENDENTS (Age 3 – below 7 years old)				
PLAN	MAXIMUM BENEFIT LIMIT	ANNUAL PREMIUM	SEMI-ANNUAL PREMIUM	MONTHLY PREMIUM
WARD	P 70,000.00	P 13,818	P 7,461	P 1,297
SEMI PRIVATE	100,000.00	18,295	9,878	1,717
PRIVATE	150,000.00	25,074	13,540	2,353
SUITE	200,000.00	34,762	18,772	3,263

For DEPENDENTS (Age 15 days old – below 3 years old)				
PLAN	MAXIMUM BENEFIT LIMIT	ANNUAL PREMIUM	SEMI-ANNUAL PREMIUM	MONTHLY PREMIUM
WARD	P 70,000.00	P 17,964	P 9,700	P 1,686
SEMI PRIVATE	100,000.00	23,783	12,843	2,232
PRIVATE	150,000.00	32,596	17,601	3,059
SUITE	200,000.00	45,192	24,403	4,241