

Inter-Office Memorandum

Reference No. HRMS 2023.02.263

To : ALL REGULAR EMPLOYEES
From : Administrative Division
Subject : I-CARE PROGRAM (AMENDED, rev05)
Date : February 28, 2023

The Top Management in coordination with the Labor and Management Committee (LMC - KAISA) is pleased to announce the approval of **I-CARE PROGRAM** for all regular employees.

I. Introduction

I-Care is a voluntary contribution program intended for employees' financial need involving the following purposes:

- Hospitalization expense due to critical *and non-critical* / dreaded *or non-dreaded* disease either of member-employee or member-employee's immediate family.
- Funeral or Burial expense due to sudden death either of member-employee or member-employee's immediate family.

I-Care Program is extended to member-employee's immediate family, which includes spouse, children *and/or newly born baby (registered within 21 days upon giving birth)*, parent/s and sibling/s whose status is single.

II. Scope

I-Care is open to all regular employees who will voluntarily join the program *and to be regularized employees covering the period from April to December.*

III. Membership Fee, Benefits & Contributions

It is a FREE MEMBERSHIP but once you're a member you are required to contribute a certain amount as donation for every reported hospitalization or funeral/burial requests.

I-Care member is entitled to receive the total contributed amount from all members in case a financial need occurs involving either hospitalization or funeral/burial expense.

A. Summary of Cash Assistance for registered I-Care Members and Dependents

	Critical	Non-Critical	Covid19	Death/Burial
EMPLOYEE	P60.00 ^{new}	P20.00 ^{new}	P15.00 ^{new}	P100.00 ^{new}
DEPENDENT	P30.00 ^{new}	P10.00 ^{new}	P10.00 ^{new}	P50.00 ^{new}
NEWBORN DEPENDENT ^{new}	P10.00	P5.00		

Voluntary contribution is to be advanced by the company to the member-employee in need and shall be deducted on member's payroll.

The amount to be deducted may vary on the number of hospitalization or burial requests that HR will receive every month. All contributions made for the month shall be deducted to member-employee's payroll on the following month.

Salary deduction will only happen in months where there are received request for financial assistance. The amount of deduction to employees' payroll shall depend on the number and amount of availments of the covered month.

Financial assistance granted shall be emailed to all and posted to designated bulletin board for all members' information.

IV. Allowable Coverage & Conditions (non-critical/non-dreaded disease)

a. For Member-employee

Hospitalization Expense (confinement case only) of a member-employee whose hospital bill exceeded the HMO MBL and the excess billing is amounting to P5K and above (inclusive of medicine receipts from and after the confinement). For the contributed amount, refer to provision No. IIIA – Membership fee, benefits and contributions.

b. For Members' Dependent

Hospitalization Expense (confinement case only, amounting to P20K and above inclusive of medicine receipts from and after the confinement) of registered dependent regardless if with HMO or none. For the contributed amount, refer to provision No. III, b.2.

- c. A member-employee and/or their registered dependent can avail a combined total of twice per year hospitalization assistance (critical or non-critical or covid19).

EXCEPTION: In case a member or registered-dependent died on the same year where he/she already had twice of the I-care cash assistance, he/she will still be entitled for the I-Care burial/death cash assistance.

- d. Covid19 cash assistance is applicable to member-employee and employee-dependent.
In case the confirmed covid19 member-employee is hospitalized or confined higher cash assistance applies (either hospitalization of critical or non-critical case whichever applicable).
- e. All immediate family members can be registered as dependent (no limit), except for those siblings that were already married and with family (Qualified Immediately family members are spouse, children, mother, father, and siblings that were still single).
- f. Not yet registered newly born baby is to be allowed to avail of hospitalization cash assistance provided certified true copy of birth certificate, hospital bill named to newborn and medical certification with diagnosis is submitted.

V. List of Critical/Dreaded Diseases?

Dreaded diseases generally "chronic and irreversible" conditions requiring frequent and/or prolonged hospitalization, including those requiring continuous confinement for fifteen (15) days and more.

Acceptable critical/dreaded diseases:

- a. Cerebrovascular accident (Stroke) Paralysis, epilepsy
- b. Central Nervous System lesions (Poliomyelitis, Meningitis, Encephalitis, Neurosurgical conditions)
- c. Cardiovascular disease (Coronary/Valvular/Hypertensive Heart Disease)
- d. Chronic obstructive pulmonary disease (Asthma/Bronchitis/Emphysema)

- e. Liver parenchymal disease (Cirrhosis, Hepatitis, Newgrowth)
- f. Chronic Kidney/Urological disease (Urolithiasis, Obstructive Uropathies, etc.)
- g. Chronic gastrointestinal tract disease
- h. Collagen diseases (Rheumatoid arthritis, Systemic lupus erythematosus)
- i. Diabetes
- j. Malignancies and blood dyscrasia (Cancers, Leukemia, Idiopathic Thrombocytopenic Purpura)
- k. Burns
- l. Single or multiple organ failure requiring dialysis
- m. Any illness other than above, which would require intensive care unit confinement.

VI. I-Care Application for Membership Form

- a. Fill-out the I-Care Application for Membership Form (ICAMF), signed and submit to HR.
- b. Deadline for submission of application form is every March 15.
- c. All application forms received until March 15 is valid for 1 year and renewable every year.
- d. Automatic renewal with I-Care membership shall apply to those who will not submit request for cancellation on or before March 15.
- e. Only those who haven't avail of the benefit are allowed to cancel their membership.
- f. Once you become a beneficiary or recipient of the program, automatic renewal applies unless resigned to company.
- g. Only those registered dependents are accepted and allowed to avail of the cash assistance.
- h. *Link for the online application form shall be emailed to all employees and posted at the official LMC-KAISA fb page, all members are required to accomplish the said application form.*

VII. Requirements to Avail Cash Assistance

- a. Accomplished and signed I-Care Request to Avail Form (ICRAF).
- b. If the purpose of request is hospitalization expense:
 - Photocopy of Medical Certificate (with diagnosis) and
 - Photocopy of Hospital Bill (with details)
 - Photocopy of Prescription Receipt and/or Official Receipt of bought medicines (date must be from and/or after confinement and must match with the doctor's prescription)
 - Photocopy of Birth Certificate of patient-immediate family of member-employee
 - Photocopy of CENOMAR for Siblings whose status is Single

Note: Original document must be presented during the submission for validation/verification.

- c. If the purpose of request is funeral/burial:
 - Death Certificate (original or certified true copy)
- d. For confirmed covid19 case, the member-employee or dependent must submit RT-PCR Test Result.

If hospitalized due to confirmed covid19, need to submit hospital bill/statement of account and/or Medical Diagnosis.

VIII. How to Request for Financial Assistance?

- a. Fill-out the ICRAF and signed.
- b. Forward to HR the signed ICRAF together with the required documents, receipts, certificates etc. as proof of the need for financial assistance.
- c. Processing of request for financial assistance is at least 3 working days for completed ICRAF.

IX. Forms

1. I-Care Application for Membership Form (ICAMF) – for membership and/or cancellation of membership, for bulk applications, online form is to be used.
2. I-Care Request to Avail Form (ICRAF) – for availing of benefit

X. Effective Date of Implementation: April 1, 2023.

Please be guided accordingly.

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