



VETERANS FEDERATION OF THE PHILIPPINES

Gatpuno Villegas St., Ermita, Manila

APPLICATION FOR HEALTH CARE ASSISTANCE

(Please see requirements at the back before filling out this form)

NAME OF APPLICANT _____ *(Last Name)* _____ *(First Name)* _____ *(Middle Name)* _____

ADDRESS _____ *(Street)* _____ *(Town City)* _____ *(Province)* _____ **ZIP CODE** _____

RELATIONSHIP OF APPLICANT TO THE VFP MEMBER _____ **CELL PHONE/ TELEPHONE NUMBER** _____

NAME OF VFP MEMBER _____ *(Last Name)* _____ *(First Name)* _____ *(Middle Name)* _____

Name of Hospital _____ **Date of confinement** _____ **Date of birth** _____

Veterans Post _____ **Membership Status** _____

Veterans District _____ **Veterans Region** _____

VFP Membership ID card No. _____ **AFP Retirement ID No.** _____

CERTIFICATION AND SIGNATURE (READ CAREFULLY BEFORE SIGNING)

I HEREBY CERTIFY that:

1. The foregoing entries and attached supporting documents are true and correct.
2. I am fully aware of the consequences of committing fraud in connection with this application.

In witness whereof, I have hereunto affixed my signature this _____ day of _____ year 20 _____.

Signature: _____

Applicant

Valid ID with No.: _____

I HEREBY CERTIFY and endorsed that the member/recipient is a member in good standing and all the documentary requirements submitted by the applicant as listed in the application are authentic.

**Signature of over Printed Name of
Charter/Affiliate/Post President**

HEALTH CARE ASSISTANCE

INSTRUCTIONS:

A. Eligibility - To avail of the program, a member shall:

Be in good standing. A member in good standing is one who complies with the duties and responsibilities prescribed by the VFP, to include payment of membership dues, and does not perform acts which are derogatory and inimical to the integrity and interest of the VFP.

B. Filing of Application

The member must personally file/submit the application together with the documentary requirements to the VFP National Headquarters or Charter/Affiliate/Post Presidents where he/she applied and registered his/her application for membership.

C. Documentary Requirements

1. Duly accomplished application form signed by the member. In case the member is not capable to file the application, only the spouse or child is authorized to file the application on behalf of the member.
2. **Original hospitalization statement of the account summary** issued by the billing officer, cashier or accountant showing the dates of admission and discharge from the hospital where the member was confined.
3. **Original certificate of confinement** issued by the records officer with an **official hospital dry seal** showing the dates of admission and discharge from the hospital where the member was confined.
4. **Original copy** of marriage contract issued by Philippine Statistic Authority (PSA) or Local Civil Registrar (LCR) or if authenticated, it must be **authenticated original copy** with an official dry seal of the Local Civil Registrar (LCR), in case the applicant is the spouse; **Original copy** of birth certificate or marriage contract in case the applicant is a child.
5. Photocopy of VFP membership ID card and AFP Retirement ID card if the member is a veteran.
6. Photocopy of VFP membership ID card and PVAO Pensioner ID card, if the member is a surviving spouse of veteran.
7. Photocopy of valid ID and 3 specimen signatures of the applicant/claimant.

D. Mode of Payment

The health care assistance in the amount of P10,000 shall be paid directly to member-recipient or his/her spouse or child who applied for health care assistance thru check upon submission of application and the **original documentary requirements** to the VFP National Headquarters.

E. Other Conditions

1. Members residing in NCR/Region III/Region IV must apply within 2 months from the date of discharge from the hospital.
2. Members residing in CAR, Regions I, II, V, VI, VII, VIII, IX, X, XI, XII, and XIII must apply within 4 months from the date of discharge from the hospital.
3. Members may only avail the health care assistance **once a year**.

F. Duties and Responsibilities of the Charter, Affiliate, and Post Presidents:

1. Shall certify by way of endorsing the application that the member/recipient is a member in good standing and all the documentary requirements submitted by the applicant **as listed in paragraph C are authentic**.
2. Shall scan/take picture the application and the documentary requirements and send directly thru any of the following electronic communications: VFP Official Website; E-Mail; Messenger or Viber; to facilitate the processing of the application.
3. Shall submit the accomplished application form with the original documentary requirements and send thru mail courier or any faster means of communication to the VFP National Headquarters.

Received and Verified by:

JULIET L. SANTOYO

Reviewed and Recommended by:

MA. CONNIE L. SALEM

Approved by:

COMMO SALVADOR Q. ESGUERRA AFP (RET)
Vice President for Operation