## Form No. ICRAF Revision No. 03

## I-CARE REQUEST TO AVAIL FORM

Member Name: MARK JOHREL MANZANO		NO	Section:	M.I.T	Employee N	o. 172675	Date: 10-27-20	
Dependent Name:					Relationship	: -	Contact No: 09084760649	
For Critical/Dreaded	ember [P50/member]							
Deseases	mediate Depen	ependent						
For Non-Critical/Non- Dreaded Deseases	mber]	Hospitalization of Immediate Dependent [P5/member]						
Please attached the	applicable Requirement	<u>s:</u>						
1 Accomplished and signed I-Care Request Form (ICRAF). Total Active member:								
If the purpose of request is hospitalization expense:     a Original Medical Certificate (with diagnosis) and     Amount of Availed:								
b Original Hospital Bill (with details)								
c Birth Certificate of patient-immediate family of member-employee								
d CENOMAR for Siblings								
3 If the purpose of request is funeral/burial:								
a Death Certificate (original or certified true copy)								
4 Only the covered critical/dreaded diseases are valid to request for financial assistance (please refer to policy). 5 Availment is one time per member/dependent per year only (1 year coverage is from April 1 to March 31).								
5 Availment is	one time per member/	dependent per Requested by	er year or			is from April 1 pany Physician):	Approved by (HR Senior	
Availed PHP Amount:		(member):		Пррк	oved by (Comp	any i nysiciany.	Manager):	
For HR Use			-	For Accou	unting Use			
Checked/Received by	Processed by: Approved by:							
FUJITSU DIE-TECH CORPORATION OF THE PHILIPPINES Human Resource  I-CARE REQUEST TO AVAIL FORM  Form No. ICRAF Revision No. 03								
Member Name: MARK JOHREL MANZANO			Section:	M.I.T	Employee N	o. 172675	Date: 10-27-20	
Dependent Name:			141.11.1	Relationship		Contact No: 09084760649		
	mber [P50/member] Funeral/Burial of Member [P50/member]							
For Critical/Dreaded Deseases	☐ Hospitalization of Immediate Dependent							
	[P20/member]	The funeral/Bunal of Immediate Dependent 12/0/member						
For Non-Critical/Non- Dreaded Deseases	ember [P10/mer	0/member] Hospitalization of Immediate Dependent [P5/member]						
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Availed PHP Amount:		Requested by (member):		Appro	oved by <i>(Comp</i>	oany Physician):	Approved by (HR Senior Manager):	
For HR Use For Accounting Use								