FUJITSU DIE-TECH CORPORATION OF THE PHILIPPINES
Human Resource

Form No. ICRAF
Revision No. 03

I-CARE REQUEST TO AVAIL FORM

Member Name: MARK JOHREL MANZANO	Section: M.I.T	Employee No. 172675	Date: 10-27-20
Dependent Name: -		Relationship: -	Contact No: 09084760649

For Critical/Dreaded Deseases

- ☐ Hospitalization of Member [P50/member]
- ☐ Funeral/Burial of Member [P50/member]
- ☐ Hospitalization of Immediate Dependent [P20/member]
- ☐ Funeral/Burial of Immediate Dependent [P20/member]

For Non-Critical/Non-Dreaded Deseases

- ☐ Hospitalization of Member [P10/member]
- ☐ Hospitalization of Immediate Dependent [P5/member]

Please attached the applicable Requirements:

1 ***Accomplished and signed I-Care Request Form (ICRAF).***

2 ***If the purpose of request is hospitalization expense:***
- a Original Medical Certificate (with diagnosis) and
- 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).***

Total Active member: _____

Amount of Availed: _____

Availed Amount: **PHP**	Requested by *(member)* :	Approved by *(Company Physician)* :	Approved by *(HR Senior Manager)* :

---For HR Use---	***--- For Accounting Use ---***	
Checked/Received by:	Processed by:	Approved by:

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