

**WESERV SYSTEMS INTERNATIONAL, INC.**  
**HMO DEPENDENTS ENROLLMENT FORM**  
Coverage Period: June 1, 2024 to May 31, 2025

EMPLOYEE  
NAME:

Go  
Last Name

Zachary  
First Name

See  
Middle Name

EMPLOYEE  
NUMBER:

220068460  
9 Digit Employee No.

CIVIL STATUS: Married

DIVISION/  
DEPT:

JDU-SSS

DATE OF  
HIRE:

03 08 2021  
mm dd yyyy

**DEPENDENTS (subject to existing eligibilty guidelines)**

**A. SPOUSE (FOR MARRIED EMPLOYEES) / DOMESTIC PARTNER/ SAME GENDER PARTNER**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			
Go, Kristina Go Flor	12	25	1976	47	Female	Y

**B. CHILDREN 25 YEARS OLD AND BELOW (APPLICABLE TO MARRIED EMPLOYEES OR SINGLE PARENT EMPLOYEES)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			
Go, James Zachary Brayton Go Flor	05	10	2005	19	Male	N
Go, Steve Kaleb Go Flor	12	12	2013	10	Male	N

**C. UNMARRIED AND UNEMPLOYED SIBLINGS 25 YEARS OLD AND BELOW (APPLICABLE TO SINGLE EMPLOYEES ONLY)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			

**D. PARENTS 65 YEARS OLD AND BELOW (APPLICABLE TO SINGLE EMPLOYEES ONLY)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			

**E. PARENTS 66-70 YEARS OLD (APPLICABLE TO SINGLE EMPLOYEES ONLY)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			

**F. PARENTS 71-75 YEARS OLD (APPLICABLE TO SINGLE EMPLOYEES ONLY)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			

**G. PARENTS UPTO 70 YEARS OLD (APPLICABLE TO MARRIED EMPLOYEES ONLY)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			

**H. PARENTS 71 - 75 YEARS OLD (APPLICABLE TO MARRIED EMPLOYEES ONLY)**

Full Name (Last Name, First Name, Middle Name)	Birth Date			Age	Gender	Dependent - Philhealth Member (Y/N)
	mm	dd	yyyy			

**AUTHORIZATION TO DEDUCT**

This is to authorize the Company to deduct the following HMO premium in connection with the optional enrollment of my dependents under the HMO plan. I understand and agree to the following applicable guidelines:

- 1.) The Company shares 60% of the amount of premium for the enrollment of children.  
The employee share of 40% will be deducted from the employee's payroll over a period of twelve (12) months.

The applicable employee deduction for the premium are as follows:

**A.) Married Employees**

	Annual Amount	Employer Share	Employee Share	Amount of Deduction / payday
Spouse	24,304.00	-	24,304.00	1,012.67
Child (up to 25 yrs. Old)	24,304.00	14,582.40	9,721.60	405.07
Parents (up to 70 yrs. Old)	48,608.00	-	48,608.00	2,025.33
Parents ( 71-75 yrs. Old)	72,912.00	-	72,912.00	3,038.00

**B.) Single Employees**

	Annual Amount	Employer Share	Employee Share	Amount of Deduction / payday
Child (up to 25 yrs. Old)	24,304.00	14,582.40	9,721.60	405.07
Parents ( Up to 65 yrs. Old)	24,304.00	-	24,304.00	1,012.67
Parents ( 66-70 yrs. Old)	48,608.00	-	48,608.00	2,025.33
Parents ( 71-75 yrs. Old)	72,912.00	-	72,912.00	3,038.00
Siblings (up to 25 yrs. Old)	24,304.00	-	24,304.00	1,012.67

**C.) Domestic Partner**

	Annual Amount	Employer Share	Employee Share	Amount of Deduction / payday
Child (up to 25 yrs. Old)	24,304.00	14,582.40	9,721.60	405.07
Parents ( Up to 65 yrs. Old)	24,304.00	-	24,304.00	1,012.67
Parents ( 66-70 yrs. Old)	48,608.00	-	48,608.00	2,025.33
Parents ( 71-75 yrs. Old)	72,912.00	-	72,912.00	3,038.00
Domestic Partner	24,304.00	-	24,304.00	1,012.67

**D.) Same Gender Partner**

	Annual Amount	Employer Share	Employee Share	Amount of Deduction / payday
Parents ( Up to 65 yrs. Old)	24,304.00	-	24,304.00	1,012.67
Parents ( 66-70 yrs. Old)	48,608.00	-	48,608.00	2,025.33
Parents ( 71-75 yrs. Old)	72,912.00	-	72,912.00	3,038.00
Same Gender Partner	24,304.00	-	24,304.00	1,012.67

**\*\* Covered Period of Deduction: July 15, 2024 - June 30, 2025**

- 2.) Any utilization beyond the maximum benefit limit (MBL) per illness per year will be charged to the employee.  
This authorizes the Company to deduct from the employee's payroll the full amount of uncovered utilization, and/or any utilization beyond the maximum benefit limit.
- 3.) In case of voluntary resignation from the Company within the plan period, this serves as an authorization for the employer to deduct the premium balance or excess utilization from the employee's final pay.
- 4.) **If dependents are not PhilHealth members, additional fee amounting to PHP 5,376 / dependent will be added on top of the membership cost.**

**AUTHORIZATION MADE BY:**

**Go, Zachary See**

NAME OF EMPLOYEE  
(Signature over Printed Name)

**22006846**

EMPLOYEE NUMBER

**06/09/2024**

DATE

