

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

EMPLOYEE NAME:

Go

Zachary

See

Last Name First Name Middle Name

EMPLOYEE NUMBER:

22006846

 CIVIL STATUS:

Married

9 Digit Employee No.

DIVISION/ DEP'T:

JDU-SSS

 DATE OF HIRE:

3

8

2021

mm

dd

yyyy

DEPENDENTS (subject to existing eligibilty guidelines)

Kindly indicate the preferred Option based on the available premium below.

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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|------------|
| | mm | dd | yyyy | | | | |
| Go, Kristina Go Flor | 12 | 25 | 1976 | 47 | F | Y | Option 220 |

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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|------------|
| | mm | dd | yyyy | | | | |
| Go, James Zachary Brayton Go Flor | 5 | 10 | 2005 | 19 | M | N | Option 220 |
| Go, Steve Kaleb Go Flor | 12 | 12 | 2013 | 10 | M | N | Option 220 |
| | | | | | | | |

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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|--------|
| | 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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|--------|
| | 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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|--------|
| | 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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|--------|
| | 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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|--------|
| | 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) | OPTION |
|--|------------|----|------|-----|--------|-------------------------------------|--------|
| | 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 | OPTION 220 (MBL/PEC @ P220,000 PER ILLNESS/PER YEAR - REGULAR PRIVATE) | | | | OPTION 80 (MBL @ P80,000 PER ILLNESS /PER YEAR; PEC @P10,000 - SEMI PRIVATE ROOM) | | | | OPTION 60 (P | |
|-----------------------------|--|----------------|----------------|------------------------------|---|----------------|----------------|------------------------------|---------------|--|
| | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | |
| Spouse | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |
| Child (up to 25 yrs. Old) | 24,304.00 | 14,582.40 | 9,721.60 | 405.07 | 15,554.00 | 9,332.40 | 6,221.60 | 259.23 | 13,999.00 | |
| Parents (up to 70 yrs. Old) | 48,608.00 | - | 48,608.00 | 2,025.33 | 31,108.00 | - | 31,108.00 | 1,296.17 | 27,998.00 | |
| Parents (71-75 yrs. Old) | 72,912.00 | - | 72,912.00 | 3,038.00 | 46,662.00 | - | 46,662.00 | 1,944.25 | 41,997.00 | |

B.) Single Employees

| | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | |
|------------------------------|---------------|----------------|----------------|------------------------------|---------------|----------------|----------------|------------------------------|---------------|--|
| Child (up to 25 yrs. Old) | 24,304.00 | 14,582.40 | 9,721.60 | 405.07 | 15,554.00 | 9,332.40 | 6,221.60 | 259.23 | 13,999.00 | |
| Parents (Up to 65 yrs. Old) | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |
| Parents (66-70 yrs. Old) | 48,608.00 | - | 48,608.00 | 2,025.33 | 31,108.00 | - | 31,108.00 | 1,296.17 | 27,998.00 | |
| Parents (71-75 yrs. Old) | 72,912.00 | - | 72,912.00 | 3,038.00 | 46,662.00 | - | 46,662.00 | 1,944.25 | 41,997.00 | |
| Siblings (up to 25 yrs. Old) | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |

C.) Domestic Partner

| | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | |
|-----------------------------|---------------|----------------|----------------|------------------------------|---------------|----------------|----------------|------------------------------|---------------|--|
| Child (up to 25 yrs. Old) | 24,304.00 | 14,582.40 | 9,721.60 | 405.07 | 15,554.00 | 9,332.40 | 6,221.60 | 259.23 | 13,999.00 | |
| Parents (Up to 65 yrs. Old) | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |
| Parents (66-70 yrs. Old) | 48,608.00 | - | 48,608.00 | 2,025.33 | 31,108.00 | - | 31,108.00 | 1,296.17 | 27,998.00 | |
| Parents (71-75 yrs. Old) | 72,912.00 | - | 72,912.00 | 3,038.00 | 46,662.00 | - | 46,662.00 | 1,944.25 | 41,997.00 | |
| Domestic Partner | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |

D.) Same Gender Partner

| | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | Employer Share | Employee Share | Amount of Deduction / payday | Annual Amount | |
|-----------------------------|---------------|----------------|----------------|------------------------------|---------------|----------------|----------------|------------------------------|---------------|--|
| Parents (Up to 65 yrs. Old) | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |
| Parents (66-70 yrs. Old) | 48,608.00 | - | 48,608.00 | 2,025.33 | 31,108.00 | - | 31,108.00 | 1,296.17 | 27,998.00 | |
| Parents (71-75 yrs. Old) | 72,912.00 | - | 72,912.00 | 3,038.00 | 46,662.00 | - | 46,662.00 | 1,944.25 | 41,997.00 | |
| Same Gender Partner | 24,304.00 | - | 24,304.00 | 1,012.67 | 15,554.00 | - | 15,554.00 | 648.08 | 13,999.00 | |

**** 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:

[Signature]
 SO, Zachary Bee

NAME OF EMPLOYEE

(Signature over Printed Name)

22006846

EMPLOYEE NUMBER

06/18/2024

DATE