

# HEALTH CARE QUALIFIED DEPENDENT ENROLLMENT FORM

## Policy Year Nov. 15, 2021 - Nov. 14, 2022

This form captures information relevant to the enrollment of **FREE** and **ADDITIONAL** Dependents of our eligible talent under the EMAPTA Health Care Benefit Program.

Please note that this form needs to be completed within **30 calendar days** from the effective date of eligibility / regularization, otherwise, enrolment for HMO for your qualified dependent(s) for the current policy year shall be forfeited and shall be deferred to the next policy year starting November 15, 2022.

### **IMPORTANT!!!**

Accuracy in filling out this form is essential. Data generated from this form shall be considered final and will be used in the enrolment of your Dependent(s). Any information that needs to be corrected due to inaccurate information provided in this form will require replacement of Health Care Card and the replacement fee shall be charged to yourself.

## **QUALIFIED DEPENDENT ENROLMENT GENERAL GUIDELINES**

Enrollment of Qualified dependents in the EMAPTA Health Care Benefit Program follows an Enrollment Hierarchy:

### **SINGLE**

1. Parents (up to 65 years old, minimum of 6 months to stay in the program)
2. Siblings, from eldest to youngest (15 days to 21 years old, minimum of 6 months to stay in the program)

### **SINGLE-PARENT**

1. Child/ren, from eldest to youngest (15 days to 21 years old, minimum of 6 months to stay in the program)

2. Parents (up to 65 years old, minimum of 6 months to stay in the program)

**MARRIED**

1. Legal Spouse (up to 65 years old, minimum of 6 months to stay in the program)
2. Child/ren, from eldest to youngest (15 days to 21 years old, minimum of 6 months to stay in the program)

**WIDOW**

1. Child/ren, from eldest to youngest (15 days to 21 years old, minimum of 6 months to stay in the program)

Skipping of hierarchy maybe allowed on certain circumstances. Documentary evidence is required to prove qualification to skip enrollment hierarchy. If you need to skip our enrollment hierarchy, please do not hesitate to reach out to your HR Business Partner or any member of the People Operations Division.

**FREE Dependent**

free qualified dependent packaged as part of the Principal's Health Care Coverage, paid for by EMAPTA/Client.

**ADDITIONAL Dependent**

additional qualified dependent to be paid for by the employee via salary deduction. Enrollment of Additional Dependent is an accommodation and should not be construed as part of the employee benefit package. EMAPTA reserves its right to cease offering coverage for Additional Dependent/s as it deems necessary given proper notice, without the need for justification.

Deductions for ADDITIONAL Dependent's premium cost shall start on first payday immediately following confirmation of enrollment until November 30, 2022 payroll. Pro-rated Amount of premium cost shall be confirmed by People Operations.

**IMPORTANT!!!**

Employee cannot add, and/or modify enrolled dependents within the policy year, except under the following circumstances. Addition and/or modification must be executed within the below enrollment window:

1. Marriage (within 30 calendar days from date of marriage);
2. Newborn child (within 30 calendar days from date of birth of newborn);
3. Death of enrolled dependent (within 30 calendar days from date of death of dependent);
4. Migration of enrolled dependent (within 30 calendar days from date of departure of dependent);
5. Enrolled dependent being covered by another HMO Plan (within 30 calendar days from enrolled dependent's coverage by another HMO Plan);

**Required supporting documents that needs to be submitted by the employees:**

If **Singe / Single Parent** - birth certificate of principal and dependent(s) for enrollment

If **Married** - marriage certificate and birth certificate of child/ren

Above documentary requirements should be sent over to [pnc.hrops-benefits@emapta.com](mailto:pnc.hrops-benefits@emapta.com) using this subject line: **Health Care Enrollment Supporting Documents | (Your Full Name)** after completion of this form. People Operations Team shall not process applications without proper documentation to

support the enrollment, in compliance to the set guidelines of our provider.

Separated employee shall not recover cost for any payment made regardless if there is utilization or otherwise. Premium costs are being paid by EMAPTA in advance. Hence, in case of separation, premium applicable to the month of separation of the employee shall be deducted in full amount from the employee's final paycheck.

For inquiries and clarifications, you may reach out to your HR Business Partner and/or any member of the People Operations Division thru [pnc.hrops-benefits@emapta.com](mailto:pnc.hrops-benefits@emapta.com) prior to submitting your response to this form.

## YOUR INFORMATION

This section captures your personal information.

### 1. Your Employee ID \*

*Kindly indicate your Employee ID # in the following format 00-0000 (i.e., 10-0001)*

*If you don't know your Employee ID #, kindly indicate 00-0000 (applicable for new hires only).*

00-0000

### 2. Your Last Name \*

Estevez

### 3. Your First Name \*

Bryan

### 4. Your Middle Name \*

Darca

## 5. Your Name Suffix

*Sr., Jr., II, III, IV, etc.*

N/A

## 6. Your Date of Birth \*

11/14/1995



## 7. Your Gender \*

MALE



## 8. Your Updated Mobile Phone Number \*

9203503608

## 9. Your Division/Department. If deployed to a client, Your Account/Client Affiliation \*

Zesty.io

## 10. Your Office Site Assignment \*

BDO (BDO Equitable Tower, Makati City)



## 11. Your Preferred Email Address for Communications \*

bryanestevez1114@gmail.com

12. Date of Hire (Start Date with the Company) \*

10/3/2022



13. HMO Eligibility \*

☐ Upon Regularisation

☒ Upon Hire

## YOUR REQUEST

Please select the action you wish to execute in relation to your Health Care Dependents. Please note that you can only choose one action at a time. If you would like to execute more than one (1) action, you will need to fill out this survey for each action you wish to execute. For instance, if you would like to add one (1) Free Dependent and one (1) Additional Dependent, you will need to fill out this survey for each dependent.

14. What do you want to do? \*

I have NO eligible dependent



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