

Employee Name : Jhenrie Quintos Bargola
Employee ID No. : 20218400
Position : Mid Web Developer
Department : Information Technology
Civil Status : Single
Date Hired : 28/09/2021

REGULARIZATION LETTER

Dear ***Jhenrie***

After the stringent evaluation and review of your work performance, we would like to congratulate you for officially becoming a regular employee of ARB Call Facilities, Inc. effective **26/03/2022.**
In line with your regularization, you are eligible to avail of the following benefits:

- a. Entitlement to use your accrued Leave Credits (10 Leaves earned from date of hire to regularization date)
- b. Earning of leaves (1 VL and 1 SL) per month
- c. Leaves Encashment (1st year of Employment)
- d. Enrollment of two (2) dependents in our company HMO (Philcare)
- e. Personally Paid Enrollment can enroll up to two (2) additional dependents, in HMO (Philcare)
- f. Insurance – under HMO program, Accidental Death and Dismemberment (ADD) principal only – 200,000.00

Furthermore, all of the provisions of your employment contract that do not contradict the contents of this letter shall remain the same.

Should you have any questions, please feel free to reach out to any members of the HR Department.

Again, congratulations and we expect you to deliver consistent quality performance because in ARB, your growth is our success!

Sincerely:



Jenna Tamsine Leonardo
Manager, Human Capital – Manila Sites

Acknowledged by:

Signature Over Printed Name and Date

HMO Dependent Enrollment

[Please submit this form to the HR Department within 20 days from the Date of Effectivity indicated below.]

Please fill out the required details below **(IN PRINT)** to enroll your dependent in our HMO Plan (Philcare).

Philcare Enrollment						
ARB Call Facilities, Inc.						
Complete Name of Information (Dependent)						
Last Name	First Name	Middle Initial	Date of Birth of Dependent	Gender of Dependent	Civil Status of Dependent	Relationship to Principal Member
ADDITIONAL DEPENDENT (up to 2 persons) : PERSONALLY PAID						

Cost for personally paid Dependents

(Need to Fill-up the ATD form – Kindly secure to any HR personnel)

Dependents of Rank and File

PHP 4,502.40/quarter (PHP 1, 500.8/month; PHP 750.4/payout) and shall be paid via salary deduction.

Dependents of Executive

PHP 5, 328.96/quarter (PHP 1, 776.32/month; PHP 888.16/payout) and shall be paid via salary deduction.

Dependents of Sr. Executive

PHP 5, 328.96/quarter (PHP 1, 776.32/month; PHP 888.16/payout) and shall be paid via salary deduction.

All HMO dependent must be enrolled in their PhilHealth MDR. For non-Philhealth member such as legal spouse and parents with below 60 years old must have their existing and current PhilHealth contribution. HMO provider will not cover or pay any PhilHealth fees.

Kindly take note of PHILCARE'S hierarchy for enrollment below. This hierarchy will also be followed on the beneficiary for Group Life, Death and Dismemberment Insurance.

Hierarchy rule for dependents:

For married principal members – Legal spouse must be enrolled first, followed by the eldest to the youngest child

For single principal members –Both parents must be enrolled first, followed by the eldest to youngest sibling

For single parent principal members – Eldest to youngest child first, followed by parents.

Age Eligibility

Adult Dependent - 18 to 65 years for spouse and dependent parents

Minor Dependent - 15 days up to 21 years old for child and sibling dependents

EMPLOYEE ACKNOWLEDGEMENT

By signing my name below, I hereby accept and acknowledge all stipulated policies applicable to a regular employee and its provisions

Full Name: _____

Signature: _____

Date: _____

HMO Coverage and Features

HMO Particulars	Coverage and Features post renewal 2017 - 2018	Remarks
No. of Dependents	2 Dependents	Employees can now enroll unlimited number of dependents on top of the two (2) dependents shouldered by the company Senior Executive: Php 4,841.80/quarter (806.97 per cut off) Executive: Php 4,841.80/quarter (806.97 per cut off) Rank and File: Php 4,090.19/quarter (681.70 per cut off)
Effectivity Date	Day 1 for Principal Members Enrollment of two (2) dependents will be on the employees' regularization date	Employees /New Hires are eligible for HMO Benefit. Dependents will be enrolled upon regularization.
Coverage of Principal and Dependents	Senior Executives (Executive): 500,000(MBL) Executive(Supervisor/Managerial Level): 300,000(MBL) Rank and File: 200,000.00(MBL)	Employee paid dependents have similar MBL, Room and Board with the principal dependent
Room & Board	Senior Executive and Executive Members - Open Private Rank and File - Regular Private	
Pre - existing conditions Coverage	Yes	
Dental Benefit	Yes	
Preventive/Inpatient/Outpatient/ER Care Coverage	Yes	
Access to four (5) Philcare Clinics	Yes	Makati Clinic, Manila Clinic, QC and EDSA Clinic (Megamall) and Mall of Asia Clinic
Hospital Access	Executive Members + Dependents Access to all six (6) major hospitals for In-patient ,Out-patient Treatment and ER Rank and File Members + Dependents In patient and Out Patient Access to three (3) major hospitals (St. Lukes BGC, Makati Medical and Asian Hospital) only for emergent cases which may lead for possible confinement. Regular check ups/consultations are not included in the package.	Consultations on the mentioned hospitals are subject to the hospital's emergency triage system prior accommodation.
Accidental Death and Dismemberment Insurance	Senior Executive: Php500,000.00 Executive Members: Php300,000.00 Rank and File Members: Php200,000.00	Limited to principal members only

Standard Exclusion List

- Care by Non-Affiliated Physician in either Affiliated or Non-Affiliated Hospitals, or Care by Affiliated Physician in Non-Affiliated Hospital **except** ER cases
- Additional hospital charges and Professional Fees resulting from Room Upgrade (except stated in ER cases), additional personal comfort items (e.g. telephone and television) and such other items of the same nature
- All pregnancy-related conditions requiring medical and surgical care (except for pre and post-natal consultations)
- Circumcision, sterilization of either sex or reversal of such, artificial insemination, sex transformation, or diagnosis & treatment of infertility
- Rest cures, custodial, domiciliary, or convalescent care
- Cosmetic and oral surgery for purpose of beautification except reconstructive surgery to treat a functional defect due to disease or accidental injury
- Weight reduction programs, surgical operation or procedure for treatment of obesity, including but not limited to, gastric stapling
- Dental examination, extractions, fillings and general dental attention and conditions and all complications arising there from, except to the extent that are necessary for repair or alleviation of damage to the covered person caused solely by accidental injuries and those dental benefits as specified in the Agreement

- All forms of behavioral disorders whether congenital or acquired; developmental or psychiatric disorder; psychosomatic illness
- Any injury, illness or condition resulted from Member's own misconduct
 - Use of drugs and/or conditions or illnesses resulting from alcoholism
 - Experimental Medical or surgical procedures (e.g. Chiropractic Services and Acupuncture)
 - Suicide attempt
 - Gross negligence (e.g. violation from law, etc.)
- Allergens used for hypersensitivity testing regardless if administered as an out-patient or in-patient procedure (in excess of coverable benefit)
- Procurement or use of corrective appliances, prosthesis, artificial aids and durable equipment (e.g. stents, pins, screws, plates, wires, hearing aids; (f) intraocular lens, eyeglasses, contact lenses, braces, crutches, pace maker, etc.
- All expenses incurred by the Member in the process of donating organs
- Injuries or illnesses resulting from hazardous activities (e.g. bungee jumping, scuba diving, hang-gliding, mountain climbing, etc.)
- Physical examinations and other related services required for obtaining or continuing employment, insurance or government licensing, or not related to the health maintenance of the client, Executive check-ups
- Injuries or illnesses due to military service or suffered under conditions of war
- Take-home medicine, immunizing agents and out-patient medicines, with the exception of intravenous chemotherapy medicine and those administered during an emergency treatment
- All hospital charges and Professional Fees incurred after the day and time the discharge from the hospital has been duly authorized
- Laser Treatment (except as stipulated in the agreement)
- "Medico-Legal Fees" These are professional fees of a medico-legal consultant to whom a patient is referred primarily for the issuance of a medical certificate for legal purposes
- Diseases declared by the Department of Health as "epidemic"

EMPLOYEE ACKNOWLEDGEMENT

By signing my name below, I hereby accept and acknowledge all stipulated policies applicable to a regular employee and its provisions

Full Name: _____

Signature: _____

Date: _____