



MASTER APPLICATION FOR CORPORATE ACCOUNTS

TO : EASTWEST HEALTHCARE, INC.

DATE: 30-Jan-20

We are pleased to inform you that our client is renewing their healthcare program to your company based on the proposal that we have submitted. Below are pertinent details you may need to properly administer the program as well as the details of the package they have chosen.

We look forward to a smooth installation of the healthcare program.

Sincerely,

ACTUARIAL / BILLING

Signature Over printed Name

I. COMPANY DATA

1 NAME OF ACCOUNT

COMPANY NAME

2 COMPLETE BUSINESS ADDRESS

3 NATURE OF BUSINESS

4 CONTACT PERSON 1

TELEPHONE NUMBERS

fax

5 DESIGNATION

E-MAIL

6 CONTACT PERSON 2

TELEPHONE NUMBERS

TELEFAX

7 DESIGNATION

E-MAIL

II. PLAN PROGRAM

1 PROVIDER

EASTWEST HEALTHCARE, INC.

2 PROGRAM TYPE

PRINCIPAL

☐ FULL RISK

☐ TPA

☐ OTHERS

DEPENDENT

☐ FULL RISK

☐ TPA

☐ OTHERS

3 PRODUCT TYPE

☐ FLEXI-HEALTH PROTECT

☐ TPA

☐ SME

☐ ROYAL

4 TYPE OF BUSINESS

☐ NEW

☐ RENEWAL

5 EFFECTIVE DATE

M M D D Y Y

EXPIRY DATE

M M D D Y Y

6 COVERAGE

PRINCIPAL

☐ IN-PATIENT ONLY

☐ OUT-PATIENT ONLY

☐ EMERGENCY ONLY

☐ BOTH IN & OUT-PATIENT

☐ OTHERS

DEPENDENT

☐ IN-PATIENT ONLY

☐ OUT-PATIENT ONLY

☐ EMERGENCY ONLY

☐ BOTH IN & OUT-PATIENT

☐ OTHERS

7 MODE OF PAYMENT

PRINCIPAL

☐ ANNUAL

☐ SEMI-ANNUAL

☐ QUARTERLY

☐ MONTHLY

☐ OTHER PAYMENT

DEPENDENT

☐ ANNUAL

☐ SEMI-ANNUAL

☐ QUARTERLY

☐ MONTHLY

8 VAT CLASSIFICATION

☐ VATABLE

☐ NON-VATABLE

☐ ZERO RATED

☐ OTHERS

9 MEMBER CLASSIFICATION

PRINCIPAL

☐ CONTRIBUTORY

☐ NON - CONTRIBUTORY

I. ROOM AND BOARD ACCOMODATION & MAXIMUM BENEFIT LIMIT

LEVEL	MEMBER COUNT	ROOM AND BOARD ACCOMMODATION	MAXIMUM BENEFITS LIMIT
LEVEL I		WARD	30,000.00

DEPENDENT

☐ CONTRIBUTORY

☐ NON - CONTRIBUTORY

LEVEL	MEMBER COUNT	ROOM AND BOARD ACCOMMODATION	MAXIMUM BENEFITS LIMIT
N/A	N/A	N/A	N/A

☐ ANNUAL PHYSICAL EXAMINATION
☐ BUILT-IN ☐ SEPARATE FEES ☐ OTHERS
Pls. refer to attached schedule of benefits
☐ EMPLOYEES ☐ DEPENDENTS

☐ STANDARD DENTAL ☐ EXPANDED DENTAL ☐ OTHERS
☐ BUILT-IN ☐ SEPARATE FEES
Pls. refer to attached schedule of benefits
☐ EMPLOYEES ☐ DEPENDENTS

☐ LIFE ASSISTANCE FOR ALL REGULAR EMPLOYEES
☐ BUILT-IN ☐ SEPARATE FEES
C/O MANULIFE INSURANCE, INC.
☐ P SUM INSURED

☐ P SUM INSURED

☐ LIVING (TERMINAL ILLNESS) BENEFIT FOR EMPLOYEES UP TO 65 YEARS OLD
 OF THE SUM INSURED

☐ Group Personal Accident

☐ BUILT-IN ☐ SEPARATE FEES
C/O MAA ASSURANCE PHILIPPINES
P SUM INSURED

☐ Philhealth Surcharge for non-members
☐ P ANNUAL

☐ OTHERS/ ENDORSEMENT

PRINCIPAL

☐ with TOP 9 Hospitals
☐ w/o TOP 9 Hospitals

☐ with TOP 5 Hospitals
☐ w/o TOP 5 Hospitals

☐ with SLMC Global
☐ w/o SLMC Global

☐ with Healthway
☐ w/o Healthway

DEPENDENT

☐ with to TOP 9 Hospitals
☐ w/o TOP 9 Hospitals

☐ with TOP 5 Hospitals
☐ w/o TOP 5 Hospitals

☐ with SLMC Global
☐ w/o SLMC Global

☐ with Healthway
☐ w/o Healthway

OTHERS :

NOTE : 1. The Medical City Hospital is implementing its New Room Categories starting 4th of December 2015. All Semi-Private rooms of the said hospital will be converted to De Luxe rooms, it is categorized as a Private room which has a higher rates compared to Semi-Private.

2. The said upgrade of room categories will highly affect our members with Semi-Private room coverage and will be required to shoulder the room difference and incremental costs and directly settle the amount with hospital before discharge (if they opted to occupy De Luxe room).

3. FOR PROGRAM W/O ACCESS TO Healthway Medical Clinics & St. Luke's-Global City : "Out of network" coverage shall not be applicable in the access regardless if the case is emergency or otherwise

PLEASE REFER TO ATTACHED SCHEDULE OF BENEFITS.

DATE SUBMITTED:

0	1	3	0	2	0
M	M	D	D	Y	Y

Prepared by:

KAREN JANE VARGAS

ATTACHMENTS:

☐ Masterlist

☐ Final Quote

☐ VAT Exception Cert.

☐ SEC Registration