



**BJMP MUTUAL BENEFIT ASSOCIATION, INCORPORATED (BJMPMBAI)**  
**144, BJMP NHQ Bldg., 3rd Flr., Mindanao Avenue, Bahay Toro, Quezon City**  
 Tel.: 02-926-6963 / 02-542-6671 CP No.: 09175317992 Email: bjmpmbai@yahoo.com.ph

EHCBA Form  
Series of Oct. 2023

Application No. \_\_\_\_\_

Date Received: \_\_\_\_\_

**EMERGENCY HOSPITALIZATION CASH BENEFIT ASSISTANCE EVALUATION & CLAIM FORM (EHCBA)**

<input type="checkbox"/> Hospitalized      Date of Confinement _____ <input type="checkbox"/> Deceased      Date of Death _____	<b>Note: Kindly attach all the necessary supporting documents in order to facilitate the processing of your claim.</b>
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PERSONAL DETAILS	SUPPORTING DOCUMENTS																																
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<p>I attest to the truthfulness of all matters indicated in this claim form and I am aware that any misrepresentation made by shall cause the filling of criminal and disciplinary actions and may result to disallowance/refund of the claim.</p> <p align="center">_____</p> <p align="center">(Signature over Printed Name of the Claimant)</p> <p><b>Reminders:</b></p> <p><b>Minimum 3 days confinement.</b></p> <p><b>Approval of the claim is subject to the doctor's evaluation.</b></p>																																	

<i>This portion to be filled-out by Physician (BJMPMBAI)</i>		Evaluated by: _____ Signature over Printed Name
No. of Days of Confinement: _____ Final Diagnosis: _____	Code: <input type="checkbox"/> Less serious illness / injury <input type="checkbox"/> Serious illness / injury	

*This portion to be filled-out and evaluated by BJMPMBAI Management and Staff:*

OPERATIONS DIVISION		
<input type="checkbox"/> Initial Claim <input type="checkbox"/> Subsequent Claim      Date of Previous Claim _____		
<b>Computation:</b> Immediate Release/Initial Claim      P _____ Daily Hospital Cash Allowance      P _____ x _____ days TOTAL AMOUNT OF CLAIM      P _____		
Evaluated & Computed by: _____ Signature over Printed Name	Checked by: _____ <b>VIVienne B QUIJOY</b> Chief, Operations Division	

FINANCE DIVISION	
REQUEST FOR CHECK PREPARATION	
TO: CHIEF, ACCOUNTING DIVISION FR: CHIEF, FINANCE DIVISION	Date: _____
Request preparation of check in favor of _____ in the amount of _____ Php ( _____ ) in consideration for Emergency Hospitalization Cash Benefit Assistance (EHCBA) for year _____ as per attached.	
Funds Available & Recommending Approval: _____ <b>ROGELIO D PAGUNURAN</b> C, Finance Div	Approved by: _____ <b>CLARITO G JOVER, Ph.D., CESO V</b> General Manager
CV No. _____	