BJMP Mutual Benefit Association, Incorporated

BJMPMBAI Corporate Bldg., Congressional Avenue Extension, Brgy. Culiat, Quezon City
Tel No.: (02) 8542-6671 / Mobile No.: 09175317992 / Email: bjmpmbai@yahoo.com.ph
Facebook.: https://www.facebook.com/bjmp.mbai/ Website: www.bjmpmbai.com

EHCBA Form
Series of July 2026

Application No.: _____

Date Received: _____

EMERGENCY HOSPITALIZATION CASH BENEFIT ASSISTANCE (EHCBA) EVALUATION AND CLAIM FORM

☐ Hospitalized

_____ Date of Confinement

_____ Date of Discharge

Note: Kindly attach all the necessary supporting documents in order to facilitate the processing of your claim.

PERSONAL DETAILS

Rank/Designation

Member's Name / Beneficiary (Last, First, MI)

Contact Number

SUPPORTING DOCUMENTS

☐ Original or True Copy of Hospital Admitting History and Discharge Summary or Medical Abstract

☐ Photocopy of ATM (front only) with Readable Account Number

☐ Certified True Copy of BJMPMBAI ID or BJMP ID / Government Issued / Valid ID

Present Unit Assignment / Address

Residential / Provincial Address

Place of Confinement (Name of Hospital and Address)

Bank Account No.

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.

_____
(Signature over Printed Name of the Claimant)

Reminder:
EHCBA can only be availed once a year.

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

OPERATIONS DIVISION

Date Admitted: _____ Date of Previous Claim: _____

Date Discharged: _____

No. of Days _____ X Php 1000 = Php _____

_____

Evaluated by:

_____
Signature Over Printed Name

Checked by:

_____
Chief, Operations Division

FINANCE DIVISION
REQUEST FOR CHECK PREPARATION

Date: _____

TO: CHIEF, ACCOUNTING DIVISION
FR: CHIEF, FINANCE DIVISION

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:

_____
ROGELIO D PAGUNURAN
Chief, Finance Division

Approved by:

_____
CLARITO G JOVER, Ph.D, CESO V
General Manager

CV No.: _____