



PHILIPPINE MEDICAL ASSOCIATION

THEME: "PMA: WORKING TOGETHER AS ONE"

Member : World Medical Association
Co-Founder : Confederation of Medical Associations in Asia and Oceania (CMAAO)
Medical Association of South East Asian Nations (MASEAN)
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MEMORANDUM CIRCULAR NO: 2021-04-23-057

To : PMA MEMBERS WHO WERE VICTIMS OF COVID-19 AND TO ALL CONCERNED

Subject : ADVISORY ON THE EXTENSION OF BENEFITS FOR QUALIFIED PHYSICIANS AMIDST THE COVID-19 CRISIS

This is to inform all concerned that on its regular board meeting last April 16, 2021, the PMA Board of Governors approved the Board Resolution No. 241 Series of 2021, approving the recommendation of the Commission on Mutual Aid to extend the COVID-19 Benefit Program by one month. The new covered period is from November 1, 2020 until May 31, 2021 subject to the guidelines set by the Commission, to wit:

That only physician members in good standing as verified in the records of the PMA Secretariat shall have the privilege to apply for the COVID-19 disability benefits or claim death benefits as stated in the Mutual Aid Code.

That a Disability Benefit package amounting to Php 25,000.00 and Death Benefit amounting to 50,000.00 shall be granted to physician member in good standing of the Philippine Medical Association who contracted COVID-19 in his/her performance of duties and was admitted due to **moderate to severe or critical** COVID-19 from November 1, 2020 to May 31, 2021 .

That in consideration of the pandemic, new members and/or reinstated members in good standing shall receive the COVID-19 disability/death benefits according to the following schedule:

- Within the first three years of enrolment/reinstatement: 50%
- On the 4th year of enrolment/reinstatement: 75%
- On the 5th year and beyond enrolment/reinstatement: 100%

For those qualified, kindly submit the following:

A. Claims for Disability Benefit must be filed together with the following:

- Disability Application Letter of request
- Medical Abstract of Confinement
- Copy of Covid-19 positive RT-PCR result
- Certificate of good standing
- Disability Notification form endorsed by the Component Society

B. Claims for Death Benefit must be filed together with the following:

1. Duly Accomplished letter of application
2. Photocopy of Death Certificate
3. Name of beneficiary (Marriage Contract for Spouse)
4. Endorsement from the Component Society

The Commission shall impose a deadline for the submission of disability claims due to COVID-19 until June 15, 2021 only. Death benefits can be claimed by the beneficiaries within two years from the time of death of the member in good standing.

That the disability benefit can only be availed TWICE in a lifetime at least 5 years apart.

That the disability and death benefits claim that do not satisfy the above criteria shall be submitted to the Commission on Mutual Aid and shall be deliberated for merit.

This resolution shall be without prejudice to the death, disability and legal aid benefits covered by the Mutual Aid Code which shall be continuously extended to its qualified members.

The special benefit shall be reviewed prior to its expiration for enhancement, extension or termination subject to the prevailing health status and availability of funds.

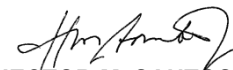
Please submit your application together with all the requirements to PMA Secretariat, thru email address philmedas@yahoo.com or mail to Commission on Mutual Aid, 2nd Floor Admin Building, Philippine Medical Association, North Avenue, Quezon City.

For further details, you may also coordinate with Ms. Tracy G. Salcedo or Ms. Emy Lucero at telephone numbers (02)-89296366/89297361 or mobile 09151321638/09608670258 during office hours.

FOR YOUR GUIDANCE AND COMPLIANCE.



ENRICO C. IGNACIO SR., MD
Chairman, Commission on Mutual Aid



HECTOR M. SANTOS JR., MD
Secretary General



BENITO P. ATIENZA, MD
President



PHILIPPINE MEDICAL ASSOCIATION
Commission On Mutual Aid
DISABILITY NOTIFICATION FORM

PMA MEMBER'S NOTIFICATION

Name of Member:	Age:	Date:
Address:		PRC Number:
Contact Number:	PMA Number:	
Email Address:		

This is to inform PMA that I am/was confined/indisposed on the dates indicated herein. I certify that I consent to release the following medical information as provided for by my attending physician and other attending doctors as I request for my disability benefits from the PMA.

PMA Member's Printed Name and Signature:

ATTENDING PHYSICIAN'S CERTIFICATION

(To be filled by the Attending Physician) Date: _____
THIS IS TO CERTIFY THAT I HAVE EXAMINED AND/OR ATTENDED TO THE ABOVE-NAMED PMA MEMBER WITH THE FOLLOWING DETAILS:

Date Examined/ Attended		Number of Days of Confinement:	
Place of Confinement:			
Diagnosis:			
Nature of Disability: <input type="checkbox"/> Vision Impairment. <input type="checkbox"/> Deafness/hearing impairment <input type="checkbox"/> Mental health impairment <input type="checkbox"/> Acquired brain Injury <input type="checkbox"/> Physical disability <input type="checkbox"/> Others: Specify: <u> e.g. Cancer </u> _____	Nature of Treatment/ Treatment Required: <input type="checkbox"/> Medical Management <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Others: Specify: _____ _____	Duration of Disability: Duration of Treatment: Will be fit to resume clinic/hospital practice on:	

Course of Disability: Course of illness upon discharge from the hospital (Please use extra sheet if necessary):

Printed Name and Signature of Attending Physician:
Clinic Address:
License Number:
Contact Number:

COMPONENT SOCIETY ENDORSEMENT

Date Received:
Checked by (Printed Name and Signature):
Endorsed by(Printed Name and Signature) :
Component Society: