



**MASTER APPLICATION FOR CORPORATE ACCOUNTS**

TO : EASTWEST HEALTHCARE, INC.

DATE: 28-Oct-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/ ACCOUNTING COPY

Signature Over printed Name \_\_\_\_\_

**I. COMPANY DATA**

1 NAME OF ACCOUNT COMPANY NAME

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2 COMPLETE BUSINESS ADDRESS

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3 NATURE OF BUSINESS

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4 CONTACT PERSON 1 TELEPHONE NUMBERS \_\_\_\_\_ fax \_\_\_\_\_

DESIGNATION E-MAIL \_\_\_\_\_

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CONTACT PERSON 2 TELEPHONE NUMBERS \_\_\_\_\_ TELEFAX \_\_\_\_\_

DESIGNATION E-MAIL \_\_\_\_\_

Assistant Manager

**II. PLAN PROGRAM**

1 PROVIDER EASTWEST HEALTHCARE, INC.

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2 PROGRAM TYPE

PRINCIPAL  FULL RISK  TPA  OTHERS

DEPENDENT  FULL RISK  TPA  OTHERS

3 PRODUCT TYPE  FLEXI-HEALTH PROTECT  SME  ROYAL HEALTH ADVANTAGE  OTHERS

4 TYPE OF BUSINESS  NEW  RENEWAL

5 EFFECTIVE DATE EXPIRY DATE

M M D D Y Y 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 ARRANGMENT

DEPENDENT  ANNUAL  SEMI-ANNUAL  QUARTERLY  MONTHLY

8 VAT CLASSIFICATION  VATABLE  NON-VATABLE  ZERO RATED  OTHERS

9 MEMBER CLASSIFICATION

PRINCIPAL  CONTRIBUTORY  NON - CONTRIBUTORY

**I. ROOM & BOARD ACCOMODATION & MAXIMUM BENEFIT LIMIT**

LEVEL	MEMBER COUNT	ROOM AND BOARD ACCOMODATION	MAXIMUM BENEFIT LIMIT (MBL)

DEPENDENT  CONTRIBUTORY  NON - CONTRIBUTORY

LEVEL	MEMBER COUNT	ROOM AND BOARD ACCOMODATION	MAXIMUM BENEFIT LIMIT (MBL)

**10. RIDERS**

ANNUAL PHYSICAL EXAMINATION  Group Personal Accident (AD & D WITH MURDER & ASSAULT)

BUILT-IN  SEPARATE FEES  OTHERS

Pls. refer to attached schedule of benefits

EMPLOYEES  DEPENDENTS  BUILT-IN  SEPARATE FEES

STANDARD DENTAL  EXPANDED DENTAL  OTHERS

BUILT-IN  SEPARATE FEES C/O MAA ASSURANCE INC.

Pls. refer to attached schedule of benefits P  100,000  SUM INSURED

EMPLOYEES  DEPENDENTS  Philhealth Surcharge for non-members

P  2,400  ANNUAL

LIFE ASSISTANCE FOR ALL REGULAR EMPLOYEES

BUILT-IN  SEPARATE FEES

C/O MANULIFE INSURANCE, INC.

P  30,000  SUM INSURED

P  SUM INSURED

LIVING (TERMINAL ILLNESS) BENEFIT FOR EMPLOYEES UP TO 65 YEARS OLD

50%  OF THE SUM INSURED

11. NETWORK ACCESS

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.
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DATE SUBMITTED:

M	M	D	D	Y	Y

Prepared by:

ATTACHMENTS:

 Masterlist Final Quote VAT Exception Cert. SEC Registration