



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

SEP 21 2023

DIVISION ADVISORY

No. 171, s. 2023

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Elementary and Secondary School Heads
All Others Concerned

This Office informs all concerned that the Philippine Public School Teachers Association (PPSTA) offers a **One Year Free Insurance Offer for Department of Education Officials**, with the tagline "Bayani ka, gurong Pilipino. Ang PPSTA, kumakalinga sa iyo!"

Attached is a copy of the letter of Dr. Gilbert T. Sadsad, PPSTA President, for further details and inquiries.

CAROLINA S. VIOLETA, EdD, CESO VI
Schools Division Superintendent

In compliance with DepEd Order No. 8, s. 2013, this Division Advisory is issued not for endorsement per D.O. 28, s. 2001 only for the information of DepEd Officials, personnel as well as the concerned public.

CS/jmn



DOTS-2023-79811

**PPSTA****Philippine Public School Teachers Association**245 Banaue St., Quezon City, Philippines • Telefax: (02) 988-1444 • website: ppsta.net
Cell No.: 09185448046; 09055355858
email: support@ppsta.comVisit our Facebook Page: <http://www.facebook.com/pages/Philippine-Public-School-Teachers-Association/2023011931150115>*"Bayani ka, gurong Pilipino. Ang PPSTA, kumakalinga sa iyo!"***RECEIVED**
SEP 13 2023BY: *[Signature]* 9.16

Subject: One Year Free Insurance Offer for Department of Education Officials

Greeting from Philippine Public School Teachers' Association!

I am writing on behalf of the Philippine Public School Teachers' Association and I am excited to inform you of a special initiative we have undertaken to express our gratitude for the support we have received from the Department of Education.

As part of our ongoing commitment to our advocacy and in recognition of the crucial role that education plays in our society, we are pleased to extend an offer of one year of complimentary insurance coverage to the esteemed officials of the Department of Education, including:

1. Regional Director
2. Assistant Regional Director
3. School Division Superintendent
4. Assistant School Division Superintendent

Our company believes in securing the future of those who dedicate their lives to shaping the future of our nation's youth. To that end, we are providing the following insurance coverage:

Natural Death Coverage: PHP 120,000**Accident Death Coverage: PHP 240,000**

This coverage is effective for one year, starting from the date of acceptance.

We understand the importance of your roles in the education sector and the tremendous efforts you put into ensuring a brighter future for our students. This insurance coverage is a small token of our appreciation for your dedication and support.

To avail of this offer, please respond to this email with your acceptance, and our dedicated team will assist you with the necessary paperwork and procedures. Alternatively, you can contact us at marketing@ppsta.net for any inquiries or to initiate the enrollment process.

Once again, we express our heartfelt gratitude for your unwavering support of our advocacy and your contributions to the field of education. We look forward to serving you and providing the peace of mind that comes with this insurance coverage.

Thank you for your time and consideration.

Sincerely,

Dr. Gilbert T. Sadsad**PPSTA President**



PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

PPSTA Bldg No. 2, No. 245 Banawe Street, Quezon City
Website: www.ppsta.net; Email address: support@ppsta.com
Trunk line No. : (02)8988-1400 to 8988-1499; Telefax No.: (02) 8988-1411
Membership Dept. Direct Line: (02)8988-1414; Text Support: +63925-7733323 and +63925-7733328

1" X 1" Picture

MEMBERSHIP APPLICATION FORM New Mutual Aid System (NMAS)

Revised PPSTA Membership Form No.1, s. 2019

Directions: Please accomplish this form in duplicate with attached Personal Health Declaration Form and submit to the PPSTA Office. Please write legibly all information indicated below and requirements submitted shall be the basis of approval or disapproval of your application, subject to the terms and conditions of NMAS printed at the back of this form.

| PERSONAL INFORMATION | | | | | | | | | |
|--|-------------|--|----------|--|---|----------|----------------------------|-----------------|-----|
| Name of Applicant (family name, first name, middle name) | | | | | Date: _____ | | | | |
| House no. | Street name | | Barangay | | Region | Division | Station | Employee number | |
| Municipality/City, | Province | | Zipcode | | Civil Status | Sex | Date of Birth:(mm-dd-yyyy) | | Age |
| Name of School: | | | | | Religion | | | | |
| School Address: | | | | | Mobile No.: | | | | |
| | | | | | Landline No. : | | | | |
| Status of Employment: <input type="checkbox"/> Permanent <input type="checkbox"/> Provisional | | | | | DepEd Email Address: _____ | | | | |
| Payment <input type="checkbox"/> Regional Payroll System Unit <input type="checkbox"/> Direct <input type="checkbox"/> Local(H. School/College/University) | | | | | Mode of Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually | | | | |

| BENEFICIARIES - Provide additional sheet/s if necessary- must be certified correct and signed by the member himself/herself | | | | | | |
|---|--------------------------|----------|-------|----------------------|--|--|
| Name (Surname, First Name Middle Name) | Date of Birth(mm-dd-yyy) | Relation | share | check if irrevocable | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| HEALTH DECLARATION, CERTIFICATION, VENUE OF ACTION AND RECOMMENDATION | |
|---|--------|
| 1. Are you in good health and free from physical impairment, any deformity or disease? | Yes No |
| 2. During the last five (5) years, have you been hospitalized, or consulted or been treated by a physician for any reason? | Yes No |
| 3. Have you been treated for or been advised that you had any of the following: Heart, Lungs, Nervous or Kidney Disorder, High Blood Pressure, Cancer, Tumor or Diabetes? | Yes No |
| I hereby certify that the above informations are true and correct. I further certify that I have read and understood all rules and regulations pertaining to the New Mutual Aid System (NMAS) , and I abide fully by the terms of the same without any reservation. I hereby agree that all actions relating therewith shall be brought exclusively before the Regional Trial Court of Quezon City. | |
| Customary Signature over Printed Name of Applicant _____ Date _____ | |
| Two specimen signature of Applicant: _____ | |
| LEFT THUMBMARK _____ RIGHT THUMBMARK _____ | |
| CERTIFICATE NO. _____ | |
| EFFECTIVITY DATE: _____ | |
| Recommending Officer _____ | |
| Approving Officer _____ | |

| REQUIREMENTS: | |
|---|---|
| <input type="checkbox"/> Personal Health Declaration form/ Latest Medical Certificate | <input type="checkbox"/> Photocopy of Latest Payslip |
| <input type="checkbox"/> Permanent Appointment/ Latest Service Record | <input type="checkbox"/> Photocopy of at least two (2) valid ID's |

| Signature of Solicitor/Field Representative above Printed Name | |
|--|-------|
| _____ | _____ |

AUTHORITY TO DEDUCT THROUGH THE DEPED AUTOMATIC PAYROLL DEDUCTION SYSTEM (APDS)

I hereby authorize DepEd to deduct monthly from my salary, through the DepEd APDS, the sum of PESOS: _____ (P _____) beginning on _____ and ending on _____, as premium/contribution/due, and to remit the same to Philippine Public School Teachers Association (PPSTA) in consideration of the insurance policy/membership/other allowed obligation, more specifically described as 0044A. In case my premium contribution is not deducted from the payroll, regardless of the reason, I also authorize DepEd to automatically adjust the termination period in my pay slip by one (1) month for every month of delay of its deduction. I fully understand that no lapses of payment shall be made by the Accredited Entity for this purpose, thus, the corresponding benefit as contracted shall be available in case of need.

The authorization is VALID AND BINDING within the aforementioned period, unless the authorization is otherwise revoked. Moreover, I agree that deductions that will reduce my monthly net take-home pay to lower than what is allowed under the law shall not be accommodated in the APDS.

Signature over Printed Name of DepEd Employee

Division _____ Station _____ Employee number _____

Date _____

IMPLEMENTING RULES AND REGULATIONS (IRR) NEW MUTUAL AID SYSTEM (NMAS)

PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION (PPSTA) shall pay the benefits to the beneficiaries as indicated in the application form under this NMAS in accordance with the following provisions:

SECTION 1. BENEFITS

1.1 Natural or Non-accidental Death

In the event of natural or non-accidental death of the member, PPSTA shall pay the benefit for natural or non-accidental death in the amount of P 120,000.

1.2 Accidental Death

In the event of accidental death of the member, PPSTA shall pay an additional benefit of P 120,000. Accidental death is defined as loss of life resulting directly, independently and exclusively of all other causes, of bodily injury effected solely by external, violent and accidental means, except in the case of drowning or if internal injury revealed by an autopsy, there is evidence of a visible contusion or wound on the exterior of the body occurring within one hundred eighty (180) days from date of such injury.

1.3 Exclusions to accidental death benefit cover

PPSTA shall not indemnify as accidental deaths, the deaths resulting from the following cases and consequently, PPSTA's liability is limited to the payment of the natural death benefit amount.

- Death occasioned by or happening through: War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, violence occurring in any assembly or demonstration, civil commotion, riots, strikes, military or popular rising
- Alcoholism
- Earthquake, volcanic eruption or tidal wave
- Any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war
- Death caused by murder or provoked assault or any attempt thereof
- Death occurring while the member is travelling in an aircraft other than the one licensed for public passenger service and operated by regular airline on a published schedule flight over a regular air route between two definitely established airports and in which the member is travelling as a ticket-holding passenger
- Death consequent upon the member engaging purely as a sports activity, hunting, racing of all kinds, steeple-chasing, polo playing, motor cycling (including pillion riding and/or driving a motor cycle, motor scooter, motor bicycle or any other two-wheeled motor vehicle having one or more riding saddles), mountaineering, winter sports, ice hockey, football, yachting, or using wood-working machinery driven by mechanical power
- Death occasioned by or happening through pregnancy or childbirth with respect to women
- Death caused while the member is performing or attempting the performance of a crime
- Where there is a violation of law at the time of the accident

1.4 Equity Value

Upon termination of membership in PPSTA, a member shall be entitled to an equity value equivalent to fifty per centum (50%) of total premium contributions made hereunder plus any credited interest. The interest to be credited to the equity value shall be determined by the Board of Trustees every year but in no case shall it be at a rate less than the interest rate credited on regular savings accounts by the top three (3) commercial banks in the country.

SECTION 2. SUICIDE AND OTHER EXCLUSIONS

2.1 PPSTA will not be liable in case of suicide by the member within one (1) year from the effective date of individual coverage or from date of last reinstatement, as the case may be, provided however that suicide while in a state of insanity will be compensable regardless of the date of commission. Where suicide is not compensable, PPSTA's liability shall be limited to the return of all premium contributions paid without interest, from the date of effectivity or from the date of last reinstatement whichever is later.

2.2 If the member is pregnant at the date of effectivity of the policy or at the time of its reinstatement and the member dies as a result of such pregnancy or termination of such pregnancy by childbirth or of any complications arising therefrom, the Association's liability shall be limited to a return of all premiums paid without interest from the date of effectivity or from the date of last reinstatement whichever is later.

SECTION 3. INCONTESTABILITY CLAUSE

The certificate of membership shall be incontestable after it shall have been in force during the lifetime of the member for a period of two years from its effective date or date of approval of last reinstatement, except for non-payment of premium contribution.

SECTION 4. MEMBERSHIP

▪ Teachers in public schools, including state colleges and universities, employees of the Department of Education and employees of the PPSTA who are in active service are eligible for coverage under this plan provided they are not more than sixty (60) years old at the time of application and they are certified by a duly licensed physician to be physically/medically fit.

▪ Coverage under this Plan shall take effect only upon approval of application by the authorized official of the PPSTA and upon payment of the first monthly premium contribution as follows: (a) if payment of premium contribution is effected by salary deduction, after the first salary deduction has been effected by the Department of Education Payroll Services Division; (b) if payment of premium contribution is through direct payment, upon actual receipt by the PPSTA of the first monthly payment.

▪ The member shall be given a certificate of membership following receipt of the first payment or deduction, the date of receipt of which shall be indicated on the certificate shall be the date of effectivity of membership.

SECTION 5. MISSTATEMENT OF AGE

Any misstatement of age in the application that would render a person eligible for insurance when the correct age would otherwise render the person ineligible shall be sufficient cause for the cancellation of membership in PPSTA at any time such misstatement is known. PPSTA will only refund all premium contributions paid by the insured member.

SECTION 6. PREMIUM CONTRIBUTIONS AND CHARGES

6.1 Members shall be charged ONE HUNDRED PESOS (P100.00) monthly premium contribution for the coverage described herein.

6.2 If any monthly premium contribution remains unpaid at the end of the grace period, it will automatically be paid via a premium contribution loan secured by the member's equity. If the net member's equity is not enough, the certificate of membership shall remain in force for the proportion of the month that the remaining member's equity bears to the monthly premium contribution. Provided however that no premium contribution loan shall be effected without notification to the member. Provided further that in the event the member's remaining equity is less than the amount of his one (1) month premium, the certificate of membership shall remain in force for the number of days that said equity can cover.

6.3 Any premium contribution loan shall bear interest at a specified rate by the PPSTA but not more than the maximum allowed by the Insurance Commission. The loan interest is payable on each certificate anniversary and any interest not paid when due shall be added to the loan and shall bear interest at the rate applicable at the time. Whenever the loan, together with any accrued interest thereon, exceeds the member's equity, the certificate of membership shall be deemed automatically terminated. Any outstanding premium contribution loan, together with any accrued interest thereon, shall be deducted from any amount payable by the PPSTA under this plan.

6.4 The premium contributions and fees may be adjusted by the Board of Trustees subject to the approval of the Insurance Commission to maintain the funds of PPSTA at a level adequate to meet its benefit obligations or commitments under this plan.

SECTION 7. BENEFICIARY/IES

7.1.1 The death benefit shall be awarded to the beneficiary (ies) declared by the member.

7.2.1 A member may change beneficiary (ies) at any time unless the designation of initial beneficiary (ies) is irrevocable, in which case no change of beneficiary (ies) shall be allowed without their consent in writing.

7.3.1 If a member dies without any designated beneficiary (ies) or the designated beneficiary (ies) predeceased the member, the benefit shall be awarded to the surviving legal heirs in the following order of priority: (a) surviving spouse and children, share and share alike; (b) surviving parents; (c) surviving brothers and sisters; (d) member's estate.

SECTION 8. EFFECTIVITY OF INDIVIDUAL COVERAGE OF INSURED MEMBER

8.1 Coverage under this plan shall take effect upon payment of the first premium contribution and approval of the application by the Board of Trustees or the official so designated by the Board.

8.2 A Certificate of Insurance containing the date of effectivity of coverage, a summary of benefits and excerpts of the provisions shall be issued to the member upon approval of the application for coverage.

SECTION 9. GRACE PERIOD

9.1 After the initial premium contribution, a member who fails to pay the premium contribution shall be given a grace period of ninety (90) days within which to remit the premium contribution.

▪ In case of death during the grace period, the balance from unpaid premium contribution and premium contribution loan shall automatically be deducted from the benefits payable.

▪ Subject to the provision of Section 6 regarding premium contribution loan, if after the grace period no payment is received, the coverage under this plan shall lapse and in the event of subsequent death, no benefit accrues to the beneficiaries of the deceased member other than the member's equity value.

SECTION 10. TERMINATION OF MEMBERSHIP

The Certificate of Membership shall automatically terminate under the following conditions, whichever comes first:

- upon death of the member
- upon resignation from PPSTA
- upon reaching the exit age of 65
- upon expiration of the grace period if no payment is received by then, except as provided for in Section 6
- when the equity value is exhausted in case of Automatic Contribution Loan
- upon withdrawal of the equity value

SECTION 11. REINSTATEMENT

Upon written application to PPSTA, the insurance coverage hereunder may be reinstated, after it has lapsed, by paying the required premium contribution, subject to the eligibility provision of the plan and subject further to submission of satisfactory evidence of insurability that PPSTA may require. Reinstatement can only be performed within a period of three (3) years from the date of lapsation.

SECTION 12. NOTICE AND PROOF OF CLAIMS When an insured member dies, the beneficiaries' notice of claim must be submitted to PPSTA within thirty (30) days and proof of claim within ninety (90) days from the date of death.

The benefits described in Section 1 above shall be paid within sixty (60) working days upon receipt by PPSTA of complete documents. Failure to give notice and proof as required, will not invalidate nor diminish the claim if it is shown not to have been reasonably possible to give such notice or proof and that such was given as soon as was reasonably possible.

SECTION 13. NON-TRANSFERABILITY CLAUSE

The Certificate of Membership is not transferable.

SECTION 14. ACCOUNT MANAGEMENT.

PPSTA shall disaggregate the premium contribution from the member into the following accounts:

BENEFIT ACCOUNT.

The Benefit Account shall consist of 31% of members' premium contributions. It shall cover the contractual death benefits in this plan.

EQUITY VALUE ACCOUNT.

The Equity Account consists of 50% of the members' premium contributions. It shall be credited with interest determined by the Board of Trustees every year but in no case shall it be at a rate less than the interest rate credited on regular savings accounts by the top three (3) commercial banks in the country.

GENERAL ACCOUNT.

The General Account shall not exceed 14% of members' premium contributions. It shall be used for the general and operating expenses of this plan.

GUARANTY FUND.

The Guaranty Fund shall be 5% of member's premium contributions. It shall be used to answer for any valid benefit claims of any of its members.

SECTION 15. BOARD OF TRUSTEES

15.1 The Board of Trustees shall adopt a prudent cash management program to invest profitably all cash in excess of current disbursements.

15.2 The Board of Trustees shall set up each year sufficient reserves for the payment of claims and other obligations in accordance with actuarial procedures approved by the Insurance Commission and per the recommended calculations and procedures specified by the consulting actuary. If the reserves become impaired, the Board of Trustees shall require all members to pay PPSTA the amount of the member's equitable proportion of such deficiency as ascertained by the Board of Trustees. If the payment is not made, it shall stand as an indebtedness against the members and draw interest not to exceed five per centum (5%) per annum compounded annually.

15.3 The Board of Trustees shall adopt a complete statistical program to gather and analyze all information related to the plan. The information should be collated and submitted annually to the consulting actuary for analysis and evaluation to provide sound advice to the Board of trustees on matters pertaining to the solvency of the Fund.

SECTION 16. WAIVER OF ARTICLE 1250 OF THE CIVIL CODE

The provisions of the Article 1250 of the Civil Code of the Philippines which states that:

"In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment unless there is an agreement to the contrary" shall not apply to any of the payment made or to be made by either party under this plan.

SECTION 17. PENAL PROVISION

Any member of PPSTA, who through malfeasance, misfeasance, or nonfeasance allows a spurious claim to be paid, including the claimant, shall be punished accordingly to whatever penalty the Board of Trustees may so decide and the amount of indemnity paid must be refunded to.

PPSTA. SECTION 18. AVAILABILITY OF IMPLEMENTING RULES AND REGULATIONS.

A copy of the IRR shall be kept in the Main Office of PPSTA and its authorized offices and is available to the member for inspection during its regular office hours.

SECTION 19. AMENDMENTS TO IMPLEMENTING RULES AND REGULATIONS

Any amendments made to the IRR are subject to approval by the Insurance Commission.

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over mutual benefit associations and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with the telephone numbers +632-5238461 to 70 and with email address pubassist@insurance.gov.ph. The Official website of the Insurance Commission is www.insurance.gov.ph

Proposed Insured: _____
Age: _____
Position/ Division/ Office: _____
Amount of Insurance Plan: _____
Date of Birth: _____

Health Declaration

| | YES | NO |
|---|-----|----|
| 1. Ever applied for or received disability benefit or pension? If so why? | | |
| 2. Ever consulted or been treated by any Physician or other Medical practitioner for any disease pertaining to: | | |
| a. Chest pains, high blood pressure or heart disease? | | |
| b. Diabetes, disease of kidney, ureters and urinary bladder? | | |
| c. Tuberculosis, asthma, or lung disease? | | |
| d. Cancer or tumor? | | |
| e. Nervous or Mental illness? | | |
| f. Disease of the stomach, liver, gallbladder, intestines, or other abdominal organs? | | |
| g. Any other disease not mentioned? | | |
| h. Surgical operation, Medical consultation or treatment? | | |
| i. X-ray, ECG, urine, blood, or other special tests or examinations? | | |
| j. Do you have any defect or deformity | | |
| k. Ever used alcoholic beverages to excess, taken habit forming drugs or sought advice or treatment for alcoholism drug habit or other addiction? | | |
| l. Any medical attention other than those mentioned above? | | |
| 3. Lost weight in the last 12 months? If so, how many pounds? Present weight in pounds? Present height in feet and inches? | | |
| 4. a. Have you ever had any disorder of menstruation, pregnancy, of the female organ or breast? | | |
| b. To the best of your knowledge and belief, are you now pregnant? | | |

If answer to any above question is **"YES"**, indicate its letter and give details as to nature of illness, operation or treatment, date and duration, severity and results, name and address of attending physician, clinics or hospitals.

I/We hereby declare that all statements and answers are complete, true and correct. I/We agree that the several answers, statements and agreement contained herein shall be considered part of my application for insurance.

Done at _____ T This _____ Day of _____ 20____.

Signature of Proposed Insured