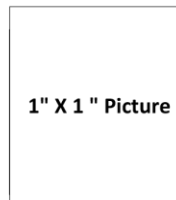




PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

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



MEMBERSHIP APPLICATION FORM New Mutual Aid System (NMAS)

Revised PPSTA Membership Form No.1, s. 2021

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	
Municipality/City,	Province	Zipcode	
Name of School:	_____		
School Address:	_____		
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		
Region	Division	Station	Employee number
Civil Status	Sex	Date of Birth:(mm-dd-yyyy)	Age
Religion	_____		
Mobile No.:	_____		
Landline No. :	_____		

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
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

HEALTH DECLARATION, CERTIFICATION, VENUE OF ACTION AND RECOMMENDATION		Yes	No
1. Are you in good health and free from physical impairment, any deformity or disease?		_____	_____
2. During the last five (5) years, have you been hospitalized, or consulted or been treated by a physician for any reason?		_____	_____
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?		_____	_____

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: _____

REQUIREMENTS:

- Personal Health Declaration form/ Latest Medical Certificate
- Photocopy of Latest Payslip
- Permanent Appointment/ Latest Service Record
- Photocopy of at least two (2) valid ID's

_____ Recommending Officer

Signature of Solicitor/Field Representative above Printed Name

_____ Approving Officer

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/du, 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 beneficiary/ies 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

4.1. 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.

4.2. 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 premium.

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

7.2. 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. 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

9.2 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.

9.3 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

a. 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.

b. 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.

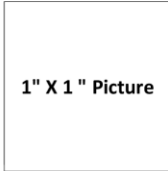
IMPORTANT NOTICE

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



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Revised PPSTA Membership Form No.2, s. 2021

MEMBERSHIP APPLICATION FORM Mutual Retirement Benefit System Plus (MRBS Plus)

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 MRBS plus printed at the back of this form.

PART I - PERSONAL INFORMATION

Name of Applicant (Last Name, First Name, Middle Name)			
Home address, exact mailing address number, street, Barangay		Zipcode	Division - Station - Employee number
Municipality/City, Province		Date of Birth:(mm-dd-yyyy)	Age (Yrs & Mos) Sex Civil Status
Name of School:		Mobile No.:	Region
School Address:		Landline No. :	
DepEd Email Address:			

PART II - 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-yyyy)	Relation	Share

PART III - ENROLLMENT AND PAYMENT

- The applicant shall not be more than 54 years at the time of enrollment and upon effectivity of membership.
- Must be member of Mutual Aid System.
- If an applicant is beyond 54 years of age at the time he/she filed this application form or at the time it was approved/become effective, and later on it was found out by PPSTA that he/she is already over age at the time of filing, approval, or effectivity, this contract shall become ineffective and the corresponding contributions paid by the applicant shall be refunded.
- All applicants must submit application and shall pay MRBS Plus premium contribution for 20 years or up to age 65 as determined by the table below.

Benefits	Age group	Premium Contribution		
		50	75	100
Retirement		50,000.00	75,000.00	100,000.00
Hospitalization (per day)		500.00	750.00	1,000.00
	34 - below	180.00	270.00	360.00
	35-39	190.00	285.00	380.00
	40-44	206.00	309.00	412.00
	45-49	272.00	408.00	544.00
	50-54	418.00	627.00	836.00

Automatic Contribution Loan (Check if not interested - refer to provision C-9)

APPLIED FOR	
<input type="checkbox"/>	Plan 50
<input type="checkbox"/>	Plan 75
<input type="checkbox"/>	Plan 100

Age upon membership: _____
Monthly Contribution: _____

PART IV - CERTIFICATION, VENUE OF ACTION AND RECOMMENDATION

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 Mutual Retirement Benefit System Plus (MRBS plus), 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



REQUIREMENTS:

- Personal Health Declaration form/ Latest Medical Certificate
- Photocopy of Latest Payslip
- Permanent Appointment/ Latest Service Record
- Photocopy of at least two (2) valid ID's

CERTIFICATE NO. _____

EFFECTIVITY DATE _____

_____ Signature of Solicitor/Field Representative above Printed Name

_____ Recommending Officer

_____ Approving Officer

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/du, 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 0044C. 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

_____ Date

Division	Station	Employee number

MUTUAL RETIREMENT BENEFITS SYSTEM PLUS (MRBS Plus)

Terms and Conditions

The following Rules and Regulations shall govern the operations of the Mutual Retirement Benefit System Plus (MRBS Plus) of the Philippine Public School Teachers Association (PPSTA).

A. TITLE

These Rules and Regulations shall be referred to as the Terms and Conditions of MRBS Plus of the PPSTA.

MEMBERSHIP

1. Public School Teachers and Employees of the Department of Education and the PPSTA in the active service who are not yet members of the PPSTA are qualified to join MRBS Plus provided they are not more than fifty-four (54) years old and they are certified by a government physician to be physically/medically fit.
2. An applicant for membership in the plan must apply in the prescribed form and any material or willful misstatement or misrepresentation in the application shall be cause for denial of her application or cancellation of her membership if already approved and/or disapproval of the claim for death benefits by her heirs, subject to provision C.12 below.
3. Membership in the plan shall take effect only upon approval of her application by the authorized official of the PPSTA and upon payment of her first monthly contribution as follows:
 - a. If payment for 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 for premium contribution is through direct payment, upon actual receipt by the PPSTA of the first monthly payment.
4. A member shall be entitled to a membership certificate following receipt of her first payment or deduction, the date of receipt of which shall be indicated on the certificate as the date of effectivity of her membership.
5. Membership of a member shall be deemed automatically cancelled or to have lapsed on the following grounds:
 - a. Material misrepresentation in her application for membership.
 - b. Non-payment of monthly contribution for a period beyond the ninety-day (90) grace period from the due date, subject to provision C.10 below.

In case of death of the member during the grace period, the balance of the contribution in arrears shall automatically be deducted from the benefits payable.
6. A member whose membership has lapsed may regain her membership only after payment of all her contributions in arrears and any indebtedness on her membership certificate with interest rate not exceeding the maximum rate allowed by the Insurance Commission and submission of a verified medical certificate by a government physician attesting to her good health. The lapsed membership of those who are already seventy (70) years old shall no longer be reactivated.
7. The member is eligible for reinstatement within a period of three (3) years from the date of lapse. After the three-year period, the membership is cancelled.

COVERAGE/BENEFITS

1. Death and living benefits are based on the number of units chosen by the member. A two unit plan means the benefits and monthly premiums are twice the benefits and premium for a one unit plan. The maximum number of units that can be purchased during the lifetime of the member is four (4) units. Any premiums accepted by the PPSTA beyond the maximum number of units shall be returned to the member without any interest.
2. For a one unit plan, upon the death of a member and presentation of acceptable proof of her death, her beneficiaries shall be paid by the PPSTA a death benefit in the amount of P25,000 if death occurs within twenty (20) years from the effectivity date of the plan for a plan issued to a member before she was forty-six (46) or P25,000 life insurance up to age sixty-five (65) for members enrolling between ages forty-six (46) and fifty-four (54).

The foregoing death benefit shall be P50,000 if death is due to accident.

A member shall be paid by the PPSTA an endowment benefit of P25,000 after twenty (20) years from effectivity date, if still living, for a plan issued to a member before she was forty-six (46) or P25,000 upon attainment of age sixty-five (65), if still living, for a plan issued to a member between forty-six (46) and fifty-four (54).

A member shall be entitled to a daily hospital income benefit of P250 for each day of confinement in a hospital. The benefit is payable on the first day of confinement. The daily income benefit is payable to a maximum period of thirty (30) days per year. "Hospital" means a legally constituted hospital or clinic registered with Bureau of Medical Services, is open at all times, providing 24 hours nursing service by trained nurses, and providing the facilities for diagnosis and major surgery and shall not include any institution used other than incidentally as a place or rehabilitation, rest, for the aged, for drug addicts, or for alcoholics, a mental institution, nursing or convalescent home or geriatric ward.
3. The death benefit shall be paid to the beneficiaries designated by the member in her application form unless they are disqualified by law or unless new beneficiaries have been designated by the member in a request in writing and under oath submitted to the PPSTA main office prior to her death.
4. A member may change her beneficiaries at any time unless she has designated her initial beneficiaries to be irrevocable, in which case no change of beneficiaries shall be allowed without their consent in writing.
5. Notwithstanding the beneficiaries designated in the application, the benefit shall be divided in equal shares to the surviving spouse and all the children of the deceased member if:
 - a. the member was single at the time of her application but subsequently got married and had children
 - b. the member designated as her beneficiaries her children at the time of the application but subsequently had additional children but failed to include them in the list of her beneficiaries.
6. If a member dies without any designated beneficiaries or her designated beneficiaries predeceased her, the benefit shall be awarded to her surviving legal heirs in the following order of priority:
 - a. surviving spouse and children, share and share alike;
 - b. surviving brother and sisters
 - c. surviving parents;
 - d. her estate
7. A revocable beneficiary acquires no vested right to the benefits during the lifetime of the member. Should the beneficiary die ahead of the member, her share shall be disposed of as in No. 5 hereof.
8. After three (3) full years of continuous membership, a member who terminates her membership shall be entitled to an equity value equivalent to at least fifty per centum (50%) of the total contributions collected from her based on the table of equity values printed at the back of the Policy contract.
9. While this certificate of membership is in-force and when an equity value is available, the member may obtain a Certificate Loan from the PPSTA. The amount of loan together with any other indebtedness shall not exceed the member's equity value. The Certificate Loan shall bear interest at a specified rate by the PPSTA but not more than the maximum rate allowed by the Insurance Commission. Interest is payable in advance. The loan interest is payable on each policy anniversary and any interest not paid when due shall be added to the loan and shall bear interest at the rate applicable at that time. Whenever the outstanding loan and any accrued interest exceed the equity value, this certificate shall be deemed automatically terminated. PPSTA may postpone the granting of a loan, other than to pay a contribution due, for not more than six (6) months after receiving the request for a loan
10. While this certificate is in-force, an equity value is available, and the Automatic Contribution Loan was selected by the member at the time of application or by a written request thereafter, any contribution that remains unpaid at the end of the grace period will be paid by the PPSTA, subject to the provisions of C.9 above pertaining to Certificate Loans.
11. All loans, Certificate or Contribution loans, and their accrued interest are deducted automatically from any amount payable by the PPSTA under this certificate.
12. 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.

C. PREMIUM CONTRIBUTION

1. Members of the system shall pay a monthly premium contribution according to the premium schedule below.

Age Group	1 Unit	2 Units	3 Units	4 Units
Retirement	P25,000	P50,000	P75,000	P100,000
Hospitalization	P250/day	P500/day	P750/day	P1,000/day
Less than 34	P 90	P 180	P 270	P 360
34 - 39	P 95	P 190	P 285	P 380
40 - 44	P 103	P 206	P 309	P 412
45 - 49	P 136	P 272	P 408	P 544
50 - 54	P 209	P 418	P 627	P 836

Depending on the member's enrolled age, the premiums are either payable for twenty years (20) or up to attained age sixty-five (65).

2. Premium contributions may be paid directly to the main office of the PPSTA or by salary deduction through the DepEd Payroll Services Division. If the payment is through Cashier's/Manager's check or Money Order and sent through the mails, the premium contribution shall be deemed paid only upon actual receipt and encashment thereof by the PPSTA. If the payment is through salary deduction, the payment shall be deemed to have been made as soon as the deduction has been effected by the DepEd-PSD. Payment by personal checks shall not be deemed made without prior clearance from the General Manager.
3. Payments made through affiliated chapters shall be deemed made only upon actual receipt of the payment by the PPSTA head office. No contract of agency shall be inferred between the PPSTA and any of its local chapters or any of its officials or representatives in connection with the collection of premium contributions for the system.
4. Group payments shall be accompanied by a list of the individual payees, otherwise, no payment for any particular individual shall be recognized.
5. Failure to pay the required monthly contribution within the prescribed period shall be a ground for the automatic cancellation of the membership of a member, subject to the provision of C10.

D. OTHER PROVISIONS

1. The Accidental Death benefit and the daily Hospital Income benefit shall automatically terminate after 20 years from the effectivity date of the plan for a plan issued to a member before she was forty six (46) or upon the member's attainment of age 65 for a plan issued to a member between forty six (46) and fifty four (54).
2. A claim for death benefit should be filed with the PPSTA office within one year from the death of the member otherwise it shall be deemed waived. 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 each was given as soon as was reasonably possible.
3. For Hospital Income benefit, the member shall furnish the PPSTA a statement describing the occurrence of the event that gives rise to a claim and shall provide such information and evidence satisfactory to the PPSTA like proof of hospital confinement, doctor's fees, hospital discharge slip and the like. The PPSTA reserves the right to require the member to undergo a medical examination by its designated physician.
4. The PPSTA will not be liable if the member dies by suicide within two (2) years after the effective date or date of last reinstatement of the Certificate of Membership, provided, however, that suicide committed in state of insanity will be compensable regardless of the date of commission. Where suicide is not compensable, the PPSTA's liability shall be limited to the return of all premium contributions paid.
5. The claim should be accompanied by the authenticated Death Certificate of the member and two (2) copies of the following documents:
 - a. Service record duly signed by the Superintendent of Schools or the Administrative Officer, if deceased died while in service;
 - b. Certificate of active membership in the affiliated chapter from the President of the Local Chapter or her duly authorized representative;
 - c. If one of the claimants is the surviving spouse, a certified true copy of his Marriage Contract with the deceased member;
 - d. If the surviving spouse is a beneficiary together with minor children, proof of custody and capacity to administer the property of the minor children together with the birth certificates of the minors; (a form may be obtained from the PPSTA)
 - e. If any of the beneficiaries is a minor both of whose parents are already deceased, a letter of guardianship issued by the proper court and/or other documents showing the authority of the one acting or claiming in behalf of the minor beneficiaries;
 - f. If any beneficiary waives or assigns her right in favor of another, an Affidavit of Waiver or Deed of Assignment;
 - g. If any of the designated beneficiaries is already dead, a certified true copy of the death certificate of said beneficiary;
 - h. Information sheets to establish the identity of all claimants as beneficiaries together with an attached ID picture and right and left thumbmark.
6. All controversial or doubtful death benefit claims shall be decided by a Committee of Awards composed of: a) the Chairman of the MRBS Committee of the Board of Trustees, as Chairman, b) any one member of the MRBS Committee, c) the member of the Board of Trustees representing the region of the claimant, d) the General Manager, and e) the chief of the Membership Division. The Legal Counsel shall serve as consultant. All claims shall be decided by the vote of the absolute majority of the committee or three (3) members.
7. The PPSTA will not be bound by any certificate of membership unless a copy of the assignment and the written consent of every assignee, or other similarly affected person, if any, are filed at the PPSTA Head Office and duly endorsed on the certificate. The PPSTA assumes no responsibility for the effect, sufficiency or validity of any assignment.
8. If the member's age has been misstated, all benefits payable shall be adjusted to the amount that the contributions would have purchased at the correct age. If according to the correct age the member is no longer eligible for coverage, the PPSTA's liability shall be limited to the return of all contributions paid.
9. The Certificate of Membership is not transferable.
10. The PPSTA Board of Trustees shall adopt a prudent cash management program to invest profitably all cash in excess of current disbursements.
11. The fees and contributions may be adjusted by the PPSTA Board of Trustees as may be necessary to maintain the funds of PPSTA at a level adequate to meet its benefit obligations or commitments under the insurance plan. Any change in the contribution or fee is subject to approval by the Insurance Commission.
12. Not more than ten percent (10%) of all actual monthly premium contributions may be used for operational expenses.
13. The PPSTA Board of Trustees shall set up each year sufficient reserves for the payment of claims and other obligations in accordance with actuarial principles and procedures approved by the Insurance Commission (IC) and calculated and duly certified to by accredited Actuary. If the reserves become impaired, the PPSTA Board of Trustees shall require all members to pay the PPSTA the amount of the member's equitable proportion of such deficiency as ascertained by the PPSTA 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.
14. Any member of the PPSTA, who through malfeasance, misfeasance, or nonfeasance allows a spurious claim to be paid, including the claimant, will be punished accordingly to whatever penalty the PPSTA Board of Trustees may so decide and the amount of indemnity paid must be refunded to the PPSTA.
15. It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines which reads:

"In case of extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment..."

 shall not apply in determining the extent of the liability under the provisions of the certificate of membership.
16. Any amendment/s made to this Rules and Regulations is/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 relating to insurance and has supervision over Mutual Benefit Associations. It is ready at all times to render assistance in settling any controversy between a Mutual Benefit Associations and its members relating to insurance matters.

AVAILABILITY OF RULES AND REGULATIONS

A copy of the Rules and Regulations of the PPSTA Mutual Retirement Benefit System Plus (MRBS Plus) is kept in the PPSTA main office and is available to members for inspection during regular office hours.

APPROVED, Under the provision of Section 226 of Presidential Decree No. 1460 otherwise known as the Insurance Code of 1978. May 25, 2007.

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

Health Declaration

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?

YES	NO

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 _____ This _____ Day of _____ 20____.

Signature of Proposed Insured