GUIDELINES ON THE VERIFICATION OF THE QUALIFICATIONS OF PRIVATE HEALTH WORKERS AND/OR THEIR BENEFICIARIES ON THE GRANT OF COMPENSATION

Pursuant to DOH-DOLE-DBM Joint Administrative No. 2020-0001 or the Implementing Guidelines on the Grant of Compensation to Public and Private Health Workers pursuant to Section 4(f) of Republic Act No. 11469 otherwise known as the “Bayanihan to Heal as One Act”, the following Guidelines shall be observed:

Section 1. Coverage. – This Guidelines shall apply to all Private Health Workers (PrHW) who contracted severe COVID-19 reckoned from February 1, 2020 and recovered from it or became a COVID-19 casualty while in the line of duty.

Section 2. Conditions for Eligibility of PrHW. – A PrHW shall be eligible to compensation if he/she meets all the following conditions:

a. He/she provides critical and urgent services for the containment and management of COVID-19 disease;

b. He/she, regardless of employment status and employment classification, is:

b.1 An employee of a private health facility,

b.2 An employee of a contractor/subcontractor deployed in a public or private health facility; or

b.3 Independent contractor and/or self-employed.

c. He/she has contracted severe COVID-19 disease while on duty as evidenced by any appropriate official and/or medical record; and

d. He/she contracted severe COVID-19 disease or became a casualty thereof.

Section 3. Compensation. – A PrHW who suffered severe COVID-19 disease and recovered from it is entitled to a compensation of One Hundred Thousand Pesos (₱100,000.00).

In case of death, One Million Pesos (₱1,000,000.00) shall be given to his/her beneficiaries.

Section 4. Requirements of PrHW Who Contracted Severe COVID-19 Disease and Recovered from it. – The following minimum requirements shall be submitted by the PrHW:

1. Duly accomplished application form prescribed by DOLE;
2. Certificate of Employment;
3. Medical Abstract signed by the attending physician;
4. Photocopy of any two (2) valid government issued IDs (Passport, driver’s license, GSIS or SSS UMID, PhilHealth, Postal, PRC, Sr. Citizen’s and OFW ID).
Section 5. Eligibility Requirements of PrHW Who Became a COVID-19 Casualty. – In addition to the requirements mentioned in Section 4 hereof, the original copy of the PrWH’s Death Certificate issued by Philippine Statistics Authority (PSA) or PSA-authenticated death certificate issued by a Local Government Unit (LGU) and those enumerated in item VI(b)(b.2) of the DOH-DOLE-DBM Joint Administrative Order No. 2020-0001, whenever applicable.

Section 6. Filing of Application. – The PrHW or his/her duly authorized representative or beneficiary shall submit all the requirements to the DOLE Regional/Provincial/Field Office where the employer of the PrHW principally operates. Application may also be submitted through online.

Section 7. Processing and Verification of Application. – The DOLE Regional Office shall evaluate the completeness of the submitted requirements, and submit its recommendation within the day or immediately to the DOH, through its Malasakit Program Office (MPO)/and Medical Assistance to Indigent Patients (MAIP) Coordinators in the Center for Health Development (CHD) in the same region.

The DOH concerned office shall send an official notification to the PrHW or his/her duly authorized representative or beneficiary once his/her claim is approved and available for release or when the same is disapproved, stating therein the reason/s for disapproval.

Section 8. Motion for Reconsideration and/or Appeal. – If the claim is disapproved, the PrHW or beneficiary may submit to the DOH Central Office a motion for reconsideration or appeal addressed to the Secretary of Department of Health.

Section 9. Disbursement. – The DOH concerned office shall issue a paycheck to the PrHW or his/her beneficiary.

Section 10. Reporting Requirement of DOLE Regional Office. – A summary report containing the following information shall be submitted by the DOLE Regional Office daily to the Office of the Secretary of Labor and Employment, through the Bureau of Working Conditions:

a. Processed and verified applications; and
b. Recommendations on applications endorsed to the DOH concerned office.

Section 11. Periodic Report to the Office of the President. – The DOLE shall jointly submit with DOH and DBM periodic reports to the Office of the President on the implementation of the Joint Administrative Order No. 2020-0001, including, but not limited to, the number of health workers provided with compensation and amount utilized for this purpose.

Be guided accordingly.


SILVESTRE H. Bello
Secretary
Dept of Labor & Employment
Office of the Secretary
APPLICATION FORM

VERIFICATION OF QUALIFICATION OF PRIVATE HEALTH WORKERS (PRHW) AND/OR THEIR BENEFICIARIES
PURSUANT TO DOH-DOLE-DBM JOINT ADMINISTRATIVE NO. 2020-0001

TYPE OF APPLICATION:
☐ For PRHW who contracted severe COVID-19 disease and recovered from it
☐ For PRHW who contracted severe COVID-19 disease and died

I. PERSONAL DATA OF THE PRIVATE HEALTH WORKER

NAME:

Surname          Given Name          Middle Name          Suffix

CIVIL STATUS:  □ Single    □ Married    □ Legally Separated    □ Annulled    □ Widow

AGE:      SEX: (M/F)      DATE OF BIRTH:      OCCUPATION:

ADDRESS:

(RM/FLR/UNIT NO. & BLDG. NAME)      (HOUSE/LOT & BLK. NO.)      (STREET NAME)      ZIP CODE

(SUBDIVISION)      (BRGY/DIST/LOCALITY)      (CITY/MUNICIPALITY)      (PROVINCE)

CONTACT NUMBERS:  E-MAIL ADDRESS:

II. EMPLOYMENT BACKGROUND OF THE PRHW

COMPANY NAME OF EMPLOYER:

ADDRESS:

(RM/FLR/UNIT NO. & BLDG. NAME)      (HOUSE/LOT & BLK. NO.)      (STREET NAME)      ZIP CODE

(SUBDIVISION)      (BRGY/DIST/LOCALITY)      (CITY/MUNICIPALITY)      (PROVINCE)

CONTACT NUMBERS:  E-MAIL ADDRESS:

III. BENEFICIARIES

NAME

(Surname, Given Name, Middle Name, Suffix)

DATE OF BIRTH

(dd-mm-yyyy)

RELATIONSHIP

ADDRESS

CONTACT NUMBER

IV. INFORMATION OF CLAIMANT

Is the PRHW also the claimant?  □ Yes  □ No.

If no, provide the required details below.

NAME:

Surname          Given Name          Middle Name          Suffix

CIVIL STATUS:  □ Single    □ Married    □ Legally Separated    □ Annulled

AGE:      SEX: (M/F)      DATE OF BIRTH:

ADDRESS:

(RM/FLR/UNIT NO. & BLDG. NAME)      (HOUSE/LOT & BLK. NO.)      (STREET NAME)      ZIP CODE

(SUBDIVISION)      (BRGY/DIST/LOCALITY)      (CITY/MUNICIPALITY)      (PROVINCE)

CONTACT NUMBERS:  E-MAIL ADDRESS:

V. CERTIFICATION AND DATA PRIVACY NOTICE AND AGREEMENT

1. I certify that the information provided in this form are true and correct.
2. I agree that the information collected through this form shall be used and retained by the Department of Labor and Employment (DOLE), Department of Health (DOH), and Department of Budget and Management (DBM) for the purpose provided in DOH-DOLE-DBM Joint Administrative Order No. 2020-0001 issued on 4 June 2020.
3. I understand that I shall be subject to other verification processes as may be required by the DOH, DOLE, and DBM to ensure my qualification to receive the compensation grant pursuant to Republic Act No. 11469 otherwise known as the "Bayanihan to Heal as One Act" and the DOH-DOLE-DBM Joint Memorandum Agreement No. 2020-0001.

Printed Name of Claimant  Signature  Date
# CONDITIONS FOR ELIGIBILITY OF PHW

A PrHW shall be eligible to compensation if he/she meets all the following conditions:

- He/she provides critical and urgent services for the containment and management of COVID-19 disease;
- He/she, regardless of employment status and employment classification, is:
  - An employee of a private health facility,
  - An employee of a contractor/subcontractor deployed in a public or private health facility; or
  - Independent contractor and/or self-employed.
- While on duty, he/she contracted severe COVID-19 and:
  - Recovered from it or
  - Became a casualty thereof.

## REQUIREMENTS FOR CLAIM

### A. The health worker who suffered severe COVID-19 disease and recovered from it shall submit the following minimum requirements for the one hundred thousand pesos sickness compensation:

- Original copy of an Updated Service Record or Certificate of Employment
- Original copy of Medical Abstract signed by the attending physician
- Photocopy of any two (2) valid government issued IDs:
  - Passport
  - Driver’s license
  - GSIS or SSS UMID
  - PhilHealth
  - Postal
  - SR’s Citizen’s ID
  - OFW ID
  - Others (pls. specify):

### B. The surviving legal dependents/beneficiaries shall submit all the requirements indicated in above A, together with the following minimum requirements for the one million pesos death compensation:

- **If deceased is married:**
  - Original copy of Death Certificate issued by Philippine Statistics Authority (PSA) or PSA-authorized death certificate issued by LGU
  - Original copy of Marriage certificate issued by PSA
  - Photocopy of any two (2) valid government issued IDs:
    - Passport
    - Driver’s license
    - GSIS or SSS UMID
    - PhilHealth
    - Postal
    - SR’s Citizen’s ID
    - OFW ID
    - Others (pls. specify):
  - Original copy of Birth certificate(s) of minor/incapacitated children issued by PSA

- **If deceased is legally separated, annulled or with void marriage:**
  - Original copy of Death Certificate issued by PSA or PSA-authorized death certificate issued by LGU
  - Authenticated copy of Decree of Legal Separation
  - Authenticated copy of Certificate of Finality of Annulement/Nullity or Annotated Marriage Contract/Certificate issued by PSA
  - Original copy of Birth certificate(s) of minor/incapacitated children issued by PSA
  - Original copy of Affidavit of Guardianship, if with minor/incapacitated children
  - If the legal guardian is not the natural parent, the affidavit should be supported by a Certification from the Barangay

- **If deceased is single:**
  - Original copy of Death Certificate issued by PSA or PSA-authorized death certificate issued by LGU
  - Original Copy of Birth certificate(s) of minor/incapacitated children issued by PSA
  - Affidavit of Guardianship, if with minor/incapacitated children
  - If the legal guardian is not the natural parent, the affidavit should be supported by a Certification from the Barangay
  - Photocopy of any two (2) valid government issued IDs:
    - Passport
    - Driver’s license
    - GSIS or SSS UMID
    - PhilHealth
    - Postal
    - SR’s Citizen’s ID
    - OFW ID
    - Others (pls. specify):

- **If deceased has no primary beneficiary and dependent parent/s is/are still alive:**
  - Original copy of Death Certificate issued by PSA or PSA-authorized death certificate issued by LGU
  - Original copy of Marriage contract of parent/s issued by PSA
  - Photocopy of any two (2) valid government issued IDs:
    - Passport
    - Driver’s license
    - GSIS or SSS UMID
    - PhilHealth
    - Postal
    - SR’s Citizen’s ID
    - OFW ID
    - Others (pls. specify):
  - Affidavit of parents indicating the deceased died single, leaving no child/ren, and that they/he/she are/is wholly dependent upon the deceased for support

- **If deceased has no primary beneficiary and dependent parents are both deceased,** the next legitimate descendant(s) shall submit the following:
  - Original copy of Death Certificate issued by PSA or PSA-authorized death certificate issued by LGU
  - Authenticated copy of Marriage Contract of health worker’s parents issued by PSA
  - Original copy of Death Certificates of parents issued by PSA
  - Affidavit of surviving legal heirs stating among others that affiants are the only surviving legal heirs of the deceased member, their relationship to the deceased member and that they are executing the document for the purpose of claiming the benefit from DOH
  - Photocopy of any two (2) valid government issued IDs:
    - Passport
    - Driver’s license
    - GSIS or SSS UMID
    - PhilHealth
    - Postal
    - SR’s Citizen’s ID
    - OFW ID
    - Others (pls. specify):

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