

OCA CIRCULAR NO. 95-2009, August 10, 2009

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TO:

All Judges and Personnel of the Lower Courts

SUBJECT:

Open Membership to the Supreme Court Health and Welfare Plan (SCHWP) to lower court employees who previously declined membership

For the information and guidance of all concerned, quoted hereunder is Resolution No. 2344-2009 dated July 31, 2009 of the Supreme Court Health and Welfare Plan Board:

"WHEREAS, in 1998 the Supreme Court launched the Supreme Court Health and Welfare Plan (SCHWP) to help Court employees in their medical and hospitalization expenses;

WHEREAS, membership in the SCHWP was made on a voluntary basis. While majority of the Court employees willingly joined the Plan, others declined membership;

WHEREAS, some lower court employees who initially refused membership now signify their intention to become members;

WHEREAS, upon request and in the interest of the service, a second chance should be given to those who initially refused membership but who now signify their intention to become members of the Plan;

NOW, THEREFORE, the Supreme Court Health and Welfare Board, RESOLVED to OPEN MEMBERSHIP to the Plan to all lower court employees who are not yet members provided that the appropriate individual Applications for Membership are filed not later than September 30, 2009. Membership will become effective on January 1, 2010 accompanied by the corresponding deduction of the monthly non-refundable contribution to the Plan in the amount of P75.00 from the monthly salaries of the new members."

Attached is an application form to be accomplished in duplicate by interested court personnel. The form shall be submitted to the Personnel Division of the Office of Administrative Services, Office of the Court Administrator.

Please be guided accordingly.

August 10, 2009.

JOSE P. PEREZ

Court Administrator

For new Employees. Please indicate if you are willing to join the SUPREME COURT HEALTH AND WELFARE PLAN

YES: _____ NO: _____

If the answer is yes, please fill up the following MEMBERSHIP INFORMATION AND AUTHORIZATION SHEET (Please Print all information)

NAME: _____ POSITION: _____

STATION: _____

HOME _____ ADDRESS: _____

TEL NO: OFFICE: _____ HOME: _____ FAX NO. _____

DATE OF BIRTH: _____ CIVIL STATUS: _____

NAME OF SPOUSE: _____
OCCUPATION: _____

BUSINESS ADDRESS OF SPOUSE: _____

TEL NO: _____

NAME OF BENEFICIARIES/
DEPENDENTS**RELATIONSHIP**

DATE OF BIRTH

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