



NOTE: Kindly fill-out the application in **CAPITAL LETTERS**. Our health care is **not AUTOMATIC RENEWAL**.
For our new enrollment and those who will renew, you have the options to choose among these packages:

STANDARD PLAN	Limits & Accomodation	Premiums	
		Without DENTAL	With DENTAL
PLAN A	Pay Ward Room with P50,000.00 maximum benefit limit per person per illness per year	6,608.00	7,058.00
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	6,658.00	7,108.00
	Deduction per payday	275.33	294.08
PLAN B	Regular Private Room with P70,000.00 maximum benefit limit per person per illness per year	9,251.20	9,701.40
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	9,301.20	9,751.40
	Deduction per payday	385.47	404.23
PLAN C	Regular Private Room with P100,000.00 maximum benefit limit per person per illness per year	11,894.40	12,344.40
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	11,944.40	12,394.40
	Deduction per payday	495.60	514.35
PLAN D	Regular Private Room with P150,000.00 maximum benefit limit per person per illness per year	17,464.00	17,914.00
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	17,514.00	17,964.00
	Deduction per payday	727.67	746.42

DENTAL BENEFITS will covers unlimited dental consultation and simple tooth extraction, 3 surfaces temporary filling and once a year cleaning.

1. APPLICANT/ MEMBER'S INFORMATION

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number (Cellphone)	Landline:	Branch/Department/Chapter:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Civil Status	
<input type="text"/>	<input type="text"/>	

Kindly check the box of your desired package.

Health Care Package	Dependent's Name	Age	Gender	Relation	Birthday	With Dental	Renewal	New
Chose PLAN						Please Check		

A	B	C	D	Last Name	First Name	M.I	Age	Gender	Relation	Birthday	With Dental	Renewal	New
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member's Printed Name & Signature _____

DATE _____

Please fax or email your application form thru:
Sako VisMin: Email : loan.mlsako@gmail.com or mlsako@yahoo.com
 Telefax No. (032) 255-3639 / 254-1600
Sako Luzon: Email: mlsakoluzon@gmail.com or sakoheart@rocketm:
 Telefax No. (02) 843-2485 / 800-9224