



MERALCO EMPLOYEES MUTUAL AID & BENEFITS ASSOCIATION, INC.

Ground Floor, Employee Services Center, Meralco Center, Ortigas Avenue, Pasig City
Telephone No. 1622-6993 to 6994 Fax No. 632 - 8895

APPLICATION FOR BENEFITS CLAIM

I. TO BE ACCOMPLISHED BY THE MEMBER

I hereby apply for funeral aid donation for the death of _____,
my _____ who died on _____ at the age of _____.
(RELATIONSHIP) (NAME OF DEPENDENT)

As a condition imposed on the approval of my application for donation, I hereby agree and undertake to submit the following:

- Registered Certificate of Death
 Marriage Contract
 Others _____

I hereby agree that any misrepresentation on my part and/or failure to submit the required proofs/evidences/documents in support to the benefits herein applied for and granted shall constitute ground for disciplinary action and will subject me to the appropriate penalty prescribed under my employer's Code on Employee Discipline.

PRINT NAME & SIGNATURE

MAN NO.

DATE

II. TO BE ACCOMPLISHED BY THE MEMBER'S BENEFICIARY

I hereby apply for funeral aid donation for the death of _____ who
died on _____. I hereby agree and undertake to submit: (NAME OF MEMBER)

- Registered Certificate of Death Marriage Contract Others _____

PRINT NAME & SIGNATURE
OF CLAIMANT

ADDRESS

III. TO BE ACCOMPLISHED BY MEMABA

The above-named member / member's beneficiary is entitled to receive Php _____ as
funeral aid donation for the death of _____.

Recommended and Approval for Donation.

Recommended : **RONA JOY M. PANGANIBAN**

Audited : _____
Auditor

Approved : **GREGORIO P. FIGUEROA, JR.**
VP and General Manager

Approved : _____
Board Member