



WORK ORDER

DELIVERY DUE DATE: 10/21/2020

Procurement Unit
Telefax No.: 045-982-4630

Supplier: **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**
Address: Room 308, Timstate Building, 5438 South Super Highway, Bangkal, Makati City
TIN: 004-654-004 VAT Reg.
Tel. No.: 0916-214-8333 / (02) 8893-8382

Work Order No 2020-055

Date: 22/09/2020

JO No.: 2020-073

Date: 26/08/2020

Mode of Procurement: Small Value

Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within 30 calendar days upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	ACCIDENTAL GROUP INSURANCE FOR STUDENTS S.Y. 2020-2021 NUMBER OF STUDENTS <i>ACTUAL NO. 19,577 OF STUDENTS</i> Note: Numbers of students may vary upon actual enrolled Schedule of Insurance Benefits - SY 2020-2021	335,664.00	335,664.00 334,386.00
		Accidental Death/Disablement - Ps 70,000		
		Unprovoked Murder and Assault - 70,000		
		Total Permanent Disability - 70,000		
		Burial Benefit (accidental death) - 20,000		
		Medical Expense Reimbursement Benefit (accident case) - 20,000 (per type of accident)		
		Separate cash assistance for Natural Death - 15,000		
		Daily Cash Allowance (60 days max. accident confinement) - 400/day		
		Daily Cash Allowance (60 days max. sickness confinement) - 400/day (not congenital)		
		Daily Hospital Income Benefit for the first 10 days of ICU confinement (due to accident in addition to regular daily cash allowance of Ps 400/day) - 400/day		
		Ambulance Service Assistance with receipt (due to accident) - 1,500 (one time only)		
		Emergency Cash Assistance Benefit (due to fire and earthquake) - 2,500 (one time only)		
		CGL (Comprehensive General Liability-Combined single limit) (property damage & Bodily Injury- within the school premises operations) - 250,000 (aggregate limit)		
		Common Carrier (double indemnity) - covered		
		Parent/Guardian Extended Coverage - Parent of the Insured Student or Whoever is the surviving designated guardian, below 60 years old, free from any congenital and serious physical impairment, is covered in case of accidental death & disablement. (Ps 25,000)		
		Dengue Cash Assistance Subject to actual medical expenses (in addition to daily cash allowance benefit due to sickness - one time only) - Ps 1,200 per student		
		Tuition Fee/Miscellaneous Fees Refund - Accidental Death Case of Students (maximum of 10 students in a year) - 5,000 per student		

COMMISSION ON AUDIT, TSU
RECEIVED
By: [Signature] Date: 02 OCT 2020

(Please read carefully at the back hereof)

Charge to: 13-104991-2020-09-1290

ROA No.:

CONFORME & RECEIVE COPY: [Signature]

RUTH C. DARM - Managing Director

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Firm/Dealer/Supplier/Contractor

October 01, 2020

Date

Bank Account Name: UPRAISE, Inc.

Bank Account Number: 1431-0118-55

Bank Name: BPI Bank

Bank Address: Legazpi-Gamboa Branch, Makati City

FUNDS AVAILABLE:

[Signature]
ELENA SAY T. TEOFILO
Head, Budget Office

APPROVED:

[Signature]
DR. GLENARD T. MADRAGA
VP, Admin. & Finance
Authorized Official

Form No.: TSU-PRO-SR Revision No.: 01

Effectivity Date: March 01, 2017

Page 1 of 4

Handwritten note: Routed 10/9/2020



WORK ORDER

DELIVERY DUE DATE: 10/31/2020

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.** Work Order No.: **2020-055**
 Address : **Room 308, Timstate Building, 5438 South Super Highway, Bangkal, Makati City** Date : **22/09/2020**
 TIN: **004-654-004 VAT Reg.** JO No. : **2020-073**
 Tel. No. : **0916-214-8333 / (02) 8893-8382** Date : **26/08/2020**
 Mode of Procurement: **Small Value**
 Mode of Payment: **N/30**

SIR/MADAM:
 You are hereby advised to accomplish/deliver the following job/work within **30 calendar days** upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		<p>Annual Premium Per Student - Ps 18.00</p> <ul style="list-style-type: none"> • 24 hours a day anywhere in the world at home or in the school for one whole year. It also includes/covers drowning, dog and snake bites and all forms of animal bites, lightning, earthquake, tidal waves, volcanic eruptions, typhoon, tornadoes, and landslides and other accidents caused by natural calamities/acts of nature. • In and out of school attending regular classes or participating in other school activities • While attending classes during the hours and on days when school is in session including lunch and recess periods • While traveling to from a school sponsored and supervised social and non-social extracurricular activity after school hours or on days when school is not in session. • While participation in a school sponsored and supervise athletics during or after regular school hours on or off school premises • While traveling in public or private conveyance used for land and sea travel; • While traveling as a fare-paying passenger on any commercial scheduled, non-scheduled special or chartered flights. • While attending OJT in any part of the world. • With Motorcycle Coverage- whether a passengers/operator/pillion of any 2,3 or 4 wheeled motorized vehicles. • Free coverage for permanent and full time faculty and non-teaching staff (excluding hired Security Guard from an agency) same as the student's plan/benefits, provided 100% of the enrolled students will be insured. Members of the Board of Trustees (up to 70 years old will also be covered for 50% of the students' benefits. • Coverage Extensions: Accidents caused by acts of nature, accidental food poisoning, accidental drowning and all forms of animal bites • Period of Coverage - One Year (from the date of notice to proceed the issuance of the Policy) 		

COMMISSION ON AUDIT - TSU
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 By: *[Signature]* Date: **02 OCT 2020** Time: _____

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Charge to: **11-264941-2020-09-1290**
 ROA No. : _____
 CONFORME & RECEIVE COPY: *[Signature]*
RUTH C. DARM - Managing Director
UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.
 Firm/Dealer/Supplier/Contractor
 Date: **October 01, 2020**
 Bank Account Name: **UPRAISE, Inc.**
 Bank Account Number: **1431-0118-55**
 Bank Name: **BPI Bank**
 Bank Address: **Legazpi-Gamboja Branch, Makati City**

FUNDS AVAILABLE:
[Signature]
ELENA M. T. TEOFILO
 Head, Budget Office
 APPROVED:
[Signature]
DR. GLENARD T. MADRAGA
 VP, Admin. & Finance
 Authorized Official *[Signature]*



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Telefax No.: 045-982-4630

Supplier: **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**
Address: **Room 308, Timstate Building, 5438 South Super Highway, Bangkal, Makati City**
TIN: **004-654-004 VAT Reg.**
Tel. No.: **0916-214-8333 / (02) 8893-8382**

Work Order No.: **2020-055**
Date: **22/09/2020**
JO No.: **2020-073**
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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		• Accidental Death or Permanent Disablement - pays when injury results in any of the following losses within 180 days from the date of accident: % of Principal Sum 1. Loss of Life 100% 2. Loss of two limbs 100% 3. Loss of both hands, or all fingers 100% 4. Loss of both feet 100% 5. Total loss of sight of both eyes 100% 6. Injuries resulting in being permanently bedridden 100% 7. Any other injury causing permanent total disablement 100% 8. Loss of arm at above elbow 70% 9. Loss of arm between elbow and wrist 50% 10. Loss of hand 50% 11. Loss of four fingers and thumb of one hand 42.50% 12. Loss four finger 35% 13. Loss of Thumb 15% 14. Loss of Index finger 10% 15. Loss of Middle finger 6% 16. Loss of ring finger 5% 17. Loss of little finger 5% 18. Loss of metacarpals - first or second (additional) 3% 19. Loss of leg at above knee 60% 20. Loss of leg below knee 40%		

COMMISSION ON AUDIT: TSU
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By: *[Signature]* Time: **2 OCT 2020**

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Charge to: **02 - 206441 - 2020 - 09 - 1240**

ROA No.:

CONFORME & RECEIVE COPY: *[Signature]*

RUTH C. DARM - Managing Director
UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Firm/Dealer/Supplier/Contractor

October 01, 2020

Bank Account Name: **UPRAISE, Inc.**

Bank Account Number: **1431-0118-55**

Bank Name: **BPI Bank**

Bank Address: **Legazpi-Gamboa Branch, Makati City**

FUNDS AVAILABLE:

[Signature]
ELENA DAY T. TEOFILO
Head, Budget Office

APPROVED:

[Signature]
DR. GLENARD T. MADRAGA
VP, Admin. & Finance
Authorized Official

Form No.: TSU-PRO-SF 10 Revision No.: 01

Effectivity Date: March 01, 2017

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		21. Loss of toes-all of one foot	15%	
		22. Loss of big toe	5%	
		23. Loss of any toe other than big toe, each	1%	
		24. Loss of sight of one eye	50%	
		25. Loss of hearing-one ear	50%	
<p>NOTE: The Insurance Company to be assigned by UPRAISE, Inc. has no accredited hospitals in Tarlac City. However, since this is a reimbursement type of insurance Plan/Program, all the enrolled students of Tarlac State University who will be insured through UPRAISE, Inc., can go to any hospitals available in the Province of Tarlac, for consultation, treatment and confinements, due to a particular accident or sickness. All valid medical expenses incurred can be filed for reimbursement.</p> <p>> Burial Benefit/Separate Cash Assistance for Natural Death and Hospital Confinement/s due to sickness/illness will be subject to pre-existing conditions/provisions - (For Faculty and Staff only).</p>				

COMMISSION ON AIDTSU
RECEIVED
 By: *[Signature]*
 02 OCT 2020

(Please read carefully at the back hereof)

Charge to: **02-366041-2420-49-1290**

ROA No. :

CONFORME & RECEIVE COPY: *[Signature]*

RUTH C. DARM - Managing Director
UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Firm/Dealer/Supplier/Contractor

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