

MAYNILAD WATER SERVICES, INC.
Katipunan Road, Balara, Quezon City

**STANDARD OPERATING
PROCEDURES**

CP - ADM - 030 - 06 /A1-07

Page 1 of 1

HEALTH BENEFITS

Effective: January 1, 2007

Amendment No. 1

Prepared By:

[Signature]
ROY AGUSTIN K. EVALLE

Recommended by:

[Signature]
HERBERT M. CONSUNJI

Approved by:

[Signature]
ROGELIO L. SINGSON

The following amendments shall supersede the corresponding previous provisions of this policy:

In page 7, Part VIII- Dependent's Hospitalization Subsidy, which reads:

The Company recognizes that the good health and well being of its employees' immediate family is an important factor in ensuring a high degree of job efficiency and performance and improving the employees' quality of life.

Thus, the Company provides for dependents' hospitalization subsidy, to wit:

Dependents Hospitalization Subsidy - The Company shall reimburse the covered employee for any cost incurred by him/her for the payment of premiums for health insurance for his/her legal dependents provided that proof of such payment is submitted. Employee shall have the option to select from any of Management and Supervisors/Rank & File Union accredited HMO.

is hereby revised and amended as follows:

The Company recognizes that the good health and well being of its employees' immediate family is an important factor in ensuring a high degree of job efficiency and performance and improving the employees' quality of life.

Thus, the Company provides for dependents' hospitalization subsidy, to wit:

Dependents Hospitalization Subsidy - The Company shall reimburse the covered rank and file employee for the cost incurred by him/her for the payment of allowable premiums for health insurance of his/her legal dependents in accordance with the approved provision of the Rank and File Union's CBA. Managerial and supervisory employees, however, shall have the option to select from any of the Management and Supervisors Union accredited HMO.

end of Amendment No. 1

--nothing follows--


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CONTROL NO. 15-001 DATE 3/11/15

ISSUED TO: HUMAN RESOURCES



MAYNILAD WATER SERVICES, INC.
Kilgus Road, Alabang, Muntinlupa City

**POLICIES AND IMPLEMENTING
GUIDELINES**
Administration
HEALTH BENEFITS

CP-ADM-030-06

Pages 1 of 20

Effective:
October 1, 2006

Revision No. 0 (New)

Prepared by:

Philip E. Cases
PHILIP E. CASES

Approved by:

Fiorello R. Estuar
FIORILLO R. ESTUAR
President

A. PURPOSE AND SCOPE:

The physical and emotional well-being and welfare of every employee of the company is essential in maintaining a high level of efficiency thus, enhancing greater productivity for all.

B. POLICY STATEMENT:

It is in this light that regular and effective health and wellness services and programs are implemented to ascertain that each employee remains fit and healthy in the workplace.

C. DISTRIBUTION:

This policy shall apply to all officers and staff of the Company.

D. IMPLEMENTING GUIDELINES:

I. HEALTH PROGRAMS

a. Annual Physical Examination Procedures

- 1) The annual physical examination shall be conducted annually by an accredited clinic at a specified time and schedule as determined by Health Services.
- 2) The APE process shall be assisted by the company's competent physician and nurses to ensure that the flow of the examination is smooth and complete; that the accredited clinical staff shall properly attend to all employees.
- 3) The employee shall be notified of any significant findings in the over-all results of the medical examination to enable him/her sufficient time for treatment, rehabilitation, or to repeat certain medical procedures, if needed. Should the employee be diagnosed with a communicable disease or would need time to recuperate from an illness, the Physician shall recommend the required leave of absence for the employee's recuperation. The Physician will also be responsible for issuing a medical certificate to all employees that will be cleared and therefore be considered physically fit to work.



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Approved by:

FIORIELLO R. ESTUAR
 President

- 4) For those who, for one reason or another fail to undergo the scheduled exams, he/she shall be requested along with the others to undergo the same at a specified time by the Health Services.

- 5) Postponement of the scheduled date shall only be allowed for the following reasons:
 - Illness/communicable disease needing confinement/isolation
 - Personal/family emergency cases certified by the hospital attending physician or a death or serious illness of a family member.
 - Company contingencies wherein assignment in the area of work takes priority over scheduled medical examinations.

- 6) If, after fifteen (15) days of the scheduled date, the employee has not presented a valid excuse/reason for failure to undergo the examination, he/she shall be given a memorandum stating that all medical expenses henceforth shall be at the officer or employee's expense and administered only in an accredited hospital. Results of the examinations shall be forwarded to the Health Service.

- 7) In cases where there are incomplete procedures undertaken, this should be completed within two (2) weeks from date of first examination.

- 8) Chest X-rays will not be required for female employees who are pregnant, but will be evaluated based on the results of the other relevant laboratory tests and procedures until after two (2) months after actual child delivery or termination of pregnancy.

- 9) All employees shall be notified in writing of the place and date of the examination schedule which shall be at least two (2) weeks prior to actual medical examinations and any instructions for fasting (at least 10 hours).

- 10) Medical results shall be released after two (2) weeks from date of actual medical examination.

- 11) All medical results shall be treated with utmost confidentiality so as to protect the well-being and integrity of all those who have undergone the process and shall only be made available upon request of the individual.



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FIORILDO R. ESTUAR
President

12) Medical data gathered shall be solely in the safekeeping of the Health Services.

b. Pre-employment Physical Examination

- 1) All qualified applicants shall be required to undergo a complete pre-employment medical examination as a final determining factor for employment.
- 2) Recruitment shall refer all candidates for employment to Health Services for issuance of referral slip (CP-ADM-030-06-F1) to the company accredited clinic.
- 3) The company nurse shall give Recruitment feedback on the medical examination result of the candidate.
- 4) Expenses incurred on all the examinations and procedures shall be at the expense of the company, only for the specified company examinations.

II. Wellness Programs

- 1) Wellness programs shall consist of two (2) phases:

Education phase – Health education shall be administered through monthly lectures, posting of medical information in the bulletin board, and disseminating health bulletins and issues through e-mail.

Maintenance phase – Company fitness activities shall also be conducted and shall be handled by Health Services.

Quarterly reports on attendance and progress of all the activities shall be submitted. Other programs such as the monthly education lectures, regular blood examinations, health monitoring, out-patient consultation, and periodic drug testing shall be part of the program.

- 2) Medicine Assistance Program

To help needy and sickly employees and /or their dependents cope with the cost of medicines and to enjoy the benefits of continuous medication at a more affordable manner, medicine assistance is made available through credit to all regular employees.



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Approved by:

Fiorella R. Estuar
FIORELLA R. ESTUAR
President

Guidelines:

- a. Medicine assistance is available on a quarterly basis through salary deductions
- b. Maximum loanable amount is Php 2,000.00, interest free and not subject to net pay cap.
- c. Previous loan must be fully paid to avail again for the next quarter
- d. Ordered medicines cannot be cancelled, returned, or exchanged
- e. Any employee caught abusing this scheme through misrepresentation or by any other means shall be subjected to disciplinary action.

Mechanics:

- a. Regular employees availing of the assistance shall secure an Order Slip Form (OSF) (CP-ADM-030-06-F7) from Health Services.
- b. The accomplished OSF shall be submitted to the Health Services
- c. Upon receipt of the ordered medicine, Health Services shall immediately notify the concerned employee of the availability of the medicine and submit to the Payroll unit a copy of OSF for salary deduction. Deductions shall commence on the next payroll period
- d. A copy of the receipt of purchase shall be given to the employee and another to the Health Services unit for tracking and record purposes.

III. Home/Hospital Visits

- 1) Hospital and home visitations shall be performed on the following:
 - a. On the fourth day of absences when an employee calls in sick due to a serious illness or injury
 - b. Immediate in case of a state of emergency calling for surgery and confinement or rehabilitation, thereafter or in cases where death occurred contingent to performance of his/her duties in the office.
- 2) A written report of the home/hospital visit or any medical activity undertaken involving the Department or the Division's staff, shall be submitted to the requesting unit and copy furnished the Health Services.
- 3) Assistance in the form of hospital/home visit, medical referral, ambulance service and/or emergency care shall be accorded to all employees needing such medical care and attention.

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October 1, 2006

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Approved by:

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FIORELEO R. ESTUAR
President

IV. Issuance of Medical Certificates / Sick Calls

- 1) Sick employees are required to notify the following for absences incurred during period of illness of any nature:
 - a) Medical Clinic, and/or
 - b) Immediate Supervisor or Office personnel available at the moment through telephone, mail or telegram.
- 2) Immediate Supervisors or Office personnel shall report any or all sick calls received from their employees to Health Services.
- 3) Only reported cases shall be issued the official medical certificate (CP-ADM-030-06-F2). Hospitalized cases with corresponding medical certificates, however, are exemptions to the rule.
- 4) Coordination with the Benefits Section regarding Phil health, SSS/EC benefits shall be made for benefits' claims and privileges due to sick or demised employees.

VI. Clinic Facility

- 1) A log sheet shall be provided to monitor the frequency of visit of employees, observe their medical condition and to examine the medicines that are most utilized.
- 2) The Health Services shall be responsible for the inventory of all medicines and equipments being used in the clinic.
- 3) Provisions for medicines shall be made available to all employees of the Company. A maximum of two (2) dosages per employee will be given to address emergency needs as well as to alleviate early stages of discomfort. However, allocation for medicines shall not be for the whole duration of the illness.


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Approved by:


[Signature]
FIORELLO R. ESTUAR
President

- 4) A monthly accomplishment report shall be submitted to the Manager, Personnel Services.

VII. Ambulance Service

- 1) In Cases of emergency, all employees are entitled to avail of the ambulance service.
- 2) Employees on field duty or at the Business Areas, who are in need of ambulance service, shall notify and request assistance from the Health Services.
- 3) The use of the company ambulance should be restricted to the following:
 - a) Conduction of emergency/admissible cases to hospitals.
 - b) Conduction of injured/sick employees to their residences if such employees' health are at risk.
 - c) Safety drills/activities of the Company.
 - d) Other conduction cases not mentioned above but with formal request and approval by the VP-Administration.
- 4) For emergency cases, transport of the sick/injured employee from the office or fieldwork to the hospital shall require the presence of a medical doctor or nurse and a co-employee shall accompany the sick/injured employee.
- 5) For conduction from the residence to a hospital, the nearest responsible relative or next of kin should accompany the sick/injured employee. This type of ambulance service should have an accompanying Nurse from the Company.

The above conduction requirement shall apply to MWSI company ambulance service.


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Revision No. 0 (New)

Prepared by:

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Approved by:

FIORIELLO R. ESTUAR
President

VIII. Dependent's Hospitalization Subsidy


The Company recognizes that the good health and well being of its employees' immediate family is an important factor in ensuring a high degree of job efficiency and performance and improving the employees' quality of life.

Thus, the Company provides for dependents' hospitalization subsidy, to wit:

Dependents Hospitalization Subsidy – The Company shall reimburse the covered employee for any cost incurred by him/her for the payment of premiums for health insurance for his/her legal dependents provided that proof of such payment is submitted. Employee shall have the option to select from any of Management and Supervisors/Rank & File Union accredited HMO.

Guidelines:

- 1) The Dependents Hospitalization Subsidy is available to all regular employees of the Company:
 - a) Supervisors:
 - Employees who are occupying supervisory positions as of December 1, 2001; and
 - Employees who thereafter become regularized or hired as supervisors after December 1, 2001.
 - b) Rank and File:
 - Regular rank and file employees who are in the service as of January 1, 2002; and
 - Rank and file employees who thereafter become regularized after January 1, 2002.
- 2) Each covered employee is entitled every year for reimbursement of allowable premiums paid for the health insurance of his/her qualified legal dependents.
- 3) Maximum and minimum age limit of a qualified legal dependent shall be based on the age ranges of the HMO provider.
- 4) The phrase "qualified legal dependents" refers to the following:

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President

- a) For married employees:
 - legal spouse
 - legitimate/legitimated and legally adopted children
- b) For single employees:
 - parents
 - brothers and sisters
- c) For Solo Parent employees:
 - children
 - parents
 - brothers and sisters
- 4) Application forms (CP-ADM-030-06-F3) shall be made available through the Health Services. Employees covered by this policy must fill out the application form and attach the following necessary documents.
 - a) Marriage contract (for married employees)
 - b) Birth certificate of qualified legal dependent/s
 - c) Legal adoption papers
 - d) Proof of payment to health care provider
- 5) Failure to submit proof of payment/official receipt shall be a cause for disapproval of the request for reimbursement with regard to that particular employee.
- 6) After complying with the procedure outlined above, reimbursement shall be made in the following manner:
 - a) For individual reimbursement:
 - After submission of the duly filled out application form (CP-ADM-030-06-F4) and the completion of the necessary documents, Health

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October 1, 2006

Revision No. 0 (New)

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FIORIELLO R. ESTUAR
President

Services, shall verify the information given and the amount of the claim for reimbursement, and thereafter process the same.

- The Health Services shall then notify the employee concerned of the approval and Payroll shall credit the approved amount being claimed as reimbursement to the employees ATM account within 15 days from the date the application was received.

b) For group reimbursement:

- Employees who choose to avail of the services of a health care provider recommended by the Supervisors Union/ Rank & File Union shall submit the duly filled out application form and the necessary documents to the Supervisors Union/ Rank & File Union for verification and processing.
- Employees shall also fill out an authorization form in favor of the Supervisors Union/ Rank & File Union, authorizing the latter, through its duly-elected officers, to claim their reimbursement from Company's Treasury Department.
- Supervisors Union/ Rank & File Union, through its President and/or Secretary, shall then submit a letter-request for reimbursement to Health Services. The letter shall include a list of supervisors and rank and file employees who enrolled their dependents with the health care provider, plus a summary of the amount paid by each.
- Proof of payment made by each employee must be attached to the letter-request, as well as the individual authorization form signed by the employees.
- The Treasury Department shall then release check payment to the Supervisors Union/ Rank & File Union upon presentation of the individual authorization forms duly signed by the employees concerned.



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October 1, 2006

Revision No. 0 (New)

Prepared by:

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President

- 7) The Company shall only reimburse the premiums paid by the covered employee. If the amount of the premium exceeds the allowable amount, the employee shall shoulder the excess.
- 8) The employee has the option of enrolling more than one qualified legal dependent, as long as the allowable amount is observed and the other requirements under this policy are met.
- 9) Disciplinary action shall be imposed on employees who submit falsified documents or who otherwise knowingly give false information in order to avail of this subsidy.

IX. Hearing Aid Subsidy

As provided for in Article XVI of the Collective Bargaining Agreement between the Company and Maynilad Water Services Supervisors Association (MWSA) dated 10 January 2002, the Company shall grant a Hearing Aid Subsidy to regular supervisory employees who suffer from hearing impairment or deafness that is work-related.

Guidelines:

- 1) The Hearing Aid Subsidy is granted to all regular employees of the Company who are occupying supervisory positions as of 1 December 2001.
- 2) Employees who thereafter become regularized or hired as supervisors after the said date can immediately avail of the benefit.
- 3) Each covered supervisor is entitled to a one-time hearing aid subsidy not exceeding the amount approved by the management.
- 4) The subsidy shall be subject to the following conditions:
 - a) The deafness or hearing impairment must be due to causes attributable to the employee's work or job function;
 - b) The hearing aid must be for the covered employee's personal use and is thus non-transferable.

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October 1, 2006

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Approved by:

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President

- 5) A supervisor who wishes to avail of the hearing aid subsidy shall fill out and submit a hearing aid subsidy application form to Health Services. The applicant must attach the following documents to the form:
 - a) Result of hearing aid evaluation and/or doctor's examination from any accredited hearing test center
 - b) Proof of order, showing the cost of the hearing aid equipment
- 6) After submission of the duly filled out application form (CP-ADM-030-06-F5) and the completion of the necessary documents, the Health Services shall prepare request for payment and forward said request to Accounting Department.
- 7) Treasury Department shall then issue a check to the supervisor concerned.
- 8) If the cost exceeds the approved amount, the supervisor shall pay the excess.
- 9) The supervisor must submit the original copy of the Official Receipt issued by the hearing test center to Health Services, within fifteen (15) days from the issuance of the check. Failure to submit the said document within this period will entitle the Payroll Section to deduct the full amount of the subsidy from the employee's salary in the next payroll date. Likewise, the employee will be barred from availing of the hearing aid subsidy within the three-year period of the CBA.
- 10) Employees who purchased hearing aids on or after 1 December 2001 but before the approval and implementation of these guidelines may submit the documentary requirements listed above in order to avail of this subsidy.
- 11) Disciplinary action shall be imposed on employees who submit falsified documents or who give false statements in order to avail of this subsidy.

X. Optical Assistance

As provided for in the Collective Bargaining Agreement between the Company and the Maynilad Water Services Supervisors Association (MWSA), the Company shall grant Optical Assistance to regular supervisory employees.

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Effective
October 1, 2006

Revision No. 0 (New)

Prepared by:

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FIORIELLO R. ESTUAR
President

Guidelines:

- 1) The Optical Assistance program is open to all regular employees of the Company who are occupying supervisory positions as of 1 December 2001.
- 2) Employees who thereafter become regularized or hired as supervisors after the said date can immediately avail of the benefits of this program.
- 3) Each covered employee can apply for an interest-free loan. The maximum amount based on the Collective Bargaining Agreement of Maynilad Water Services Supervisors Association (MWSA)
- 4) The loan shall be payable within twelve (12) months through salary deductions. Deductions shall be made every 15th and 30th day of the month, and shall start on the next payroll date after the release of the amount of the loan.
- 5) The loan shall be subject to the following conditions:
 - a) for corrective lenses only (eyeglasses and contact lenses)
 - b) for the covered employee's personal use (non-transferable)
- 6) A supervisor who wishes to avail of the optical loan shall execute and submit a loan application (CP-ADM-030-06-F6) and authorization for salary deduction form to Health Services. The applicant must attach the following documents to the form:
 - a) Result of optical examination or prescription from the Optometrist/Optical clinic
 - b) Proof of order
- 7) After submission of the duly-filled out application form and the completion of the necessary documents, the Health Services shall verify the information given and the amount paid for the optical device and process the same thereafter.



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Effective: October 1, 2006

Revision No. 6 (New)

Prepared by:

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- 8) The Health Services shall then notify the employee concerned of the approval and Payroll shall credit the amount being claimed to the employee's ATM account within three (3) days from the date the application was received.

- 9) The supervisor must submit the original copy of the Official Receipt to Health Services within fifteen (15) days from payment/credit to employees ATM account. Failure to submit the said document within this period will entitle the Payroll Section to deduct the full amount of the loan from the employee's salary in the next payroll date. Likewise, the employee will be barred from availing of the benefits of this program within the three-year period of the CBA.

- 10) Employees who purchased corrective lenses on or after 1 December 2001 but before the approval and implementation of these guidelines may submit the documentary requirements listed above in order to avail of this loan facility.



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Effective:
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President

CP-ADM-030-06-F1

NOTICE FOR MEDICAL EXAMINATION
(Copy of Medical)

Date of Medical Exam: _____

Time: _____

_____ Date

Dear (Attending doctor),

Please accommodate the bearer of this notice,
Mr./Ms. _____, for a
thorough medical examination.
Thank you for your consideration.

Health Services

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PHILIP E. CASES

Approved by: *[Signature]*
FIORIELLO R. ESTUAR
President

CP-ADM-030-06-F2

HEALTH SERVICES

MEDICAL CERTIFICATE

Control No. _____

Name: _____

Employee Number: _____

Department: _____

Inclusive Dates: _____


DIAGNOSIS:

BRIEF HISTORY:

Issuing Physician

Date of Issue

for employees who got sick for more than 4 days, please attach Doctor's Certificate


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Effective
October 1, 2006

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Approved by:

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CP-ADM-030-06-F3

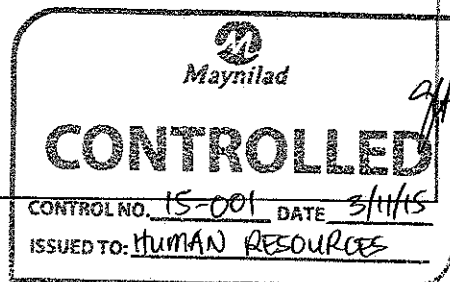
HEALTH CARE INSURANCE APPLICATION FOR SALARY DEDUCTION

<u>Last Name</u>	First Name	Middle Name
Manno	Division/Department/Unit	Position
<u>Name of Dependents</u>	<u>Birthday</u>	<u>Relationship</u>
AMOUNT FOR SALARY DEDUCTION		

This is to authorize the Payroll Unit, Administration to deduct from my monthly salary the amount of Pesos _____ (PhP _____), representing payment for my loan, for _____ months, starting on _____, until full payment has been made.

I hereby declare that the information contained in this application is true and correct. I understand that any willful misrepresentation from my part will be sufficient cause for the Company to impose the necessary disciplinary action, and to deduct the full amount stated above from my next salary following the discovery of such misrepresentation.

Head, Payroll	Employee Signature/Date
---------------	-------------------------





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FIORIELLO R. ESTUAR
President

CP-ADM-030-06-F4

APPLICATION FOR REIMBURSEMENT HEALTH CARE INSURANCE PREMIUM

Last Name	First Name	Middle Name		
Manno				
Division/Department/Unit	Position			
Name of Dependents	Birth Day	Relationship	Sex	Civil Status
AMOUNT OF REIMBURSEMENT (NOT TO EXCEED P3,000)				

I hereby declare that the information contained in this application is true and correct. I understand that any willful misrepresentation from my part will be sufficient cause for the Company to impose the necessary disciplinary action, and to deduct the full amount stated above from my next salary following the discovery of such misrepresentation.

Head, Payroll	Employee Signature/Date
	Telephone No.

Maynilad

CONTROLLED

CONTROL NO. IS-001 DATE 3/11/15

ISSUED TO: HUMAN RESOURCES



MAYNILAD WATER SERVICES, INC.
 Katipunan Road, Balara, Quezon City

POLICIES AND IMPLEMENTING GUIDELINES

Administration
HEALTH BENEFITS

CP-ADM-030-06

Pages 18 of 20

Effective October 1, 2006

Revision No. 0 (New)

Prepared by:

[Signature]
PHILIP E. CASES

Approved by:

[Signature]
FIORELLO R. ESTUAR
 President

HEARING AID SUBSIDY APPLICATION

CP-ADM-030-06-F5

NAME:		
Last	First	M.I.
OFFICE:		
MANNO:	TEL.NO.	
AMOUNT OF SUBSIDY: (not to exceed P2,000)		

I hereby declare that the information contained in this application is true and correct. I understand that any willful misrepresentation from my part will be sufficient cause for the company to impose the necessary disciplinary action, and to deduct the full amount of the subsidy from my next salary following the discovery of such misrepresentation.

Printed Name and Signature

Date of Application



CONTROLLED

CONTROL NO. 15-001 DATE 3/1/15

ISSUED TO: HUMAN RESOURCES



MAYNILAD WATER SERVICES, INC.
 Katipunan Road, Balara, Quezon City

POLICIES AND IMPLEMENTING GUIDELINES

Administration

HEALTH BENEFITS

CP-ADM-030-06

Pages 19 of 20

Effective: October 1, 2006

Revision No. 0 (New)

Prepared by:

Philip E. Cases

Approved by:

Fiorello R. Estuar
 President

CP-ADM-030-06-F6

**OPTICAL/CALAMITY/BEREAVEMENT LOAN APPLICATION
 AUTHORIZATION FOR SALARY DEDUCTION FORM**

APPLICANT NAME: (please print)

_____ Last name _____ First name _____ M.I. _____

MANNO: _____ OFFICE: _____

PURPOSE OF LOAN: Optical Calamity Bereavement

AMOUNT OF LOAN: PhP _____

APPROVED:

Head, Payroll _____

Authorization for Salary Deduction:

This is to authorize the Payroll Unit, Administration to deduct from my monthly salary the amount of Pesos _____ (PhP _____), representing payment for my loan, for _____ months, starting on _____, until full payment has been made.

I hereby declare that the information contained in this application is true and correct. I understand that any wilful misrepresentation from my part will be sufficient cause for the Company to impose the necessary disciplinary action, and to deduct the full amount of the loan from my next salary following the discovery of such misrepresentation.

Printed Name and Signature _____

Date _____

Tel. No. _____

Maynilad

CONTROLLED

CONTROL NO. IS-001 DATE 3/11/15
 ISSUED TO: HUMAN RESOURCES



MAYNILAD WATER SERVICES, INC.
Kaduguan Road, Balara, Quezon City

POLICIES AND IMPLEMENTING GUIDELINES

Administration

HEALTH BENEFITS

CP-ADM-030-06

Pages 20 of 20

Effective:

October 1, 2006

Revision No. 0 (New)

Prepared by:

PHILIP E. CASES

Approved by:

FIORIELLO R. ESTUAR
President

CP-ADM-030-06-F7

ORDER SLIP FORM

No. _____

MANNO _____

OFFICE _____

NAME _____

DATE _____

TEL. NO. _____

Quantity	Medicine	mg./ml.	Unit Cost	Total Amount	Remarks
			TOTAL		


This is to authorize Payroll to deduct on the next payroll period the amount of _____
the purchase of medicines. Pnp () for

Employee Signature and Date

APPROVED:

Head, Health Services

Head, Payroll



CONTROLLED

CONTROL NO. IS-001 DATE 3/11/15

ISSUED TO: HUMAN RESOURCES