



DAMAYAN ENROLLMENT FORM

REGULAR MEMBERS

ASSOCIATE MEMBERS

MEMBERSHIP	SHARE CAPITAL REQUIREMENT	SAVINGS REQUIREMENT	COVERAGE
1 st year	CONTESTABILITY PERIOD		
2 nd year	Minimum 1,000.00	Minimum 1,000.00	20,000.00
3 rd year			30,000.00
4 th year			40,000.00
5 th year onwards			50,000.00

MEMBERSHIP	SHARE CAPITAL REQUIREMENT	SAVINGS REQUIREMENT	COVERAGE
1 st year	CONTESTABILITY PERIOD		
2 nd year	Minimum 1,000.00	Minimum 1,000.00	5,000.00
3 rd year			10,000.00
4 th year			15,000.00
5 th year onwards			20,000.00

ENROLLMENT AGE	PREMIUM	COVERAGE
18 to 59	350.00	MAXIMUM 50,000.00
60 to 65	400.00	
66 and up OPTIONAL Membership	OPTIONS 1. 400.00	20,000.00
	2. WAIVED ANNUAL PREMIUM	5,000.00

ENROLLMENT AGE	PREMIUM	COVERAGE
18 to 59	350.00	MAXIMUM 20,000.00
60 to 65	400.00	
66 and up OPTIONAL Membership	OPTIONS 1. 400.00	10,000.00
	2. WAIVED ANNUAL PREMIUM	3,000.00

AUTOMATIC DAMAYAN MEMBERSHIP FOR ALL ADULT MEMBERS

Name: _____ Account Number: _____
Surname First Name Middle Name

Address: _____

Birthday: _____ Age Upon Enrollment: _____ Gender: _____ Civil Status: _____

TERMS AND CONDITIONS:

- All regular and associate members of STVPMPC ages 18 to 59 years old (at least 3 months prior to age 60) are automatically enrolled to Damayan upon membership.
- Damayan is renewable annually up to 65 years old (see above table for premiums)
- Membership to Damayan becomes OPTIONAL at age 66 and up with annual premium of Php 400.00
- Subject to one (1) year contestability period.
- Must maintain the required share capital and savings deposit for eligibility (see above table for coverage).
- Must maintain at least Five Hundred (Php 500.00) savings deposit for automatic renewal.
- Non-renewal due to insufficient funds will undergo another year of contestability period upon re-enrolment.
- Termination of Membership to STVPMPC likewise terminates enrolment to Damayan.

BENEFICAIARIES (ACCORDING TO HIERARCHY)

No.	Name	Age	Relationship to the Member
1			
2			

I have read and hereby agree to the Terms and Conditions stated hereunto and authorizes STVPMPC to deduct from my savings deposits the amount of premium for the renewal of my annual Damayan.

Name and Signature Over Printed Name

ADMINFORM#01-2020