

PHILLIPINE PUBLIC SCHOOL TEACHER ASSOCIATION

245 Banawe St., Quezon City

Retirement Claims Department

Website: www.ppsta.net; Email: support@ppsta.com

Tel Nos.: (02) 988-14-19 / (02) 988-14-20 local: 303 to 307

Mobile Nos: 0906-2538260/0917-5714986

Sir / Madam:

I have the honor to submit herewith a claim application for Hospitalization benefit under Mutual Retirement Benefit System Plus (MRBS Plus). The following information is hereby furnished.

A. General Requirements – Hospitalization Benefit:

- Letter of Intent**
- Original Medical Certificate or Medical Abstract** (admission date and discharge date indicated)
- Photocopy of 2 valid ID's with clear signature**
- Hospitalization Billing**
- Latest Pay slip**

Remarks:

Mail my check to: Sub-office Home Address **OR** coming on schedule date _____

Signed Over Printed Name

Address:

Contact Number: