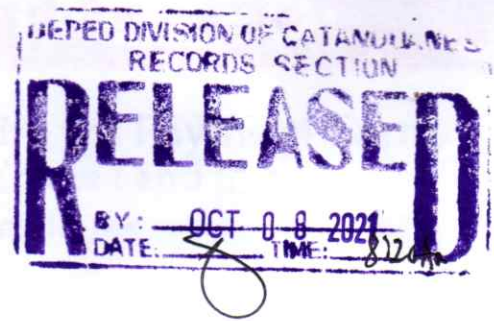


September 16, 2021

MEMORANDUM
OSDS-UM-10-07-2021/mb1

To: Asst. Schools Division Superintendent
Chiefs, CID & SGOD
Education Program Supervisors
Public Schools District Supervisors
Elementary and Secondary School Heads/TICs
Teaching and Non-Teaching Personnel
All Others Concerned



For information and guidance.

SUSAN S. COLLANO

Asst. Schools Division Superintendent
OIC—Office of the Schools Division Superintendent



GSIS



EMPLOYEES COMPENSATION COVID-19 CLAIMS CHECKLIST

IF HOSPITALIZED:

1. Duly accomplished Income Benefits Claim for Payment Form.
Note: All Items to be completely filled out (Parts I and II) and duly signed by the employee and employer (Supervisor/HR Head).
2. Certification from the employer (Supervisor/HR) indicating the following information:
 - a. Last day of work before Covid infection;
 - b. Inclusive dates of leave of absence or quarantine leave;
 - c. Description of increased risk in the performance of duties, if applicable;
 - d. Statement of actual duties and circumstances leading to infection (for non-frontliners); and
 - e. Date of return to work.
3. Copy of RT-PCR Result issued by DOH-accredited facility, or Rapid Antigen Result if RT-PCR test is not immediately available.
4. Hospital and/or Clinical Records of Confinement/Consultation to include Discharge Summary or Period of Medical Attendance of Illness.
5. Statement of Account from Hospital (itemized list) with Philhealth Deductions/Payments, Official Receipts of payment of Hospital Bills, Professional Fees and Medicines purchased by employee with Prescription.



EMPLOYEES COMPENSATION **COVID-19 CLAIMS CHECKLIST**

IF NOT HOSPITALIZED:

- 1. Duly accomplished Income Benefits Claim for Payment Form.**
Note: All Items to be completely filled out (Parts I and II) and duly signed by the employee and employer (Supervisor/HR Head).
- 2. Certification from the employer (Supervisor/HR) indicating the following information:**
 - a. Last day of work before Covid infection;
 - b. Inclusive dates of leave of absence or quarantine leave;
 - c. Description of increased risk in the performance of duties, if applicable;
 - d. Statement of actual duties and circumstances leading to infection (for non-frontliners); and
 - e. Date of return to work.
- 3. Copy of RT-PCR Result issued by DOH-accredited facility, or Rapid Antigen Result if RT-PCR test is not immediately available.**
- 4. Medical Certificate or Quarantine Certificate showing diagnosis, treatment and quarantine period.**
- 5. If applicable, Official Receipts of payment of Professional Fees, Laboratory Fees and Medicines purchased by employee with Prescription.**