



# PHILIPPINE DENTAL ASSOCIATION

## BENEFIT APPLICATION FORM (TO BE FILLED OUT BY THE APPLICANT)



### MEMBER INFORMATION SHEET

LAST NAME	FIRST NAME	MAIDEN NAME	PRC NO.	CHAPTER
ADDRESS			MOBILE NO.	EMAIL ADD:

### AVAILMENT AUTHORIZATION

IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR FIRE BENEFIT, I HEREBY AUTHORIZE PDA TO CREDIT MY BENEFIT PROCEEDS THROUGH MY BANK ACCOUNT THAT I HAVE INDICATED ON THE RIGHT PORTION	SIGNATURE	ACCOUNT NAME:
		BANK NAME/ BRANCH
		ACCOUNT NO.

### THIS PORTION IS FOR PDA USE ONLY

### AVAILMENT HISTORY:

MEMBER SINCE: \_\_\_\_\_ YEAR LAST PAID \_\_\_\_\_ YEARS OF CONTRIBUTION \_\_\_\_\_

### TYPE OF BENEFIT CLAIM:

☐ FIRE ☒ CALAMITY ☐ MEDICAL ASSISTANCE ☐ OTHER \_\_\_\_\_

### SUBMITTED DOCUMENTS:

- |  |  |
|--|--|
| <input type="checkbox"/> CHAPTER CERTIFICATE       | <input type="checkbox"/> PHOTO OF FLOODED DESTROYED                |
| <input type="checkbox"/> BARANGAY CERTIFICATE      | <input type="checkbox"/> CLINIC/DENTAL EQUIPMENT, ETC.             |
| <input type="checkbox"/> BUREAU OF FIRE DEPARTMENT | <input type="checkbox"/> MEDICAL CERTIFICATE/ RECORD/ MEDICAL BILL |
| <input type="checkbox"/> PHOTO OF BURNED DESTROYED |  |
- CLINIC/DENTAL EQUIPMENT, ETC.

DATED FILED:	VERIFIED BY:	DATE	AMOUNT GRANTED:
APPROVED BY:	DATE	DISAPPROVED BY:	DATE
		REASON FOR ANY DISAPPROVAL GIVEN	

CHECK NO:	DATE DEPOSITED	AMOUNT
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Received By: \_\_\_\_\_

Date Received \_\_\_\_\_