



Republic of the Philippines  
Supreme Court  
Office of the Court Administrator  
Manila

**OCA CIRCULAR NO. 146-2015**

**TO : ALL JUDGES AND PERSONNEL OF THE FIRST AND SECOND LEVEL COURTS (REGIONAL TRIAL COURTS, SHARI'A DISTRICT COURTS, METROPOLITAN TRIAL COURTS, MUNICIPAL TRIAL COURTS, MUNICIPAL CIRCUIT TRIAL COURTS, MUNICIPAL TRIAL COURTS IN CITIES, SHARI'A CIRCUIT COURTS AND MAINTENANCE STAFF OF THE HALLS OF JUSTICE)**

**SUBJECT: MEMBERSHIP APPLICATION FORM ON THE SUPREME COURT HEALTH AND WELFARE PLAN FOR THE YEAR 2016**

In connection with the healthcare plan for the year 2016, the herein attached Membership Application Form is hereby required to be duly accomplished by all the judges and personnel of the Lower Courts and all the maintenance staff of the Halls of Justice.

The Membership Application Form will determine the preferred healthcare plan for the year 2016. Thus, the said form should be accomplished within ten (10) days from notice, or not later than 15 August 2015.

The Supreme Court Health and Welfare Plan Committee will tally the individual preferences of the concerned judges, personnel and maintenance staff to determine whether an In-House Healthcare Plan, the reimbursement plan that was operated from 1998 to 2014, or an Outsourced Healthcare Plan, such as the plan contracted to a Health Maintenance Organization via public bidding which was won by Medocare Health Systems, Inc. for the year 2015, will be implemented for the year 2016.

If both healthcare plans are amenable to any judge, personnel or staff, then the latter may choose both and the majority will determine which healthcare plan will be implemented for the year 2016. If a judge, personnel or staff prefers only the In-House Healthcare Plan but the majority prefers the Outsourced Healthcare Plan, the said judge, personnel or staff will not be covered for the year 2016, and vice-versa. Non-submission of the form shall

be considered waiver of the benefits of either plan and exemption from payment of the employee share for any of the healthcare plan.

For the distribution of the form, the Clerk of Court - OCC, Branch Clerk of Court or Officer-in-Charge of each office or court station shall be responsible for the distribution of the form to the concerned judges, personnel and staff by having the attached form photocopied for as many judges, personnel and staff that the particular office or court station may have.

Thereafter, the concerned Clerk of Court - OCC, Branch Clerk of Court or Officer-in-Charge should collate, scan and e-mail the duly accomplished forms to the [schwp.secretariat@gmail.com](mailto:schwp.secretariat@gmail.com) starting on 17 August 2015 and no later than 20 August 2015. In the event that there is no option on the part of the concerned Clerk of Court - OCC, Branch Clerk of Court or Officer-in-Charge to e-mail them, the forms should be mailed within the above period to the Supreme Court Health and Welfare Plan-Secretariat, Supreme Court Compound, Padre Faura St., Ermita, Manila . In wither event, said official should contact +632 525 5796 to inform the Secretariat that the subject forms have been either e-mailed or sent thru mail.

For strict compliance.

13 July 2015

  
JOSE MIDAS P. MARQUEZ  
Court Administrator



Republic of the Philippines  
**Supreme Court**  
Manila

**SUPREME COURT HEALTH AND WELFARE PLAN**  
Membership Application Form for the Year 2016

<b>BASIC INFORMATION</b>					
NAME:					
CIVIL STATUS:		SEX:		DATE OF BIRTH:	
NAME OF SPOUSE (if applicable):					
RESIDENCE:					
COURT/STATION:					
POSITION/ITEM:		STATUS OF APPOINTMENT:		DATE OF ASSUMPTION OF DUTY:	
OFFICE CONTACT NO.:			EDP NO.:		
PERSONAL CONTACT NO.:			PHILHEALTH ID NO.:		

<b>HEALTHCARE PLAN APPLICATION</b>		
<i>Please circle your answer</i>		
<b>In-House Healthcare Plan:</b> In the event that the SCHWP will be reverted back to the in-house healthcare plan and will be voluntary, I am applying to be a member and have Php75.00 deducted from my salary monthly for one year which is targeted to start on January 2016 and end on December 2016.	Yes	No
<b>Outsourced Healthcare Plan:</b> In the event that the SCHWP will continue to be outsourced to a Healthcare Provider and will be voluntary, I am applying to be a member and have Php270.00 deducted from my salary monthly for one year which is targeted to start on January 2016 and end on December 2016.	Yes	No

Note: You can opt to answer "Yes" to both plans if you are amenable to whatever healthcare plan the Court will approve. Likewise, you can opt to answer "No" to both plans if you do not want to be part/beneficiary of either healthcare plan.

Scan and e-mail the duly accomplished form to [schwps.secretariat@gmail.com](mailto:schwps.secretariat@gmail.com) within ten (10) days from notice.

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Signature over Printed Name and Date