

## 1. GUIDELINES:

- Only those who were in good standing—with paid dues—before the disaster struck are eligible.
  - Membership must be continuous and valid through the period of calamity. Lapsed or renewed after the event will not qualify.
  - Membership in a chapter outside your clinic's location— —does not qualify you for local chapter-based benefits.
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## 2. Download & Fill Out the Form

- Visit PDA's Downloads → PDA Benefit Application Form section.
  - Download the Calamity Benefit Application Form (PDF) and fill it out completely and legibly.
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## 3. Compile Required Documents

Prepare the following, then **combine into a single PDF** before emailing:

- Completed and signed PDA Benefit Application Form
  - Chapter Certificate
  - Barangay Certificate
  - Evidence of calamity-related damages
    - Example: PHOTO OF FLOODED DESTROYED, *CLINIC/DENTAL EQUIPMENT, ETC*
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## 4. Email Submission

- **All requirements must be compiled in ONE (1) PDF file** only. (NO GROUP APPLICATION)
  - Use clear scans or photos of original documents.
  - **Subject line:** Calamity Benefit Application – [Your Full Name]
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## 5. Submission Deadline

- Submit to: [membership1908@pda.com.ph](mailto:membership1908@pda.com.ph)
  - Deadline: **On or before the end of the current administrative year**
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## 6. Await Approval & Payout

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## 7. For inquiries:

- Email address: [membership@pda.com.ph](mailto:membership@pda.com.ph)
- Contact: 09228841392
- Chairman: Dr. Stephen Almonte



# 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 ____ 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 \_\_\_\_\_