

How can I enroll?

Submit the application form (inside this flyer) to the DCCCO office

When will my insurance coverage take effect?

Insurance coverage will take effect on the date of application and payment of premiums.

What are the requirements to claim the insurance benefits?

Submit the following to the DCCCO office:

- Death Certificate of Proof of Death of the Insured
- Police Report (If the cause of death is accident)
- Birth Certificate/s of the Insured and Beneficiaries
- Marriage Contract if the Beneficiary is the spouse
- Statement of Account from Hospital (for HIB and AMR claims)
- Doctor's prescription and receipts (for AMR claims)

For more information, please contact:

DCCCO

Main Office: DCCCO Bldg. Sta Rosa Street, Poblacion 2.
Dumaguete City, Negros Oriental, Philippines

Tel No. (035) 422 4493; (035) 226 1016

Email: headoffice@dccco.coop

Bais Branch: (035) 402 3368

Bayawan Branch: (035) 430 0171

Guihulngan Branch: (035) 410 4076

Siquijor Branch: (035) 480 902

San Carlos Branch: (034) 729 3319

Kabankalan Branch: (034) 746 7081

Sibulan Branch: (035) 419 8226

Carcar Branch: (032) 487 0126



DCCCO Multipurpose Cooperative (formerly Dumaguete Cathedral Credit Cooperative), a cooperative duly registered with the Cooperative Development Authority (CDA) was founded in 1968 by Bishop Epifanio B. Surban of the Diocese of Dumaguete, Mother Marcela Foret O'Carra and Gov. Mariano Perdices. Its principal office is in Dumaguete City, Negros Oriental. It has now nine (9) branches and satellite offices in the province of Negros Oriental, Negros Occidental, Siquijor and Cebu serving more than 100,000 members. For more than 50 years, DCCCO had been living out its mission of uplifting lives by providing affordable and accessible financial and other services to its members/owners.



CLIMBS Life and General Insurance Cooperative is a life and non-life insurance cooperative duly licensed by both the Cooperative Development Authority and the Insurance Commission and born in Cagayan de Oro City.

Founded in 1971 by the late Atty. Mordino Cua and Atty. Aquilino Pimentel Sr., CLIMBS started by offering mutual protection to its members as an alternative to insurance products offered by big traditional insurance companies especially in the Visayas and Mindanao.

Today, CLIMBS is a 3.3 Billion insurance cooperative and the number one (1) microinsurance provider in the country.

Address: CLIMBS Bldg., Zone 5, Upper Bulua, National Highway, Barangay Bulua, Cagayan de Oro City, Philippines, 9000

Website: www.climbs.coop

E-mail : head_office@climbs.coop ; cac@climbs.coop

Tel No. : (063) (088) 856 - 1355

FB : CLIMBSOfficial



HEAL

Program

Bag-ong benepisyo
para sa mga miyembro
sa DCCCO!



DCCCO aims to provide security and peace of mind to you and your family. Aside from our goal to give you financial security, we also want to help you in the event of untimely and dreadful circumstances.

DCCCO, together with CLIMBS, offers you a comprehensive and meaningful life insurance plan under the HEAL, Accidental, Life (HEAL) Program.

Who can enroll in the HEAL Program?

You can enroll if you are:

- An active DCCCO member
- 18 to 69 years old
- In good health and is actively performing the normal chores of life

Who can I enroll as my dependents?

You can enroll the following dependents based on your civil status

If you are		Single	Married	Single Parent
Your Eligible Dependents are	Primary	Parents	Legal Spouse	Children
	Secondary	Siblings	Children	Parents

The Legal Spouse or the Parents of the CLIMBS Members should be:

- 18 to 64 years old
- In good health and is actively performing the normal chores of life

The Children or the Siblings of the CLIMBS Members should be:

- 2 weeks old to 21 years old
- Single, unemployed and fully dependent on the insured for support
- In good health and are actively performing the normal chores of life
- The Children must be enrolled from eldest to youngest

There is no limit to the number of dependents that can be enrolled provided they meet eligibility requirements.

What benefits will we get under the HEAL Program?

Hospital Income Benefit (HIB) (Maximum of 30 days)

Provides a fixed daily benefit to the Insured to supplement income lost for each day of hospital confinement due to illness or accident. Hospitalization due to illness may be covered only after 30 days from effective date of coverage. On the first 12 months of an insured's coverage, hospitalization due to a pre-existing condition shall not be covered.

Accidental Death, Dismemberment & Disablement (ADD&D)

Pays an amount on top of the life insurance coverage for death, dismemberment or disability due to accident.

Accidental Medical Reimbursement (AMR)

Reimburses actual medical expenses up to the amount stated in the table of benefits for injuries commencing within 30 days from the date of accident.

Life Insurance Coverage (Life)

Provides 24-hour life coverage against loss of life due to natural or accidental causes without geographic limits. Maximum protection at the least cost! On the first 12 months of the insured's coverage, death due to suicide or a pre-existing condition shall not be covered.

Special Compassionate Benefit (SCB)

Pays a benefit in case of death resulting from natural cause only. This is not payable for death due to accident.

How much benefit will we get?

Benefits	Member	Parent / Spouse	Child / Sibling
HIB	800/day	500/day	N/A
ADD&D	75,000	40,000	20,000
AMR	7,500	4,000	2,000
Life	75,000	40,000	20,000
SCB	7,500	4,000	2,000

Benefit for Members aged 65-69

Life	37,500	N/A	N/A
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How much do I have to pay?

Insured	Annual Premiums per Member/Dependent
DCCCO Member (18-64 years old)	P823.00
DCCCO Member (65-69 years old)	P82.50
Spouse/Each Parent	P493.00
Each Child/Each Sibling	P66.00

This pamphlete only holds concise profile of the product. If any case of discordance, the policy contract which contains the complete terms and condition of the product shall predominate accordingly.

APPLICATION FORM			
FULL NAME			
First Name		Middle Name	Last Name
MOBILE NO.		DATE OF BIRTH (MM DD YYYY)	
AGE	CIVIL STATUS		GENDER
	<input type="checkbox"/> SINGLE		<input type="checkbox"/> MALE
	<input type="checkbox"/> SINGLE PARENT		<input type="checkbox"/> FEMALE
	<input type="checkbox"/> MARRIED		
SOURCE OF INCOME		VALID ID	
DEPENDENTS INCLUDED			
NAME	DATE OF BIRTH	RELATIONSHIP	ANNUAL PREMIUM
TOTAL ANNUAL PREMIUMS			
AUTHORIZATION TO DEDUCT			
DCCCO Multipurpose Cooperative			
Sir/Ma'am,			
I hereby authorize DCCCO to deduct/debit from my Loan Proceeds/Savings Account as payment for the premium of the renewal of my HEAL coverage in accordance with the terms of my application for the Group Insurance Program offered by CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE the amount of			
(Php _____)			
This will likewise serve as an authorization for the DCCCO to remit to CLIMBS the abovementioned annual premium.			
This authorization is effective unless otherwise terminated upon written notice by the undersigned.			
Signature over Printed Name		Date	
Member ID No. <input type="text"/>			
DATA PRIVACY			

I give my consent to CLIMBS to collect and process my personal and medical data necessary and I hold CLIMBS free from any liability that may arise in the servicing of my insurance application in accordance with the Data Privacy Act of 2012, AMLA and Insurance Commission Circular Letter 2016-54.