



BUKIDNON SECOND ELECTRIC COOPERATIVE, INC.
Manolo Fortich, Bukidnon

Main Office: Manolo Fortich, Bukidnon Hotline No. 0998-843-8334/0935-114-3095
 Branch Office: Malaybalay City, Bukidnon Hotline No. 0998-843-8335/0935-114-2484

FINANCIAL ASSISTANCE REQUIREMENTS

1. MCO's can avail Accidental Death Assistance, Bereavement Assistance, Medical Reimbursement, Senior Citizen Hospitalization Assistance.
2. Assistance claimant must inform the office, through hotline or Community Organizers, within 30 days from the death / Hospitalization of the MCO.
3. MCO or Claimant must submit the following requirements.

Accidental death	Bereavement	Medical Reimbursement	Senior Citizen Hospitalization
Fully filled-up Claimant's Statement	Fully filled-up Claimant's Statement	Medical Certificate	Photo copy of Senior Citizen Identification Card (ID) (back-to-back)
Death Certificate	Death Certificate	Birth Certificate (MCO)	Certificate of Confinement/Medical Certificate
Police Blotter	Marriage Contract	Original Official Receipts of Medicines (not exceeding Php1,000)	Marriage Contract (if claimant is spouse)
Death Certificate	Birth certificate	Police Blotter (or Incident Report)	Authorization to Claim (if claimant is other than MCO or Spouse)
Police Blotter	Authorization Letter to Claim	Marriage Contract (if claimant is spouse)	Valid ID (claimant/authorized Rep.)
Affidavit of Witness	Valid ID	Authorization To Claim (if claimant is other than MCO or Spouse)	
Marriage Contract (if claimant is spouse)		Valid ID (claimant/authorized representative)	
Birth certificate of claimant (if claimant is the child)			
Authorization to Claim (if claimant is the child)			

1. Once the application is approved, the claimant can claim the following amounts based on the type of assistance.

Type of Assistance	Amount	Amount (If Account is Joint)
Accidental death	10,000	5,000
Bereavement	2,500	1,250
Medical Reimbursement	1,000	
Senior Citizen Hospitalization	1,000	