



## COOPERATIVE DEVELOPMENT AUTHORITY

827 Aurora Blvd., Service Road, Brgy. Immaculate Conception, 1111 Cubao, Quezon City, Philippines  
http://www.cda.gov.ph helpdesk@cda.gov.ph CDA @CDAPh PH Cooperatives



MEMORANDUM CIRCULAR NO. 2022- 30  
SERIES OF 2022



TO : ALL CONCERNED

SUBJECT : GUIDELINES ON THE IMPLEMENTATION OF CDA-PCSO PARTNERSHIP PROGRAM ON MEDICAL ASSISTANCE FOR COOPERATIVES OR PMAC

### SECTION 1. BACKGROUND

On March 7, 2022, the Cooperative Development Authority (CDA) signed a Memorandum of Agreement with the Philippine Charity Sweepstakes Office (PCSO) to provide medical and health assistance to micro and small cooperatives and at the same time, strengthen cooperative hospitals as partners.

The PCSO Board of Directors, through Board Resolution, approved the inclusion of the CDA in the schedule of the former's 6D LOTTO Draws and/or *Sweepstakes Partner Tayo sa Kawanggawa*. Net Charity Fund proceeds of one (1) 6D Lotto draw per month and one (1) schedule of *Sweepstakes Partner Tayo sa Kawanggawa* will be allotted to CDA.

In order to facilitate the medical assistance to cooperative members qualified for the assistance, this Implementing Guidelines is issued.

### SECTION 2. LEGAL BASES

- A. Section 4 (b) of RA 11364, the CDA has the power to formulate, adopt and implement integrated and comprehensive plans and programs on cooperative development consistent with the national policy on cooperatives and establish an integrated framework on cooperative development for all government agencies;
- B. Section 4(m) of Republic Act No. 11634, the CDA is authorized to administer grants and donations exclusively intended for cooperatives coursed through the CDA for cooperative development, without prejudice to the right of cooperatives to directly receive such grants and donations upon agreement with the grantors and donors thereof.
- C. Section 6(B) of Republic Act No. 1169 as amended, thirty *per cent* (30%) of **Philippine Charity Sweepstakes Office (PCSO's)** net receipts are set aside as contributions to the Charity Fund, from which PCSO shall make payments or grants for health programs, including the expansion of existing ones, medical assistance and services, and/or charities of national character, under such policies and subject to such rules and regulations as the PCSO Board of Directors may from time to time establish and promulgate.

Office of the Chairman : (02) 8721-5325  
(02) 8721-5324  
Office of the Administrator : (02) 8721-0633  
Officer of the Day : (02) 8725-3764



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### **SECTION 3. ELIGIBILITY REQUIREMENTS**

Beneficiaries of this Program shall meet the following minimum qualifications:

1. Member of micro or small cooperatives
2. Belong to indigent or low- or no-income earners
3. Member of the cooperative registered with CDA

### **SECTION 4. PURPOSE OF FUND ASSISTANCE:**

The CDA shall provide medical and health assistance as enumerated in Section 5 of this Guidelines to qualified members of micro or small cooperatives with health-related problems coming from the Charity Fund derived from its partnership with the PCSO.

Through the program, the CDA shall provide financial assistance to augment the cost of the members' medical needs.

Medical needs may include but not limited to the following:

- Confinement
- Erythropoietin (dialysis injection)
- Chemo drugs
- Specialty Medicines
- Hemodialysis
- Laboratory and Diagnostic and Imaging procedures
- Implant and Medical Devices

### **SECTION 5. REQUIREMENTS**

#### **a) PMAC COOPERATIVE-MEMBER APPLICANT:**

- Duly accomplished PMAC Form completed by the applicant member (Annex 1);
- Any of the following government-issued ID of the patient such as Passport, Driver's License, GSIS UMID, SSS ID, PRC ID, NSO Authenticated Birth Certificate, Digitized Voter's ID, PhilHealth ID, Senior Citizen's ID, Government Issued Office ID, DSWD-4Ps ID, Student ID, Coop ID and Barangay Certificate; and
- Original/Certified True Copy of the Clinical Abstract (for inpatient & chemotherapy)/ Medical Certificate for outpatient duly signed by the attending physician/ oncologist with printed full name, signature and license number in the absence of the coop member-applicant, authorization Letter from the patient authorizing his/her immediate family member, to transact with and receive the assistance from the CDA and
- Letter request from the cooperative-member addressed to CDA
- Current running bill from the hospital
- Certificate of Confinement



b) ENDORSING COOPERATIVE:

- Letter-endorsement duly signed by the Chairman or the General Manager with certification that the applicant is a legitimate member/s

## SECTION 6. MEDICAL ASSISTANCE FUND

The following are the medical assistance fund which the applicant may receive:

MEDICAL COST	PROGRAM ON MEDICAL ASSISTANCE FOR CO-OPS
P10,000 and below	P2,500.00
P10,001 - P30,000	P5,000.00
P30,001 - P50,000.00	P10,000.00
P50,001 - P100,000	P20,000.00
P100,001 - P150,000	P30,000.00
Above P150,000	P50,000.00

Release of assistance would depend on the availability of funds coming from the CDA-PCSO Partnership Program. Hence, the above amount may change regardless of medical cost.

## SECTION 7. PROCEDURES

1. The member-applicant should secure a copy of the PMAC form from the CDA Regional Offices;
2. The member-applicant shall submit the accomplished form together with the requirements specified in Section 4.A. to their respective cooperative for endorsement;
3. The cooperative must submit the letter-endorsement together with the requirements of member-applicant to the CDA Regional Office where the cooperative is registered;
4. The CDA Regional Office Focal Person shall evaluate the documents submitted by the applicant based on this Guidelines and recommend for approval by the Regional Director;
5. The CDA Regional Directors shall request for transfer of funds from the CDA Head Office;
6. The release of fund to regional offices shall be endorsed by the Administrator to Finance Division for appropriate action; and
7. When the fund is released, the CDA Regional Office will then process the documents and release the medical assistance to the member-applicant within 48 hours from the completion of the documents.

## **SECTION 8. REPORTING**

The CDA Regional Offices shall report to the Head Office the releases made following the prescribed report form within thirty (30) days from the release of funds. (Annex 2).

## **SECTION 9. EFFECTIVITY**

This Circular shall take effect fifteen (15) days following the completion of its publication in the Official Gazette and the filing of the copy thereof with the Office of National Administrative Register (ONAR).

Approved by the CDA Board of Directors on June 22, 2022 per BOD Resolution No. 497, S-2022.

Issued this 7th day of November 2022.

For the Board of Directors:

**USEC. JOSEPH B. ENCABO**  
Chairman





**Annex 1  
PMAC Form**

**COOPERATIVE DEVELOPMENT AUTHORITY  
PROGRAM ON MEDICAL ASSISTANCE FOR COOPERATIVES  
APPLICATION FORM**

BUONG PANGALAN NG APLIKANTE (FULL NAME)	APELYIDO (SURNAME)		PANGALAN (NAME)		GITNANG PANGALAN (MIDDLE NAME)
PERMANENTENG TIRAHAN (PERMANENT ADDRESS)	NO. , STREET	BARANGAY	MUNICIPALITY	PROVINCE	
KATAYUAN SIBIL (CIVIL STATUS)	<input type="checkbox"/> Walang asawa (single) <input type="checkbox"/> Kasal (married)		<input type="checkbox"/> Balo (widower) <input type="checkbox"/> Hiwalay (separated)		
KASARIAN (GENDER)	<input type="checkbox"/> Babae <input type="checkbox"/> Lalaki		Nationality: _____ Relihiyon: _____		
NATAPOS NA ANTAS NG PAG- AARAL (EDUCATIONAL ATTAINMENT)	<input type="checkbox"/> Post-graduate <input type="checkbox"/> Vocational <input type="checkbox"/> College		<input type="checkbox"/> Highschool <input type="checkbox"/> Elementary <input type="checkbox"/> Walang Natapos		
HANAPBUHAY (EMPLOYMENT)	_____		Buwanang Kita: _____		

**MIYEMBRO NG PAMILYA NA KASAMA SA BAHAY:  
(HOUSEHOLD MEMBERS)**

Pangalan	Edad	Katayuang Sibil	Relasyon sa Pasyente	Natapos na Pag-aaral	Hanap-buhay	Buwanang Kita

Diagnosis:

Hinihinging Tulong:

- ☐ In-patient  
☐ Out-patient

- ☐ Pagpapa-ospital  
☐ Dialysis  
☐ Chemotherapy

- ☐ Laboratory/diagnostic Procedure  
 (specify) \_\_\_\_\_  
☐ Medical Device (pacemaker, stent, etc)



- |   |  |
|---|--|
| <input type="checkbox"/> Radiation therapy      | <input type="checkbox"/> Assistive Device (hearing aid, wheelchair, etc) |
| <input type="checkbox"/> Gamot                  | <input type="checkbox"/> Transplant                                      |
| <input type="checkbox"/> Kagamitan sa Operasyon | <input type="checkbox"/> Others  |
| <input type="checkbox"/> Implant                |  |

Mga kaukulang papeles na isinubmit sa CDA Regional Office:

- ☐ Duly accomplished PMAC Form completed by the applicant member;
- ☐ Any of the following government-issued ID of the patient such as Passport, Driver's License, GSIS UMID, SSS ID, PRC ID, NSO Authenticated Birth Certificate, Digitized Voter's ID, PhilHealth ID, Senior Citizen's ID, Government Issued Office ID, DSWD-4Ps ID, Student ID, Coop ID and Barangay Certificate; and
- ☐ Original/Certified True Copy of the Clinical Abstract (for inpatient & chemotherapy)/ Medical Certificate for outpatient duly signed by the attending physician/ oncologist with printed full name, signature and license number in the absence of the coop member-applicant, authorization Letter from the patient authorizing his/her immediate family member, to transact with and receive the assistance from the CDA and
- ☐ Letter request from the cooperative-member addressed to CDA
- ☐ Current running bill from the hospital
- ☐ Certificate of Confinement
- ☐ Letter-endorsement duly signed by the Chairman or the General Manager with certification that the applicant is a legitimate member/s

Pinatutunayan ko na ang lahat ng inilahad ko dito ay pawang totoo at tama ayon sa aking kaalaman at kakayahan. Nababatid at naiintindihan ko na anumang maling impormasyon na aking sadyang ibinigay ay maaaring maging dahilan na hindi mapagbigyan ang aking kahilingan at maging dahilan sa paghabla ng kasong ligal laban sa akin.

\_\_\_\_\_  
Lagda o Thumbmark ng Aplikante sa Itaas ng Pangalan  
Signature or Thumbmark Above Applicant's Printed Name

ID na Ipinakita (Valid ID presented) \_\_\_\_\_  
Kung walang ID, Sertipikasyon/Pruweba ng Pagkakakilanlan (In lieu of ID, Certification/Proof of Identity)  
\_\_\_\_\_

Kung kinatawan, Relasyon sa Pasyente (Relationship to Patient): \_\_\_\_\_  
Numerong Telepono (Contact No.): \_\_\_\_\_

VALIDATED BY:

\_\_\_\_\_  
CDA REPRESENTATIVE

**PROGRAM ON MEDICAL ASSISTANCE TO COOPERATIVES (PMAC)**  
Monitoring Report

CDA REGIONAL OFFICE: \_\_\_\_\_  
For the Month of \_\_\_\_\_

NAME OF RECIPIENT/S	NAME OF COOPERATIVE	RECIPIENT'S ADDRESS	AMOUNT RELEASED/ DISBURSED	DATE RECEIVED BY THE BENEFICIARY	PURPOSE OF MEDICAL ASSISTANCE	HOW THE PMAC HELPED (Statement from the Beneficiaries)

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved for Submission to HO: \_\_\_\_\_

\_\_\_\_\_  
CPDAS IN-CHARGE

\_\_\_\_\_  
ASST. REGIONAL DIR.

\_\_\_\_\_  
REGIONAL DIRECTOR