



Republic of the Philippines
Department of Environment and Natural Resources
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MEMORANDUM

FOR/TO : All DENR Officials and Employees

FROM : THE UNDERSERETARY
Legal, Administration, Human Resources and
Legislative Affairs

SUBJECT : COMPENSABILITY OF COVID-19 UNDER THE
EMPLOYEES' COMPENSATION COMMISSION (ECC)
LIST OF OCCUPATIONAL AND WORK-RELATED
DISEASE AND CASH ASSISTANCE FOR COVID-19
POSITIVE CLAIMANTS

DATE : FEB 10 2022

Pursuant to Board Resolution No. 21-04-14 dated 06 April 2021, officials and employees with permanent, coterminous, casual or contractual (PS) appointment are eligible to apply for compensability under the ECC for having been infected with COVID-19 virus, in relation to performance of official duties, subject to the following conditions:

- a. There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g., healthcare workers, screening and contact tracing teams, etc.);
- b. The tasks assigned to the worker requires frequent face-to-face and close proximity cases for healthcare workers;
- c. Transmission occurred in the workplace; or
- d. Transmission occurred while commuting to and from work.

Requirements for COVID-19 claims are listed below:

If hospitalized:

1. Duly accomplished Income Benefits Claim for Payment Form (completely filled out Parts I and II and duly signed by the employee and supervisor/HR head)
2. Certification from the employer (Supervisor/HR) indicating the following:
 - a. Last day of work before COVID infection;
 - b. Inclusive dates of leave of absence or quarantine leave;
 - c. Description of increased risk in the performance of duties, if applicable;
 - d. Statement of actual duties and circumstances leading to infection (for non-frontliners); and
 - e. Date of return to work.

3. Copy of RT-PCR Result issued by DOH-accredited facility, or Rapid Antigen Result if RT-PCR test is not immediately available.
4. Hospital and/or Clinical Records of Confinement/Consultation to include Discharge Summary or Period of Medical Attendance of Illness.
5. Statement of Account from Hospital (itemized list) with PhilHealth Deductions/Payments, Official Receipts of payment of Hospital Bills, Professional Fees and Medicines purchased by employee with Prescription

If not hospitalized:

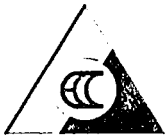
1. Duly accomplished Income Benefits Claim for Payment Form (completely filled out Parts I and II and duly signed by the employee and supervisor/HR head)
2. Certification from the employer (Supervisor/HR) indicating the following:
 - a. Last day of work before COVID infection;
 - b. Inclusive dates of leave of absence or quarantine leave;
 - c. Description of increased risk in the performance of duties, if applicable;
 - d. Statement of actual duties and circumstances leading to infection (for non-frontliners); and
 - e. Date of return to work.
3. Copy of RT-PCR Result issued by DOH-accredited facility, or Rapid Antigen Result if RT-PCR test is not immediately available.
4. Medical Certificate or Quarantine Certificate showing diagnosis, treatment and quarantine period.
5. If applicable, Official Receipts of payment of Professional Fees and Medicines purchased by employee with Prescription.

On top of the abovementioned claims, SSS and GSIS members can also avail of the Cash Assistance for COVID-19 positive claimants from the ECC. The following documents are required for submission:

1. Accomplished ECC Cash Assistance Application Form;
2. Copy of approved EC Voucher from SSS or GSIS;
3. Copy of 2 valid IDs preferably Office/Company ID, SSS/GSIS or other government-issued ID;
4. Certificate of Employment from employer, include declaration of the member's last day of work prior to contracting the illness;
5. Medical Abstract/Medical Certificate for COVID-19 illness (to include period of medical attendance of illness); and
6. Laboratory (RT-PCR) test result showing POSITIVE for COVID-19, issued by a DOH-accredited testing center.

For your information and guidance.

ATTY. ERNESTO B. ADOBO, JR., CESO I



CASH ASSISTANCE FORM
(for COVID -19 positive claimants)

- Uniformed Personnel
 Overseas Seafarer

- Health care worker
 Others _____

DATE OF APPLICATION: _____ CONTROL NO.: _____

DETAILS OF MEMBER / BENEFICIARY

Name of Member: _____

Date of Birth: _____ Sex: _____ Marital Status: _____

SSS / GSIS / AFPSN Number: _____

Address of Member: _____

Contact No.: _____ Email Address: _____

Place of Contingency: _____ Date of Contingency: _____

FOR DEATH

Name of Beneficiary: _____

Relation to Member: _____

DOCUMENTS SUBMITTED: (only original or certified true copies shall be accepted)

- Accomplished ECC Cash Assistance Application Form
- Copy of Approved EC Voucher from SSS or GSIS
- Copy of 2 valid IDs preferably Office/Company ID, SSS/GSIS or other government issued ID (for domestic employees)
- Certificate of Employment from employer, include declaration of the member's last day of work prior to contracting the illness due to Covid-19 (for domestic employees)
- Medical Abstract/Medical Certificate for COVID-19 illness (to indicate period of medical attendance of illness)
- Laboratory (RT-PCR) test result showing POSITIVE for COVID-19, issued by a DOH accredited testing center (for domestic employees)
- Copy of Seaman's Book/SIRB ID Page or Passport ID Page, and passport page with stamp of arrival in the Philippines (for overseas seafarers)
- Copy of Overseas Employment Certificate, covering overseas employment during pandemic and repatriation period because of COVID-19 (for overseas seafarers)

 (Signature of Applicant above Printed Name)

TO BE ACCOMPLISHED BY ECC:

Recommending the approval of the application for cash assistance in the amount of Php _____.

DR. RAYMOND C. BAÑAGA
 Chief, WCPRD

ATTY. JONATHAN T. VILLASOTO
 Deputy Executive Director

Approved by:

STELLA ZIPAGAN- BANAWIS
 Executive Director



DISABILITY BENEFITS INCOME BENEFITS CLAIM FOR PAYMENT

PART I - EMPLOYEE TO FILL IN ALL ITEMS

EMPLOYEE NAME (Last, First, Middle)			CIVIL STATUS		<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
					<input type="checkbox"/> Single	<input type="checkbox"/> Widow/Widower	
HOME ADDRESS			GSIS POLCY OR BP NUMBER				
DATE OF ORIGINAL APPOINTMENT			GENDER				
			<input type="checkbox"/> Female <input type="checkbox"/> Male				
ACTUAL DUTIES:			DATE OF BIRTH:				
			PLACE OF BIRTH:				
			MONTHLY SALARY:				
			BASIC:				
			ALLOWANCE:				
DEPENDENTS			DATE OF BIRTH		RELATIONSHIP		CERTIFICATION:
							I CERTIFY THAT I USED _____ DAYS OF HOSPITALIZATION AND WAS PAID BY MY EMPLOYER AN AMOUNT OF _____ CHARGEABLE AGAINST MY LEAVE CREDITS.
1.							CLAIMANT'S RIGHT THUMBMARK
2.							
3.							
4.							
5.							
6.							
7.							
8.							
WORKING HOURS:			SIGNATURE OF EMPLOYEE/CLAIMANT (IF UNABLE TO WRITE AFFIX THUMBMARK)				
SPECIFIC PLACE OF WORK:							
Have you received or recovered any amount of damages connected with this claim from third parties. If you, state amount, name and address of such third party							
If no, do you intend to recover any amount or damages from 3 rd person?							
If yes, please state name and address of such 3 rd person							
Have you chosen benefits under other laws?				If yes, what benefit and under what law?			
Have you received benefits thereunder?				How much have you received?			

PART II - EMPLOYER TO FILL IN ALL TIMES

EMPLOYER'S REGISTERED NAME		DATE AND PLACE OF INJURY/SICKNESS/DEATH	
ADDRESS OF EMPLOYEE		TIME:	Was the employee injured in regular occupation?
Nature or kind of Injury / Sickness / Disability / Death (Describe fully how accident happened and what the employee was doing at the time of injury, sickness, disability or death)		CERTIFICATION:	
		I hereby certify that the contingency has been properly recorded in our log book under Entry No. _____ dated _____. I further certify that Mr./Ms./Mrs _____ has not filed any claim under any other benefits for the same injury, disability or death. Should any claim be filed, that office will be informed immediately.	
		SIGNATURE OF AUTHORIZED REPRESENTATIVE	OFFICIAL CAPACITY
Printed Name of Employer's Authorized Representative:			
Has injured stopped working? _____ If so, has he returned to work? _____ When? _____		Amount of salaries paid for the days of absence	Equivalent Number of Days

(If papers submitted are not sufficient, additional documents may still be required)

NOTE: Anyone who falsifies essential information requested by this or a related form may, upon conviction be subject to fine and imprisonment under the law. All data required on this form are necessary for adjudication of the claim. The GSIS will adjudicate any claim where forms are not properly or completely accomplished.

**HOSPITALIZATION CLAIM FOR PAYMENT
EMPLOYEE'S COMPENSATION**

PART I - HOSPITAL TO FILL IN ALL ITEMS

Hospital		Address		PMC NO.	
Patient		Date Admitted	Date Discharged	Date of Death	
Diagnosis		Hospital Charges (Ward Services)		BC	Actual
Final Diagnosis		A. Room Board & Special Charges _____ days at PhP _____			
GSIS No.		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Age	B. Surgical	
Address of Employee		C. Medicines			
Employer		CERTIFICATION I hereby certify that the services claimed are duly recorded in the patient's chart and the information given in this form, including the attached copy of the patient statement of actual charges is correct.			
Address of Employer		Printed Name of Hospital Authorized Representative			
For GSIS Use (Signature Verified by)		Official Capacity			
Remarks		Signature of Authorized representative		Date Signed	

PART II - DOCTOR TO FILL IN ALL ITEMS

DO NOT FILL

Brief Clinical History of the Case <i>(For clarification, use reverse side hereof)</i>			
For services rendered always state the nature of service, surgical operation performed, if any, and date of each		CHARGES	
		EC	Actual
A. Name of Attending Physician/Surgeon		Address	
Signature		PhP	PhP
PMA No.	TIN		
Services Rendered			
B. Name of Attending Physician/Surgeon		Address	
Signature		PhP	PhP
PMA No.	TIN		
Services Rendered			
C. Name of Attending Physician/Surgeon		Address	
Signature		PhP	PhP
PMA No.	TIN		
Services Rendered			

Code No.

MEDICAL EVALUATION REPORT (For GSIS use only)

Nature or Degree of Sickness/Sickness

Noted _____
Signature _____
Designation _____
Date _____

NOTE: Anyone who falsifies essential information requested by this or a related form may, upon conviction be subject to fine and imprisonment under the law. All data required on this form are necessary for adjudication of the claim. The GSIS will adjudicate any claim where forms are not properly or completely accomplished.



**EXCERPTS FROM THE MINUTES OF
THE FIRST (1st) SPECIAL COMMISSION MEETING,
EMPLOYEES' COMPENSATION COMMISSION
SERIES OF 2021**

*Convened Via Zoom On-Line Meeting
Tuesday, 06 April 2021 at 9:00 A.M.*

BOARD RESOLUTION NO. 21-04-14

***Conditions for the Compensability of COVID-19 under the ECC List of
Occupational and Work-Related Disease or Annex A of the
Amended Rules on Employees' Compensation (EC)***

WHEREAS, under P.D. 626, as Amended, the Commission is empowered to exercise quasi-legislative power or semi-rule-making power;

WHEREAS, in the exercise of its quasi-legislative power, the Commission has delegated authority to promulgate rules and regulations on processing of claims and to determine and approve occupational diseases and work-related illness;

WHEREAS, on 16 March 2020, President Rodrigo Duterte issued Proclamation No. 922, series of 2020 declaring a State of Public Health throughout the Philippines due to the Corona Virus Disease 2019 (COVID-19) pandemic;

WHEREAS, in relation to the Proclamation, Republic Act 11469 also known as the *Bayanihan to Heal As One Act* was issued on 23 March 2020 to mitigate if not contain the transmission of COVID-19 and to immediately mobilize assistance in the provision of basic necessities to families and individuals affected by the imposition of Community Quarantine among other urgent needs;

WHEREAS, Administrative Order No. 30 issued by the President on April 21, 2020 further directs all government agencies to formulate and issue rules and guidelines on the grant of any benefit as a temporary emergency measure to respond to the crises brought by the COVID-19 pandemic in order to ease the burden on individuals under community quarantine;

WHEREAS, COVID-19 acquired due to work or the working environment is compensable under the EC program in accordance with the "increased risk theory" which provides that diseases not in the ECC List of Occupational and Work-Related Diseases may be compensable upon showing of proof of work-relatedness of the said disease;

WHEREAS, ECC Board Resolution No. 20-03-07 dated 02 April 2020 on Expediting the Processing of EC Claims of Workers for Diseases Acquired in Line of Duty During Out Breaks, Epidemics and Pandemic which facilitates the processing of EC claims related to COVID-19 submitted to the Systems;

WHEREAS, the Systems issued their respective streamlined processes in compliance to ECC Board Resolution No. 20-03-07, which provided the following basic requirements for application of COVID19- related EC claims:

1. certificate of employment from the employer, indicating last day of reporting to work
2. RT-PCR test result showing positive COVID-19, from any DOH-accredited testing facility
3. medical records, as appropriate
4. application forms

WHEREAS, upon the request of the Employees' Compensation Commission Secretariat, the Occupational Safety and Health Center (OSHC), conducted a study on the possible inclusion of the Corona Virus Disease 2019 (COVID-19) in the List of Occupational and Work-Related Disease under P.D. 626, as Amended, by reviewing local and international studies;

WHEREAS, on 19 January 2021, the OSHC called for a focus group discussion with the Social Security System (SSS), Government Service Insurance System (GSIS), Philippine College of Occupational Medicine (PCOM), Philippine Society for Microbiology and Infectious Diseases, and the Healthcare Alliance Against CoViD-19 (HPAAC) to determine the work relatedness of coronavirus disease 2019 (CoViD-19);

WHEREAS, the conclusions of the OSHC study are as follows:

1. COVID-19 can be a work-related disease based on exposure and work
2. Health Care Workers, non-medical frontliners, & other essential workers are at high risk of getting infected with COVID-19 and
3. COVID-19 can be compensated based on the increased risk theory;

WHEREAS, the study likewise gave the following recommendations:

1. CoViD-19 cases be compensated under the increased risk theory
2. Automatic grant of EC to HCWs classified as confirmed case
3. Compensation may be provided to workers infected thru workplace transmission, workers affected while commuting to and from work and

those who are required to have frequent face-to-face & close proximity interactions with the public such as:

- Other frontliners, *i.e.*, LESU/BHERT staff, screening & contact tracing teams, *etc.*
- Police and military personnel
- Other essential workers, *i.e.*, retail store workers, *etc.*
- Workers infected thru workplace transmission
- Workers affected by CoViD-19 while commuting to & from work

WHEREAS, the study further recommended the following documentary requirements for the application of EC benefits:

- o For HCWs & other essential workers
 - Certificate of Employment with job title, duties & responsibilities, location of work, *etc.*
 - Diagnosis from medical authorities with rt-PCR test result
- o For non-HCWs
 - Submission of evidences of exposure
 - Certification from LESU/BHERT
 - Certification of increased risk (contact tracing & screening report)
 - Medical records, as necessary

WHEREAS, a tripartite meeting was held on February 09, 2021 attended by representatives from the Department of Labor and Employment (DOLE), OSHC, ECC, various labor groups and the employers' group to present the findings of the OSHC study and solicit comments and inputs to the recommended criteria for compensation of COVID-19 under the EC program;

WHEREAS, after deliberating on the matter, the tripartite group gave the following recommendations:

1. Grant EC Benefits to all workers affected with CoViD-19 during this pandemic period;
2. Simplify requirements and filing process for compensation of CoViD-19 cases; and
3. Include CoViD-19 in the ECC List of Occupational and Work-related Diseases.

WHEREAS, Article 173, par. (1) of Presidential Decree 626 or the Employees' Compensation Commission and the State Insurance Fund Law, as amended, partly provides that "... the Commission is empowered to determine and approve occupational diseases and work-related illness that may be considered compensable based on peculiar hazards of employment.";

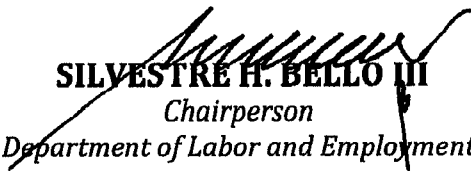
NOW, THEREFORE, ON MOTION DULY MADE AND SECONDED, this Commission **RESOLVES** as it hereby **RESOLVED** to include the conditions for the compensability of CoViD-19 in Annex A, PD No. 626, as amended, as follows:

“Coronavirus disease 2019 (CoViD-19) – clinically diagnosed and consistent with the history, and signs and symptoms of CoViD-19 supported by diagnostic proof to include reverse transcriptase polymerase chain reaction (RT-PCR) test is compensable in any of the following conditions:

- a. “There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g., healthcare workers, screening and contact tracing teams, etc.);
- b. “The tasks assigned to the worker would require frequent face-to-face and close proximity interactions with the public or with confirmed cases for healthcare workers;
- c. “Transmission occurred in the workplace; or
- d. “Transmission occurred while commuting to and from work.”

RESOLVED FINALLY, that upon issuance of the Board Resolution, the same shall take effect fifteen days after its publication in a newspaper of general circulation and a copy of the said Board Resolution be furnished to the Systems for guidance and compliance.

DONE, this 06th of April 2021, in Makati City, Philippines.

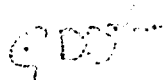

SILVESTRE H. BELLO III
Chairperson
Department of Labor and Employment


AURORA CRUZ IGNACIO
Member
Social Security System

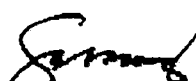

NORA M. MALUBOG
Member-Designate
Government Service Insurance System


CARLITO P. ROBLE
Member
Employees' Sector

VACANT
Member
Employers' Sector



ELI DINO D. SANTOS
Member-Designate
Philippine Health Insurance Corporation



STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission - Secretariat