



SUGAR REGULATORY ADMINISTRATION  
North Avenue, Diliman, Quezon City  
P.O. Box 70, U.P. Diliman, Quezon City  
TIN 000-784-336-000

November 27, 2006

**SPECIAL ORDER NO.** 110  
Series of 2006

**Subject:** Reconstituting the Composition of the Committee  
Members for the SRA Mutual Assistance Program

In order to review the existing guidelines of the SRA Mutual Assistance Program (MAP), the composition of the Committee under Special Order No. 36, series of 2004 for MAP is reconstituted as follows, viz:

**LUIS M. MARAJAS**

**PRISCILA V. MADRID**

**DOLORES R. DELA CRUZ**

**ROSARIO F. MOTUS**


**JEAN NANETTE C. SUMAGAYSAY**

Accordingly, the Committee shall elect among the members a Chairman, who is authorized to enlist the services of any official or employee as may be necessary in the performance of its functions.

Further, the former Members of the Committee are directed to turn over all records of MAP to the new appointed members.

This order shall take effect December 1, 2006.

All other issuances inconsistent with or contrary to this Special Order are revoked, amended or modified accordingly.

  
**JAMES C. LEDESMA**  
Administrator

Tel. 920-2416; 920-4367; 926-1933  
Fax: 920-4325

## REVISED SRA MUTUAL ASSISTANCE PROGRAM

### I. RATIONALE

The **SRA Mutual Assistance Program** is based on the basic assumption that the employees of SRA belongs to one official family and as a tradition among Filipinos, there exist a strong mutuality of filial interest among them. Thus, the fundamental philosophy behind the Mutual Assistance Program is sharing with one another the burden of misfortune, most particularly when death occurs in a family. Death in a family leaves deep emotional wounds that caused sorrow to member/relatives and should somehow be assuaged by the concern and helping hands of others. It is this spiritual bond of brotherhood and magnanimity that this program wish to grow and strengthen among all employees of SRA. This Program includes policies and procedures in availing the benefits of the program and the collection, disbursement, remittance and safekeeping of the contribution for both the Main Office and field offices.

### II. OBJECTIVE

The SRA Mutual Assistance Program (SRAMAP) is created to provide immediate financial assistance to the bereaved family of the deceased member / beneficiaries of SRAMAP.

### III. OUTPUT/BENEFITS

This Program provides financial assistance to the members and/ or bereaved family or designated beneficiaries as indicated in the **SRAMAP Membership and Declaration of Beneficiaries (Form 1)**, copy hereto attached.

**The Benefits** are as follows :

- |  |               |
|--|---------------|
| 1) <b>Death of Member</b>  | - P 50,000.00 |
| 2) Death of member's legal spouse  | - 25,000.00   |
| 3) Death of member's children  | - 15,000.00   |
| 4) Death of parent   | - 15,000.00   |
| 5) <b>Death of non-paying member</b>   | - 10,000.00   |
| 6) Others: Death of beneficiaries (2)<br>designated only by the ff. members:         | - 10,000.00   |
| a) single with parents   |               |
| b) single and orphaned   |               |
| c) married, orphaned and without child   |               |
| d) widow/er and without child  |               |
| e) widow/er, orphaned and without child  |               |
| 7) Exceptional Cases: Death of beneficiary(1)<br>designated only by the ff. members: | - 10,000.00   |
| a) single and orphaned   |               |
| b) married, orphaned and with only one child   |               |

OSD  
10/28/04  
Eced

Yy  
10/28/04

fbw  
11/20/04

Mark  
10/28/04

10/28/04

- c) widow/er, orphaned and without child
- d) married but without child

8) P 2,000.00 worth of flowers or **cash equivalent** for death of active members only.

If there are brother/s and sister/s who are SRA employees and are members of SRAMAP, members shall claim separate assistance in case of death of parents.

If husband and wife are both employees of SRA and SRAMAP members, both members are entitled to claim assistance in case of death of child/ren.

If husband and wife are both employees of SRA and SRAMAP members, the surviving member shall claim the assistance as member-beneficiary and as spouse.

#### IV. METHODOLOGY

##### A. COVERAGE

All SRA officials and employees of permanent status are qualified/ eligible to be members of the SRAMAP.

All qualified SRA officials and employees shall signify their intention to be members of the SRAMAP by accomplishing the revised **SRAMAP Membership and Declaration of Beneficiaries form (FORM I)**. The new form shall also authorize the Accounting Division to deduct the computed amount of assistance as monthly contribution of members to the program.

Upon retirement, resignation or separation, SRA officials and employees may opt to continue their membership by accomplishing the revised form (**FORM 2**) and shall pay an amount of two thousand four hundred pesos (**P2,400.00**) as an initial contribution to the program which shall be deducted from their gratuity/leave credit benefits. If in case there are no more gratuity /leave credit benefits due the employee, contribution shall be paid directly to the Treasury Division.

For SRA retired, resigned or separated paying members, the SRAMAP shall cover the surviving parents and the legal spouse as his/her beneficiary.

For SRA non-paying retired, resigned or separated members, the SRAMAP shall cover only the non-paying member.

CSW  
10/28/04  
2/1/01  
10/28/04  
M  
M  
M

## B. FUNDING

**The total amount of benefits/assistance shall be equally divided among the members of the program every month.**

Payments/assistance shall be collected from SRA employees thru payroll deductions and from the direct payments of active SRA retirees, resigned or separated employees. The HRD Secretariat, the MAP Treasurer and EDP staff shall compute the monthly deduction based on the number of deaths and corresponding assistance and the total number of active members ( SRA employees, retirees, resigned or separated employees ) of the previous month.

**Late payments/contribution shall be charged one percent per month. A retired/resigned or separated paying member is allowed a maximum of six (6) months arrear. If arrears exceeded the maximum, a retired/resigned or separated member shall be automatically classified as a non-paying member.**

The Administrative Office thru its appointed Treasurer/Cashier shall be responsible for the collection, payment and safekeeping of the members' contribution. Said office shall issue to the members a Statement of Contribution and Benefits prepared by the Treasurer/Cashier every six months.

The Negros-Panay SRAMAP Committee member should remit its contribution with corresponding remittance list to Quezon City every month for effective monitoring of the members contribution/status.

## C. AVAILMENT PROCEDURES

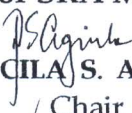
1. Bereaved qualified members/ beneficiaries of the SRAMAP shall file an application to the HRD, Q.C. using attached **Form 3**.
2. Upon recommendation of HRD, the Quezon City Administrative Office shall instruct the Cashier/treasurer of SRAMAP to prepare check payment to the claimant /beneficiary upon receipt of the accomplished voucher.
3. Member/beneficiary shall acknowledge receipt of benefit by signing the attached Acknowledgment Receipt of Form 3.
4. Death certificates shall be submitted to HRD, Q.C. within five (5) working days after interment.


**V. EFFECTIVITY**

The policies and procedures herein prescribed shall start effective November, 2004.

**RECOMMENDING APPROVAL :**

**Committee for SRA Mutual Assistance Program**

  
**PRISCILA S. AGUILAR**  
Chair

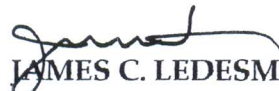
  
**CORAZON S. COLMENARES**  
Member

  
**LINDA M. NEVADO**  
Member

  
**MERCEDITA P. CASTRO**  
Member

  
**EMILIA R. CHU**  
Member

**APPROVED :**

  
**JAMES C. LEDESMA**  
Administrator



REPUBLIC OF THE PHILIPPINES  
**SUGAR REGULATORY ADMINISTRATION**  
 North Avenue, Diliman, Quezon City  
 P.O. Box 70, U.P., Diliman, Quezon City

Form 1

**SRA MUTUAL ASSISTANCE PROGRAM**

**MEMBERSHIP FORM AND DECLARATION OF BENEFICIARIES**  
 For SRA Employees

NAME : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

BENEFICIARIES	NAME	Date of Birth	SRA EMPLOYEE	
			Yes	No
Legal Spouse				
Parents				
Children				
Others: Two (2) Beneficiaries				
Exceptional Cases: One (1) Beneficiary				

I hereby agree to be a member of the **SRA Mutual Assistance Program** and authorize the Accounting Division to deduct from my salaries the monthly contributions therefrom.

\_\_\_\_\_  
 Signature

*S.P.N.*  
*[Signature]*  
*[Signature]*  
*[Signature]*



REPUBLIC OF THE PHILIPPINES  
**SUGAR REGULATORY ADMINISTRATION**  
North Avenue, Diliman, Quezon City  
P.O. Box 70, U.P. Diliman, Quezon City

Form 2

**SRA MUTUAL ASSISTANCE PROGRAM**

**MEMBERSHIP FORM AND DECLARATION OF BENEFICIARIES**  
(For Retired/Resigned/Separated Employees of SRA)

NAME : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone/Cellphone No: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Date of Retirement/Resignation /Separation: \_\_\_\_\_

**BENEFICIARIES:**

Mother's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby agree to continue my membership with the SRA Mutual Assistance Program. I also hereby authorize the Accounting Division to deduct from my gratuity/leave credit benefits the amount of **two thousand four hundred pesos (P 2,400.00)** as my initial contribution to the said program.

\_\_\_\_\_  
Signature

Handwritten notes on the left margin: "es", "aw", "H", "M".



REPUBLIC OF THE PHILIPPINES  
**SUGAR REGULATORY ADMINISTRATION**

North Avenue, Diliman, Quezon City  
P.O. Box 70, U.P. Diliman, Quezon City

**SRA MUTUAL ASSISTANCE PROGRAM**

Form 3

\_\_\_\_\_  
Date

APPLICATION FOR ASSISTANCE/BENEFITS

//	Death of Member -----	P 50,000.00
//	Death of Legal Spouse -----	25,000.00
//	Death of Children -----	15,000.00
//	Death of Parent -----	15,000.00
//	Death of retired/resigned/separated non-paying member -----	10,000.00
//	Others /Exceptional Cases -----	10,000.00

CLAIMED BY:

\_\_\_\_\_  
Name & Signature of  
CLAIMANT

\_\_\_\_\_  
Member

\_\_\_\_\_  
Position/Station

ENDORSED BY:

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Name of Deceased Beneficiary

ORDER OF PAYMENT

\_\_\_\_\_  
Date

TO : THE CASHIER  
SUBJECT : DEATH ASSISTANCE TO:

\_\_\_\_\_  
Member/Claimant

\_\_\_\_\_  
Position/Station

Name of Deceased : \_\_\_\_\_ Relationship: \_\_\_\_\_  
Payment of P \_\_\_\_\_

RECOMMENDED BY:

APPROVED BY:

\_\_\_\_\_  
Chief, Human Resource Division

**AIDA F. IGNACIO**  
Manager III  
Administrative Office

ACKNOWLEDGMENT RECEIPT

\_\_\_\_\_  
Date

To Whom It May Concern:

SRAMAP Death Assistance for the late \_\_\_\_\_  
In the amount of \_\_\_\_\_  
representing full remittance is hereby acknowledged.

PAID BY:

**JOSEFINA E. ZARATAN**  
Treasurer

RECEIVED BY :

\_\_\_\_\_  
Name & Signature of Claimant

*Handwritten notes:*  
286-287  
Gyid  
Jm