



# WORK ORDER

DELIVERY DUE DATE: *One (1) Year*

Procurement Unit  
Telefax No. 045-982-4630

Supplier: **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Work Order No.: **2023-267-A**

Address: Room 308, Timstate Building, 5100 South Super Highway, Marikina, Marikina City

Date: **11/28/2023**

TIN: **004-654-004-000 VAT Reg.**  
Tel. No.: **0916-214-8333/(02)8893-8382**

JO No.: **2023-290**

Date: **10/17/2023**

Mode of Procurement: **Small Value**

Mode of Payment: **M/30**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **One (1) Year** upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency.

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	<b>INSURANCE SERVICES FOR STUDENTS ENROLLED FOR THE S.Y. 2023-2024</b> for 24,955 officially enrolled students <b>Schedule of Insurance Benefits - SY 2023-2024</b> Accidental Death/Disablement - Ps 135,000 Unprovoked Murder and Assault - 135,000 Partial and Total Permanent Disability - 135,000 Burial Assistance Benefit (accidental death) - 25,000 Medical Expenses Reimbursement for accident cases involving unprovoked assault or murder and of similar nature - 20,000 Separate cash assistance for Natural Death including SARS COV-2 - 30,000 Daily Cash Allowance (60 days max. - accident confinement) - 600/day Daily Cash Allowance (60 days max. -sickness confinement) (including SARS-Covid-2 virus, dengue and typhoid fever) 600/day (not congenital) Daily Hospital Income Benefit for the first 10 days of ICU confinement (due to accident in addition to regular daily cash allowance of Ps 600/day) - 600/day Emergency Cash Assistance (due to fire and earthquake student only) 3,500 (one time only) Common Carrier (double indemnity) covered With Motorcycle Coverage-whether a passengers/operator/pillion of any 2,3, or 4 or more wheeled motorized vehicle CGL (Comprehensive General Liability - Combined single limit) (property damage & Bodily Injury within the school premises operations) - 250,000 (aggregate limit)	748,650.00	<b>748,650.00</b>

COMMISSION ON ADOPT-TSU  
**RECEIVED**  
 BY: *[Signature]* DATE: **DEC 06 2023**

(Please read carefully at the back hereof)

Charge to: *01-16441*  
ROA No.: *2023-11-1627*  
CONFORME & RECEIVE COPY:

*[Signature]*  
MS. RUTH C. DARM - Managing Director

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Firm/Dealer/Supplier/Contractor  
November 28, 2023

Date

Bank Account Name: UPRAISE, Inc.

Bank Account Number: 1431-0118-55

Bank Name: BPI

Bank Address: BPI-LAGASPI-GAMBORA BRANCH, MAKATI CITY

FUNDS AVAILABLE:

*[Signature]*  
IASPER A. YAUDER, CPA  
Budget Officer

APPROVED:

*[Signature]*  
DR. GRACIE N. ROSETTE

Vice President for Administration  
Authorized Official



# WORK ORDER

**DELIVERY DUE DATE:** *One year*

Procurement Unit  
Telefax No.: 045-982-4630

Supplier : **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Work Order No.: 2023-267-A

Address : Room 308, Timstate Building, 5438 South Super Highway, Bangkal, Makati City

Date : 11/28/2023

TIN: 004-654-004-000 VAT Reg.

JO No. : 2023-290

Tel. No. : 0916-214-8333/(02)8893-8382

Date : 10/17/2023

Mode of Procurement: Small Value

Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **One (1) Year** upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

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COMMISSION ON ADOPTED TSM  
**RECEIVED**  
 Date: DEC 18 2023

(Please read carefully at the back hereof)

Charge to: *07-206441*  
ROA No.: *2023-12-2809*  
CONFORME & RECEIVE COPY:

FUNDS AVAILABLE:

**UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**  
Firm/Dealer/Supplier/Contractor

JASPER A. YAUDER, CPA  
Budget Officer

Date \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

APPROVED:  
DR. GRACE N. ROSETE  
Vice President for Administration  
Authorized Official



# WORK ORDER

**DELIVERY DUE DATE: one Year**

Procurement Unit

Telefax No: 045-982-4630

Supplier: **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Work Order No.: **2023-267-A**

Address: **Room 309, Timstate Building, 543H South Super Highway, Bangkal, Makati City**

Date: **11/28/2023**

TTN: **004-654-004-000 VAT Reg.**  
Tel. No.: **0916-214-8333/(02)8893-8382**

JO No.: **2023-290**

Date: **10/17/2023**

Mode of Procurement: **Small Value**

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SIR/MADAM:

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		Parent/Guardian Extended Coverage - Parent of the insured Student or whoever is the surviving designated guardian, below 60 years old, free from any congenital and serious physical impairment, is covered in case of accidental death & disablement. - covered (P= 50,000)		
		Hospital and Medical Reimbursement for infectious diseases caused by the SARS-CoV-2 virus, Dengue and Typhoid Fever - 15,000 (one time only)		
		Ambulance Service Assistance with receipt (due to accident) - 3,500 (one time only)		
		Tuition Fee/Miscellaneous Fees Refund -Accidental Death Case of Students) (maximum of 10 students in a year) - 10,000 per students		
		<b>Annual Premium Per Student - P= 30.00</b>		
		<b>Other Features:</b>		
		• Insurance also includes drowning, dog and snake, lightning, earthquake, tidal waves, volcanic eruptions, typhoons, tornadoes, and landslides, and other similar cases		
		• Covers 24 hours/day anywhere in the world whether at home or in school for one whole year, in and out of school attending regular classes or participating in other school activities		
		• While attending classes and on days when school is in session including lunch and recess periods.		
		• While traveling to and from a school: sponsored and supervised social or non social extracurricular activity after school hours or on days when school is not in session.		

COMMISSION ON AUDIT - TSU  
**RECEIVED**  
By: \_\_\_\_\_ Date: **DEC 06, 2023**

(Please read carefully at the back hereof)

Charge to: **01-2044**  
ROA No.: **2023-18-2021**  
CONFORME & RECEIVE COPY.

*[Signature]*  
**MS. RUTH C. DARM - Managing Director**

**UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Firm/Dealer/Supplier/Contractor  
**November 28, 2023**

Date

Bank Account Name **UPRAISE, Inc.**

Bank Account Number: **1431-0118-55**

Bank Name: **BPI**

Bank Address: **BPI-LEGASPI-GAMBOA BRANCH, MAKATI CITY**

FUNDS AVAILABLE:

*[Signature]*  
**JASPER A. TAUDER, CPA**

Budget Officer

APPROVED:

*[Signature]*  
**DR. GRACE M. ROSETE**

Vice President for Administration

Authorized Official



# WORK ORDER

**DELIVERY DUE DATE: One Year**

Procurement Unit  
Telefax No.: 045-982-4630

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Work Order No.: 2023-267-A

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TIN: 004-654-004-000 VAT Reg.

JO No. : 2023-290

Tel. No. : 0916-214-8333/(02)8893-8382

Date : 10/17/2023

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		Tuition Fee/Miscellaneous Fees Refund -Accidental Death Case of Students) (maximum of 10 students in a year) - 10,000 per students		
		<b>Annual Premium Per Student - Ps 30.00</b>		
		<u>Other Features:</u>		
		<ul style="list-style-type: none"> <li>• Insurance also includes drowning, dog and snake, lighting, earthquake, tidal waves, volcanic eruptions, typhoons, tornadoes, and landslides, and other similar cases</li> <li>• Covers 24 hours/day anywhere in the world whether at home or in school for one whole year. In and out of school attending regular classes or participating in other school activities</li> <li>• While attending classes and on days when school is in session including lunch and recess periods.</li> <li>• While traveling to and from a school: sponsored and supervised social on non-social extracurricular activity after school hours or on days when school is not in session.</li> </ul>		

COMMISSION ON AUDIT TSU  
**RECEIVED**  
By: \_\_\_\_\_ Date: 12-01-2023

**(Please read carefully at the back hereof)**

Charge to: 02-Mueller  
ROA No.: 2023-12-2467  
CONFORME & RECEIVE COPY :

**FUNDS AVAILABLE:**

JASPER A. YAUDER, CPA  
Budget Officer

**APPROVED:**

DR. GRACE N. ROSETE  
Vice President for Administration  
Authorized Official

**UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**  
Firm/Dealer/Supplier/Contractor

Date: \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_



# WORK ORDER

**DELIVERY DUE DATE: One Year**

Procurement Unit  
Telefax No. 045-982 4030

Supplier: **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Work Order No.: **2023-267-A**

Address: **RANSA 228, Limstate Building, 5258 South Super Highway, Bangkok, Makati City**

Date: **11/28/2023**

TIN: **004-654-004-000 VAT Reg.**

JO No.: **2023-290**

Tel. No.: **0916-214-8333 / (02)8893-8382**

Date: **10/17/2023**

Mode of Procurement: **Small Value**

Mode of Payment: **N/30**

SIR/MADAM

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST																																
		<ul style="list-style-type: none"> <li>• While participating in a school sponsored activities during or after regular school hours, on or off school premises.</li> <li>• While travelling in public or private conveyance used for air, land and sea travel and;</li> <li>• While travelling as a fare-paying passenger on any commercial scheduled, non-scheduled special or chartered flights.</li> <li>• While attending OST in any part of the world</li> </ul> <p>Accidental Death or Permanent Disablement - pays when injury results in any of the following losses within 180 days from the date of accident:</p> <table border="1"> <thead> <tr> <th></th> <th>% of Principal Sum</th> </tr> </thead> <tbody> <tr><td>1. Loss of life</td><td>100%</td></tr> <tr><td>2. Loss of two limbs</td><td>100%</td></tr> <tr><td>3. Loss of both hands, or all fingers</td><td>100%</td></tr> <tr><td>4. Loss of both feet</td><td>100%</td></tr> <tr><td>5. Total loss of sight of both eyes</td><td>100%</td></tr> <tr><td>6. Injuries resulting in being permanently bedridden</td><td>100%</td></tr> <tr><td>7. Any other injury causing permanent total disablement</td><td>100%</td></tr> <tr><td>8. Loss of arm at above elbow</td><td>70%</td></tr> <tr><td>9. Loss of arm between elbow and wrist</td><td>50%</td></tr> <tr><td>10. Loss of hand</td><td>50%</td></tr> <tr><td>11. Loss of four fingers and thumb of one hand</td><td>42.50%</td></tr> <tr><td>12. Loss four finger</td><td>35%</td></tr> <tr><td>13. Loss of thumb</td><td>15%</td></tr> <tr><td>14. Loss of index finger</td><td>10%</td></tr> <tr><td>15. Loss of middle finger</td><td>6%</td></tr> </tbody> </table>		% of Principal Sum	1. Loss of life	100%	2. Loss of two limbs	100%	3. Loss of both hands, or all fingers	100%	4. Loss of both feet	100%	5. Total loss of sight of both eyes	100%	6. Injuries resulting in being permanently bedridden	100%	7. Any other injury causing permanent total disablement	100%	8. Loss of arm at above elbow	70%	9. Loss of arm between elbow and wrist	50%	10. Loss of hand	50%	11. Loss of four fingers and thumb of one hand	42.50%	12. Loss four finger	35%	13. Loss of thumb	15%	14. Loss of index finger	10%	15. Loss of middle finger	6%		
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COMMISSION ON ADJUT. TSU  
**RECEIVED**  
By: \_\_\_\_\_ Date: **DEC 06 2023**

(Please read carefully at the back hereof)

Charge to: **02 - 2023**  
ROA No.: **2023-12-2023**  
CONFORME & RECEIVE COPY:

*[Signature]*  
**MS. RUTH C. DARM - Managing Director**

**UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Firm/Dealer/Supplier/Contractor  
**November 28, 2023**

Date  
Bank Account Name: **UPRAISE, Inc.**  
Bank Account Number: **1431-0118-55**  
Bank Name: **BPI**  
Bank Address: **BPI-LEGASPI-GAMBON RANCHO, MAKATI CITY**

FUNDS AVAILABLE:  
*[Signature]*  
**JASPER A. TAUDER, CPA**  
Budget Officer

APPROVED:  
*[Signature]*  
**DR. GRACE T. ROSETE**  
Vice President for Administration  
Authorized Official



# WORK ORDER

**DELIVERY DUE DATE:** *One Year*

Procurement Unit  
Telefax No.: 045-982-4630

Supplier : **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Work Order No.: 2023-267-A

Address : Room 308, Timstate Building, 5438 South Super Highway, Bangkal, Makati City

Date : 11/28/2023

TIN: 004-654-004-000 VAT Reg.

JO No. : 2023-290

Tel. No. : 0916-214-8333/(02)8893-8382

Date : 10/17/2023

Mode of Procurement: Small Value

Mode of Payment: N/30

SIR/MADAM:

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST																														
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COMMISSION ON AUDIT - TSU  
**RECEIVED**  
 By: \_\_\_\_\_ Date: DEC 06 2023

(Please read carefully at the back hereof)

Charge to: *01 - 70441*  
ROA No.: *2023-12-1569*  
CONFORME & RECEIVE COPY :

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA  
Budget Officer

**UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**  
Firm/Dealer/Supplier/Contractor

APPROVED:

DR. GRACE N. ROSETE

Date: \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

Vice President for Administration  
Authorized Official



# WORK ORDER

**DELIVERY DUE DATE: one Year**

Procurement Unit  
Teletax No. 043-992-4630

Supplier : **UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**

Work Order No.: 2023-267-A

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TIN: 004-654-004-000 VAT Reg.  
Tel. No. : 0916-214-8333/(02)8893-8382

JO No. : 2023-290  
Date : 10/17/2023

Mode of Procurement: Small Value  
Mode of Payment: N/C

SIN/MAGNUM

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		16. Loss of ring finger	5%	
		17. Loss of little finger	5%	
		18. Loss of metacarpals - first or second (additional)	3%	
		19. Loss of leg above knee	60%	
		20. Loss of leg below knee	40%	
		21. Loss of toes-all of one foot	15%	
		22. Loss of big toe	5%	
		23. Loss of any toe other than big toe, each	1%	
		24. Loss of sight of one eye	50%	
		25. Loss of hearing-one ear	50%	
		Insurance coverage is extended to all personnel (faculty & staff) of TSU regardless of their employment status (excluding Armed Security Guards from an Agency) same as the student's plan/benefits, provided 100% of the enrolled students will be insured.		
		Coverage Extensions: Accidents caused by Acts of Nature, accidental Food Poisoning, accidental Drowning, and All forms of Animal bites.		
		Claims will be settled/paid immediately upon receipt of complete valid requirements.		
		Note: Since our Insurance Provider has no accredited hospitals in Tarlac City, all the enrolled students, faculty and staff of Tarlac State University who will be insured through UPRAISE, Inc. can go to any hospitals available in the Province of Tarlac, for consultation, treatments and confinements, due to a particular accident or sickness/illness. All valid medical expenses incurred can be filed for reimbursement.		
		***** Purpose: <u>insurance group insurance for SY 2023-2024</u>		

COMMISSION ON ADJUT. TSM  
**RECEIVED**  
By: \_\_\_\_\_ Date: DEC 05 2023

Charge to: ST 10-00  
ROA No.: 2023-17-1067  
CONFORME & RECEIVE COPY:

*[Signature]*  
MS. RUTH C. DARM - Managing Director  
UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

FUNDS AVAILABLE:  
*[Signature]*  
JASPER A. VAUDER, CPA  
Budget Officer

Firm/Dealer/Supplier/Contractor  
November 28, 2023  
Date

APPROVED:  
*[Signature]*  
DR. GRACE N. ROSETE  
Vice President for Administration  
Authorized Official

Bank Account Name: UPRAISE, Inc.  
Bank Account Number: 1431-0118-55  
Bank Name: BPI  
Bank Address: BPI-LEGASPI-GAMBODA BRANCH, MAKATI CITY



# WORK ORDER

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		18. Loss of metacarpals - first or second (additional)	3%	
		19. Loss of leg above knee	60%	
		20. Loss of leg below knee	40%	
		21. Loss of toes-all of one foot	15%	
		22. Loss of big toe	5%	
		23. Loss of any toe other than big toe, each	1%	
		24. Lose of sight of one eye	50%	
		25. Loss of hearing-one ear	50%	
		Insurance coverage is extended to all personnel (faculty & staff) of TSU regardless of their employment status (excluding hired Security Guards from an Agency) same as the student's plan/benefits, provided 100% of the enrolled students will be insured. Coverage Extensions: Accidents caused by Acts of Nature, accidental Food Poisoning, accidental Drowning, and All forms of Animal bites Claims will be settled/paid immediately upon receipt of complete valid requirements Note: Since our Insurance Provider has no accredited hospitals in Tarlac City, all the enrolled students, faculty and staff of Tarlac State University who will be insured through UPRAISE, Inc. can go to any hospitals available in the Province of Tarlac, for consultation, treatments and confinements, due to a particular accident or sickness/illness. All valid medical expenses incurred can be filed for reimbursement.		
		***** Purpose: Accidental group insurance for S.Y. 2023-2024		

COMMISSION ON AID - TSU  
**RECEIVED**  
Date: DEC 06 2023

**(Please read carefully at the back hereof)**

Charge to: 02-100441  
ROA No. : 117-12-1867  
CONFORME & RECEIVE COPY :

**FUNDS AVAILABLE:**  
JASPER A. YAUDER, CPA  
Budget Officer

**UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.**  
Firm/Dealer/Supplier/Contractor

**APPROVED:**  
DR. GRACE M. ROSETE  
Vice President for Administration  
Authorized Official

Date \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_