



HPP EMPLOYEES MULTIPURPOSE COOPERATIVE  
Damayan Fund Claim Form

Please drop accomplished form in the drop box at the HPPEMC office at 11F IPC (behind the Reception Area). You may also scan and email an advance copy to admin@hpp.coop for faster processing but original is needed when claiming check.

Date: \_\_\_\_\_  
Member Name: \_\_\_\_\_  
Member ID: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Personal Email: \_\_\_\_\_

Name of Deceased:	_____
Relationship of Deceased to Member:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother <input type="checkbox"/> Sister
Attachments:	<input type="checkbox"/> Certified photocopy of Death Certificate <input type="checkbox"/> Birth Certificate of Coop Member (if claim is for deceased parent) <input type="checkbox"/> Birth Certificate of dependent (if claim is for deceased child) <input type="checkbox"/> Marriage Contract (if claim is for deceased spouse)

\_\_\_\_\_  
Signature over Printed Name      Date  
Member

FOR HPPEMC USE ONLY

Member Credit Standing:	<input type="checkbox"/> Member in Good Standing <input type="checkbox"/> Member in Bad Standing	Member since: _____
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Remarks: \_\_\_\_\_

Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_

\_\_\_\_\_  
HPPEMC Admin

\_\_\_\_\_  
Director