EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
VELVYSLANECTVÍ FILIPÍNSKÉ REPUBLIKY
PRAGUE

PUBLIC ADVISORY No. 05-2021

On the Financial Assistance for COVID-19-infected OWWA Member-OFWs

The Filipino Community in the Czech Republic is informed that the Philippine Overseas Labor Office (POLO) in Geneva announced that Filipino workers who are members of the Overseas Workers Welfare Administration (OWWA), active or inactive, and who have been infected with COVID-19 can avail themselves of a one-time financial cash assistance by submitting the following requirements to **owwafacovid@gmail.com:**

a) Duly Accomplished OWWA Claim Form;
b) Copy of Valid Passport;
c) Medical Certificate or Laboratory Test Showing Covid-19 Results; and
d) Proof of OWWA membership.

Further questions on coverage, eligibility, and application requirements must be directly sent to POLO-Geneva at **polo_geneva@dole.gov.ph.**

Thank you.

OMBRA T. JAINAL
Ambassador

20 February 2021

PHILIPPINE OVERSEAS LA BOR OFFICE - BERLIN
Overseas Workers Welfare Administration
WELFARE ASSISTANCE PROGRAM (WAP)
AFTER-CARE NEEDS ASSISTANCE FOR COVID-19

CLAIM FORM

MEMBER'S DATA

Name: _____ _____ _____ _____
(Last Name) (First Name) (Middle Name) (Suffix)

Age: _____ Date of Birth: _____ Sex: _____ Civil Status _____

Coontact Number : _____ Status of Membership: Active: _____ Inactive: _____

Occupation: _____ City, State: _____ Type of illnes: _____
Employer/Principal: _____
Address: _____

Foreign Placement Agency: _____
Philippine Agency _____

CLAIMANT'S DATA

Name: _____ _____ _____ _____
(Last Name) (First Name) (Middle Name) (Suffix)

Age: _____ Date of Birth: _____ Sex: _____ Civil Status _____

Coontact Number : _____ Status of Membership: Active: _____ Inactive: _____

Occupation: _____ City, State _____ Type of illnes: _____
Employer/Principal: _____
Address: _____

Documents Submited (check box)

1. Passport ☐
2. Medical Certificate or Laboratory Test, with Covid-19 (+) result ☐
3. Bank Account :
   Account Name: _____
   IBAN Number: _____
   Name of Bank _____

_____ _____
Signature over Printed Name of Member/Claimant **Date**

APPROVED FOR PAYMENT:

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