



COOPERATIVE ALLIANCE FOR RESPONSIVE ENDEAVOR MUTUAL BENEFIT ASSOCIATION, INC.

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AMENDED IMPLEMENTING RULES AND REGULATIONS OF CARE MBA'S BASIC LIFE INSURANCE PLAN (BLIP)

A. BENEFITS

Cooperative Alliance for Responsive Endeavor Mutual Benefit Association, Inc. (CARE MBA) shall pay the benefits of the Certificate of Membership to its member or his/her beneficiary in accordance with the following schedule (amounts in Philippine Peso):

CARE MBA TABLE OF BENEFITS			
LENGTH OF MEMBERSHIP	CAUSE OF DEATH OR TOTAL AND PERMANENT DISABILITY (TPD)	MEMBER	LEGAL DEPENDENTS (Death Benefit only)
LESS THAN 6 MONTHS	DUE TO NATURAL CAUSE	2,500.00	None
	DUE TO ACCIDENT	10,000.00	5,000.00
6 MONTHS OR MORE BUT LESS THAN 12 MONTHS	DUE TO NATURAL CAUSE	5,000.00	2,500.00
	DUE TO ACCIDENT	10,000.00	5,000.00
12 MONTHS OR MORE BUT LESS THAN 24 MONTHS	DUE TO NATURAL CAUSE	15,000.00	7,500.00
	DUE TO ACCIDENT	30,000.00	15,000.00
24 MONTHS OR MORE	DUE TO NATURAL CAUSE	30,000.00	15,000.00
	DUE TO ACCIDENT	60,000.00	30,000.00

1. Loss Within First Six (6) Months of Membership

For Loss occurring within the first six (6) months of membership or within six (6) months from the date of last reinstatement, CARE MBA's liability is limited to TWO THOUSAND FIVE HUNDRED PESOS ONLY (PHP2,500.00) in case of member's death due to natural cause or total and permanent disability or TEN THOUSAND PESOS ONLY (PHP10,000.00) in case of member's death due to accident. CARE MBA will not be liable to pay any benefits upon the death of legal dependents within six (6) months from the date of membership or date of last reinstatement. However, when the death is due to accident, CARE MBA's liability is limited to (PHP 5,000.00).

2. Natural Death Benefit

Natural death is defined as a loss of life resulting from natural cause such as, but not limited to, sickness, disease, or bacterial and viral infection.

- Upon death of the member, due to natural causes, the designated beneficiary/ies shall be indemnified in accordance with CARE MBA Table of Benefits.
- Upon death of member's legal dependents, due natural causes, the member shall be indemnified in accordance with CARE MBA Table of Benefits.

It is understood that upon death of the member due to natural causes his/her Certificate of Membership is automatically terminated.



3. Accidental Death Benefit

Accidental death is defined as a loss of life resulting directly, independently and exclusively of all other causes, of bodily injury effected solely by external, violent and accidental means of which, except in the case of drowning or if internal injury revealed by an autopsy, there is evidence of a visible contusion or wound on the exterior of the body occurring within one hundred eighty (180) days from date of such injury.

- a. Accidental death benefit shall not be payable if the death results from any one of the following causes:
 - Bodily or mental infirmity or disease of any kind;
 - Self-destruction or self-inflicted injuries, or any attempted suicide regardless of the person's state of mind at the time the incident occurs;
 - Murder or provoked assault;
 - Driving any vehicle while under the influence of alcohol; driving without a driver's license; the driver is a minor or while racing on wheels;
 - Any injuries received while on police duty in any armed forces organization or civilian defense or local police forces;
 - In any brawl, riot, civil commotion, insurrection or war or any related incident;
 - Flying, other than while travelling as a fare-paying passenger on a licensed aircraft;
 - While travelling in any form of underwater transportation, except as a fare-paying passenger or while engaging in any underwater operation but not limited to scuba diving ;
 - In the commission or attempted commission of a felony; and
 - Drug addiction and alcoholism.
- b. Upon death of the member due to accident, the beneficiary/ies will be indemnified an amount in accordance with benefits shown in CARE MBA Table of Benefits.
- c. Upon death of the member's legal dependents due to accident, the member will be indemnified an amount in accordance with CARE MBA Table of Benefits.

It shall be understood that upon death of the member due to accident, his/her Certificate of Membership is automatically terminated.

4. Total and Permanent Disability (TPD) Benefit

Total and Permanent Disability (TPD) shall mean disability caused by bodily injury or disease which prevents the member from engaging in any activity and must continue uninterruptedly for at least six (6) months.

Upon total and permanent disability of the member, the member or his/her designated beneficiary/ies will be indemnified in accordance with the schedule of benefits specified in CARE MBA Table of Benefits.

It is understood that upon full payment of the member's total and permanent disability benefit, his/her Certificate of Membership shall be automatically terminated. Hence, once the total and permanent disability benefit has been paid, no more benefits are payable in case of the member's subsequent death.

There are two types of TPD coverage:

- a. Total and Permanent Disability with dismemberment – If a member suffers a loss of both arms, or both legs, of one arm and one leg, or of both eyes, he/she shall be considered as totally and permanently disabled. Loss of both arms and both legs shall mean dismemberment by amputation of the entire hand or foot; with respect to eyes, entire and irrecoverable loss of sight.
- b. Total and Permanent Disability without dismemberment – If a member becomes sick or meets an accident without dismemberment resulting to complete inability to engage in any gainful employment and becomes bedridden, he/she can be considered as totally



and permanently disabled if after six (6) months the health condition has not improved as confirmed by a licensed doctor.

Within six (6) months after filing the claim, the member must continue paying his/her weekly membership due to CARE MBA. Upon his/her total and permanent disability, the total membership due collected from him/her after filing the total and permanent disability claim shall be refunded.

5. Living Benefit (Member's Equity Value)

A member shall be entitled to an Equity Value equal to at least FIFTY PER CENTUM (50%) of his/her total contributions paid. Interest shall be credited to the Equity Value annually at a rate to be determined by the Board of Trustees, but in no case less than the prevailing savings deposit interest rate of the top three (3) commercial banks. The Equity Value, inclusive of interest thereon, is payable upon termination of his/her membership from CARE MBA including death and TPD.

Upon reaching the termination age of sixty-six (66), the member shall be entitled to payment of the Equity Value. For unclaimed Equity Value after reaching sixty-six (66), interest shall be credited to the Equity Value annually at a rate to be determined by the Board of Trustees but in no case less than the prevailing savings deposit interest rate of the top three (3) commercial banks.

B. MAXIMUM BENEFIT

The maximum amount of guaranteed benefits for each Certificate of Membership issued shall not be more than one thousand (1,000) times the current daily minimum wage rate for non-agricultural workers in Metro Manila.

C. MAXIMUM CONTRIBUTION

The maximum amount of contribution computed on a daily basis shall not exceed seven and a half percent (7.5%) of the current daily minimum wage rate for non-agricultural workers in Metro Manila.

D. ELIGIBILITY FOR MEMBERSHIP

1. Applicants must be at least eighteen (18) years old but not more than sixty-five (65) years old as of the enrollment date. Only those applicants who can meet all of the requirements stated on the prescribed application form shall be eligible for membership.
2. Members rolling over from the prior insurance plan shall have their length of membership therein count towards meeting the requirement for full benefits as shown in the Table of Benefits. However, in the case of the Equity Value, all members, including those rolling over from the prior insurance plan, shall start with no Equity Value whatsoever.
3. Any willful misstatement of age in the application that would render a person eligible for coverage when he/she would otherwise be ineligible shall be sufficient cause for the cancellation of one's membership in the CARE MBA at any time such misstatement is known. CARE MBA will only refund all contributions paid by the said member without interest.
4. In case of multiple overlapping applications for membership, only the initial application shall be considered valid. Upon discovery of multiple memberships of one person, the additional certificates of membership shall be automatically cancelled and the contributions for these overlapping memberships shall be refunded. In case of multiple claims for a single event by one member, benefits will be paid only once as defined and due under the initial membership.

E. MEMBER'S LEGAL DEPENDENTS

1. If a member is married or has a common law partner, his/her legal dependents are:
 - a. Legal spouse at least 18 years old but not more than 65, or common law partner at least 18 years old but not more than 65, given that they have been living together as husband and wife for at least five (5) years without any legal impediments to enter into marriage;



- b. Two (2) single, biological or legally adopted children, at least two (2) weeks old but not more than twenty-one (21) years old or biological children over twenty-one (21) years old, single, with congenital disability, incapacitated to work and chiefly dependent on support. Children to be listed as dependents should be in accordance with birth order (eldest to youngest)
2. If a member is unmarried (single) without biological children, his/her legal dependents are his/her biological parents less than sixty-five (65) years old.
3. If a member is single (unmarried) but with children, his/her legal dependents are:
 - a. Two (2) single, biological or legally adopted children, at least two (2) weeks old but not more than twenty-one (21) years old or biological children over twenty-one (21) years old, single, with congenital disability, incapacitated to work and chiefly dependent on support. Children to be listed as dependents should be in accordance with birth order (eldest to youngest)

F. BENEFICIARY

1. In case of death of the member, the primary beneficiary listed in the application form shall receive the benefits. However, in case the primary beneficiary predeceased the member, the secondary beneficiary shall receive the benefits. In case of TPD of the member or death of his/her dependents, the member shall receive the benefits.
2. The right to change the beneficiaries is reserved to every member of CARE MBA, who may, at any time, designate a new beneficiary/ies. Such request for change must be in writing signed by the member and submitted to CARE MBA office or authorized collection centers.
3. Only those listed as beneficiaries on the membership application form have the right to receive the benefits. When a member dies without any designated beneficiaries, the benefits shall be awarded to the legal heirs according to existing laws.

G. SUICIDE

CARE MBA will not be liable if the member and/or his/her legal dependent dies by suicide within one (1) year after the effective date or date of last reinstatement of the Certificate of Membership, provided, however, that suicide committed in a state of insanity will be compensable regardless of the date of commission. Where suicide is not compensable, CARE MBA's liability shall be limited to the return of all contributions paid by the said member without interest.

H. FEES AND CONTRIBUTIONS

1. Members shall be charged TWENTY PESOS (PhP20.00) contribution per week or may opt to pay monthly at EIGHTY PESOS (PhP80.00) or its equivalent for other modes of payment for benefits described the CARE MBA Table of Benefits.
2. Members shall be charged a one-time ONE HUNDRED FIFTY PESOS (PhP150.00) application/membership fee in order to cover the expenses incurred in processing the application. The membership fee is not refundable.
3. The fees and contributions may be adjusted by the Board of Trustees as may be necessary to maintain the funds of CARE MBA at a level adequate to meet its benefit obligations or commitments under the Implementing Rules and Regulations. Any change in the contribution or fee is subject to approval by the Insurance Commission.
4. Contributions may be paid by direct remittance to the CARE MBA Office or designated authorized collection centers either by fund transfer, check payment or in cash. If paid by fund transfer or check, contributions are considered paid on the date of deposit and if paid in cash, the date of receipt in the CARE MBA office or authorized collection center.
5. Payments and/or instruments for payment of the weekly contributions made and executed not in accordance with the Implementing Rules and Regulations of the CARE MBA shall not be accepted and if inadvertently accepted shall be considered null and void and will be refunded without interest.



I. Fund Management

CARE MBA shall disaggregate the contribution from the member and administer them into five (5) separate and distinct funds, namely:

a. Benefit Fund

The Benefit Fund shall not exceed THIRTY PER CENTUM (30%) of the contribution. It shall cover all the contractual benefits like death or total and permanent disability, where applicable.

b. Equity Value Fund

The Equity Value Fund representing FIFTY PER CENTUM (50%) of the contribution shall support the Equity Value or termination value and any other promised accrued interest earnings on the Equity Value.

c. Guaranty Fund

The Guaranty Fund comprising FIVE PER CENTUM (5%) of the contribution shall ensure the timely and proper payment of annual contribution to the Guaranty Fund as mandated by the Insurance Commission. If the Guaranty Fund has been fully complied with as required by law, the allocation for the guaranty fund shall be utilized to increase the member's benefits or reduce the contribution or may be lumped under the General Expense Fund.

d. General Expense Fund

The General Expense Fund shall not exceed FIFTEEN PER CENTUM (15%) of the contribution. It shall finance the general and operating expenses in administering the Implementing Rules and Regulations.

e. Investment Income Fund

The Investment Income Fund shall consist of all interest income or capital gains net of investment expenses derived from prudent fund management of excess of contributions over disbursements. CARE MBA shall develop an investment plan guided by the standards for managing and investing fiduciary funds and adhering to the principles of prudent man's rule. The Investment Income Fund may be distributed to the Equity Value Fund and the General Expense Fund. However, the allocation must first satisfy the minimum interest that must be credited to the Equity Value Fund before any allocation to the General Expense Fund may be made.

J. EFFECTIVITY

1. Membership in CARE MBA shall take effect immediately upon payment of the first contribution and approval of the application for membership by the Board of Trustees or the official so delegated by the Board.
2. A Certificate of Membership containing the date of effectivity of membership and a summary of benefits and excerpts of this Implementing Rules and Regulations of CARE MBA shall be issued to each and every member upon approval of the application for membership.

K. GRACE PERIOD

1. Any member who fails to pay his/her contribution shall be given a grace period of forty-five (45) days, after the payment of the first contribution.
2. In case of death or TPD of the member or death of the legal dependent during the grace period, the balance of the contribution in arrears shall automatically be deducted from the benefits payable.
3. If after the forty-five (45) days grace period no contribution payments are received by CARE MBA, the membership shall lapse and in the event of death or total and permanent disability of the member or death of the legal dependent, no benefit will accrue to the beneficiaries of the deceased member or to the member other than Equity Value, if any.



L. INCONTESTABILITY

Except for non-payment of contributions or any other grounds recognized by law and jurisprudence, CARE MBA cannot contest the Certificate of Membership after it has been in-force for one (1) year from the Certificate of Membership effective date or date of last reinstatement.

M. TERMINATION OF COVERAGE

The benefits of the member under the Certificate of Membership shall automatically terminate under the following conditions, whichever comes first:

- a. Upon death or total and permanent disability of the member;
- b. Upon resignation from CARE MBA;
- c. Upon expiration of the grace period if no payment is received;
- d. Upon withdrawal of the Equity Value on the Certificate of Membership;
- e. If the member is terminated with cause by CARE MBA;
- f. Upon reaching the exit/termination age of sixty-six (66).

The dependent's coverage terminates upon the termination of the member's coverage. Termination of coverage shall be without prejudice to any claim arising prior to such termination.

N. REINSTATEMENT OF MEMBERSHIP AND COVERAGE

1. When insurance coverage terminates by reason of non-payment of contribution, the member may apply for reinstatement within a period of three (3) years from the date of lapse. After the three-year period, the membership will be terminated.
2. Membership may be reinstated provided the Equity Value has not been paid, the member is in good health and fulfills all of the requirements as stated in the Reinstatement Declaration form. The reinstatement shall take effect upon payment of the required weekly contributions in arrears with interest at the rate of five percent (5%) per annum.
3. If the member cannot afford to pay all the contributions in arrears, he/she may pay only one weekly contribution and his/her membership will be reactivated. However, the length of period wherein the membership was discontinued and in arrears, will not be included in the computation of the effective number of years of membership, in the determination of the Equity Value and benefit payments.

O. VOLUNTARILY RESIGNED MEMBERS RE-APPLYING FOR NEW MEMBERSHIP

Members that have formally resigned their Certificate of Membership and have received their Equity Value and then re-apply for new membership shall be considered as new members. In such a case, the previously accrued membership term and benefits may not be carried over towards credit in the new Certificate of Membership.

P. NOTICE AND PROOF OF CLAIM

1. When a member dies or meets an accident and gets disabled or upon the death of the member's legal dependents, the member or the beneficiary whichever is applicable shall notify the Benefits Executive Committee through the Coordinator to which said member belongs, stating the following details:
 - a. full name and address of the deceased or disabled,
 - b. the cause of death or total and permanent disability,
 - c. the date of death or total and permanent disability,
 - d. the address and full name(s) of the beneficiary/ies.
2. The claim for benefits should be filed within six (6) months after death or total and permanent disability with any CARE MBA office.
3. The benefits under this insurance plan shall be paid to the member/beneficiary within ten (10) working days upon submission of complete documents which includes proof of death or total and permanent disability. However, for disability without dismemberment, benefits shall be paid after six (6) months waiting period as described under the total and permanent disability benefit.



4. Competent evidence of identity of beneficiary includes the following but is not limited to:
- SSS ID
 - GSIS ID
 - Driver's License
 - Comelec Voter's ID
 - Postal ID
 - BIR TIN

Cedula or CTC is not acceptable as competent evidence of identity.

If the claimant cannot produce any of the evidences of identity enumerated above, a barangay certification and CARE MBA center resolution to the effect that he/she is the beneficiary or dependent of the member concerned would be sufficient.

5. The Member's Equity Value shall be paid upon presentation of the member's birth certificate to prove that he/she has attained the exit age of sixty-six (66).
6. Failure to give notice and proof as required, will not invalidate nor diminish the claim if it is shown not to have been reasonably possible to give such notice or proof and that such was given as soon as was reasonably possible.

Q. ASSIGNMENT

CARE MBA will not be bound by any assignment of Certificate of Membership under this Implementing Rules and Regulations (IRR), unless a copy of the assignment and the written consent of every assignee, or other similarly affected person, if any, are filed at the CARE MBA Head Office and duly endorsed on the Certificate of Membership. CARE MBA assumes no responsibility for the effect, sufficiency or validity of any assignment.

R. NON-TRANSFERABILITY CLAUSE

The Certificate of Membership is not transferable.

S. BENEFITS EXECUTIVE COMMITTEE

1. A Benefits Executive Committee (BEC) composed of five (5) members shall be the body to recommend the payment of benefit claims. No action of the Committee shall be valid unless it is a decision of the majority. A majority constitutes at least three (3) members of the BEC. Whatever the decision that the BEC may have made, the CARE MBA claims staff must validate the Notice of Death or Total and Permanent Disability Form, where applicable.
2. All the necessary forms and documents should be submitted to CARE MBA office together with the recommendation of the BEC and CARE MBA claims staff for proper action. The BEC shall likewise recommend the release of benefits and furthermore cause the release of the benefits to the beneficiaries upon approval. In case of indecision, the result of the evaluation of cases and recommendation must be submitted to CARE MBA Head Office for the decision of the CARE MBA President. However, if the CARE MBA President cannot make a decision, the case shall be referred to the Board of Trustees for final decision.

T. ADMINISTRATION

1. The CARE MBA shall adopt a prudent cash management program to invest profitably all cash in excess of current disbursements.
2. The CARE MBA shall set up each year sufficient reserves for the payment of claims and other obligations in accordance with actuarial procedures approved by the Insurance Commission and per the recommended calculations and procedures specified by Consulting Actuary. If the reserves become impaired, the Board of Trustees shall require all members to pay CARE MBA the amount of the member's equitable proportion of such deficiency as ascertained by the Board of Trustees. If the payment is not made, it shall stand as an indebtedness against the members and draw interest not to exceed five per centum (5%) per annum compounded annually.

3. The CARE MBA shall adopt a complete statistical program to gather and analyze all information related to this Implementing Rules and Regulations. The information should be collated and submitted annually to the consulting actuary for his/her analysis and evaluation so he/she can provide sound advice to the Board on matters pertaining to the solvency of the Fund.

U. WAIVER OF ARTICLE 1250 OF THE CIVIL CODE

It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines which reads:

“In case of extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment...”

shall not apply in determining the extent of the liability under the provisions of the Certificate of Membership.

V. PENAL PROVISION

Any member of CARE MBA, who through malfeasance, misfeasance, or non-feasance allows a spurious claim to be paid, including the claimant, will be punished accordingly to whatever penalty the Board of Trustees may so decide and the amount of indemnity paid must be refunded to CARE MBA.

W. DISPUTE RESOLUTION

Disputes related to microinsurance contract shall be settled initially through alternative dispute resolution mechanisms.

X. LIMITATION OF COMPLAINTS

Any complaint or grievance on the plan must be filed with the proper authorities within six (6) years from the time of rejection or denial of the claim. The venue for the complaints and grievances on the plan must not be limited to the place of issue of the contract.

Y. AMENDMENTS TO IMPLEMENTING RULES AND REGULATIONS

Any amendment/s made to this Implementing Rules and Regulations is/are subject to approval by the Insurance Commission.

Z. AVAILABILITY OF IMPLEMENTING RULES AND REGULATIONS

This Implementing Rules and Regulations of CARE MBA embodies the terms and conditions of the benefits described above. A copy of the Implementing Rules and Regulations is kept in the main office of CARE MBA and is available to the member for inspection during its regular office hours.

BASIC GOLDEN LIFE INSURANCE PLAN

1. Upon termination of membership in BLIP on account of attainment of age sixty-six (66), the members at their option may be insured under the Basic Golden Life Insurance Plan (Basic GLIP) without evidence of insurability provided the member satisfies the following conditions:
 - a. *the coverage under BLIP has been uninterrupted for a minimum of five (5) years prior to attainment of age sixty-six (66);*
 - b. *the member has accomplished and submitted the prescribed application form, and has paid the required contribution for the Basic GLIP coverage within forty-five (45) days after the member's attainment of age sixty-six (66).*

However, if the member dies within forty-five (45) days after the exit age of sixty-six (66), the death benefit under BLIP is payable to the member's beneficiary provided that the member has filed an application for Basic GLIP.

2. The members from BLIP continuing under the Basic GLIP shall no longer be covered by waiting period.



3. Basic GLIP is a single-pay whole life insurance coverage, with the benefit amount equal to ONE THOUSAND PESOS (PHP 1,000) and a return of Equity Value equal to FIFTY PER CENTUM (50%) of the required contribution. Members are required to pay a one-time contribution of NINE HUNDRED FIFTY PESOS (PHP 950) to ensure coverage under the Basic GLIP.
4. A member shall be given a *Certificate of Membership* that contains the salient features of the Basic GLIP coverage. Moreover, the *Certificate of Membership* shall remain in-force until age ONE HUNDRED (100) YEARS OLD at which time the accumulated Cash Value including Equity Value becomes payable and the insurance coverage is terminated, as seen on Annex 1.
5. At any time after Certificate of Membership has acquired a Cash Value, the member may surrender the Certificate of Membership for its Cash Value and Equity Value as indicated in Annex 1
6. In case of death of the member, the designated beneficiary/ies shall be indemnified with the benefit amount equal to ONE THOUSAND PESOS (PHP 1,000) and a return of Equity Value equal to FIFTY PER CENTUM (50%) of the required contribution. However, the total amount of the Cash Value and Equity Value as indicated in Annex 1 under the Basic GLIP shall no longer be disbursed to the designated beneficiary/ies.
7. The benefits of the member under the Certificate of Membership shall automatically terminate under the following conditions, whichever comes first:
 - a) Upon death of the member;
 - b) Upon resignation from CARE MBA;
 - c) Upon surrender of the Certificate of Membership for its Cash Value and Equity Value
 - d) Upon reaching the exit/termination age of one hundred (100) years old.
 - e) Upon termination with cause from CARE MBA

Termination of coverage shall be without prejudice to any claim arising prior to such termination.

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over mutual benefit associations and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with the telephone numbers +632-5238461 to 70 and with email address publicassistance@insurance.gov.ph. The Official website of the Insurance Commission is <https://www.insurance.gov.ph>



Annex 1

Golden Life Insurance Plan (Basic Coverage)

CARE MBA

Table of Cash Values

Issue Age: 66
 Annual Gross Premium: 950.00
 Single Pay
 Death Benefit (Face amount) including equity value: 1,475.00

Age	Policy Year	Cash Surrender Value including Equity Value
67	1	727.21
68	2	837.53
69	3	857.00
70	4	973.85
71	5	995.41
72	6	1,016.84
73	7	1,038.05
74	8	1,058.97
75	9	1,079.50
76	10	1,099.58
77	11	1,119.11
78	12	1,138.05
79	13	1,156.31
80	14	1,173.75
81	15	1,190.16
82	16	1,205.25
83	17	1,219.09
84	18	1,232.27
85	19	1,244.73
86	20	1,256.49
87	21	1,267.61
88	22	1,278.22
89	23	1,288.49
90	24	1,298.59
91	25	1,308.76
92	26	1,319.28
93	27	1,330.47
94	28	1,342.77
95	29	1,356.47
96	30	1,371.72
97	31	1,388.34
98	32	1,405.55
99	33	1,421.40
100	34	1,475.00

**Amounts in Philippine Peso*