

EMERGENCY AID (EMAID) FORM

This is to certify that I voluntarily enrolled as a member of Emergency (Death) Aid Fund.

Name of Member: _____

Start of Employment at XU: _____

Department: _____

Date of Birth: _____ Age: _____

Father : _____ Date of Birth: _____

Mother: _____ Date of Birth: _____

Husband/Wife: _____ Date of Birth: _____

	Children's Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Signed this _____ day of _____.

Signature

Membership fee: Php250.00 for old XU employee
Php 50.00 for newly hired employee
(Please pay to Finance Office.)

Finance Office _____ *OR No.* _____

cc: HRO, Finance.