



**Annex E: List of Documentary Requirements when filing for a Claim for the COVID-19 Vaccine Injury Compensation Package**

Type of Claim	Documentary Requirements	
	Mandatory	Conditional
<b>Hospitalization</b>	<ol style="list-style-type: none"> <li>1. Proof of COVID-19 Vaccination (i.e., vaccine card or slip)</li> <li>2. Vaccine Injury Claim Form (AnnexD)</li> <li>3. Vaccine Injury Assessment Survey (Annex F)</li> <li>4. Statement of Account (SOA) per admission</li> <li>5. Medical Certificate</li> <li>6. Official Receipt (indicating deductions from PhilHealth benefits, private insurers, and/or HMOs, and Out-of- Pocket payments for hospital bills.)</li> </ol>	<p>If the principal and beneficiary is not registered to PhilHealth:</p> <ol style="list-style-type: none"> <li>1. duly filled-out PhilHealth Member Registration Form (PMRF) (Annex G)</li> </ol> <p>If the claim is filed on behalf of the principal:</p> <ol style="list-style-type: none"> <li>1. CTC of Marriage Certificate (if claimant is the spouse)</li> <li>2. CTC of Birth Certificate of Beneficiary/Claimant (if claimant is the principal's children)</li> <li>3. CTC of Birth Certificate of the Principal (if claimant is the principal's parent or siblings)</li> <li>4. CTC of Birth Certificate of claimant/beneficiary (if claimant is the principal's siblings)</li> <li>5. Special Power of Attorney (SPA) signed by the principal</li> </ol> <p>If there is a need for additional evidence:</p> <ol style="list-style-type: none"> <li>1. Consent form authorizing autopsy</li> <li>2. Autopsy report (if available)</li> <li>3. Others</li> </ol>
<b>Permanent Disability</b>	<ol style="list-style-type: none"> <li>1. Proof of COVID-19 Vaccination (i.e., vaccine card or slip)</li> <li>2. Vaccine Injury Claim Form (AnnexD)</li> <li>3. Medical Certificate</li> <li>4. Vaccine Injury Assessment Survey (Annex F)</li> <li>5. Other documents that may be required to support the disability claim which can include a physical examination report describing the disabling manifestation and signed by a duly licensed physician.</li> </ol>	
<b>Death</b>	<ol style="list-style-type: none"> <li>1. Proof of COVID-19 Vaccination (i.e., vaccine card or slip)</li> <li>2. Vaccine Injury Claim Form (AnnexD)</li> <li>3. Vaccine Injury Assessment Survey (Annex F)</li> <li>4. Certified True Copy (CTC) of the principal's Death Certificate.</li> </ol>	

