

Policy Manual



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|----------------|------------------------------------|----------------|--------|
| Division | Human Resource Management Division | Reference No. | |
| Department | Employee Rewards & Services | | |
| Subject | Employee Benefits & Services | | |
| Sub-Topic | | | |
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| Status | | Document type: | Public |

1.0 Objective

The Company recognizes its employees as key assets. Thus, it strives its best to assist employees meet their personal requirements through the provision of varied benefits and services. The granting of these benefits and services may be revised should there be changes in government regulations, corporate directions and/or financial standing.

2.0 Scope

This covers all benefits & services available to employees upon regular appointment, unless otherwise stated.

3.0 Details

Financial Security

Life Insurance

The Company draws an insurance coverage for its employees the amount of which depends on the employee category.

| Employee Category | Amount of Life Insurance |
|--------------------------|--|
| Probationary | Php 50,000 |
| Regular Staff to Officer | Group Life & Accident Insurance (monthly salary X 24 mos) GYRT w/50% TIB,max of P1M Accidental Death, Dismemberment & Disability (ADD & D) Total & Permanent Disability (TPD) |

Only next-of-kin may be designated by the insured as beneficiary/ies. This benefit shall be in addition to the benefit due the employee under the Retirement Plan.

Upon resignation or retirement from service, the employee may opt to convert such insurance to a permanent plan within thirty (30) days at his/her own expense.

Retirement Plan

The Company adopts a non-contributory Retirement Plan with the following requisites and features:

Normal Retirement Benefit: Age 60 and with at least 20 years of service. Normal Retirement Benefit (NRB) is computed as 150% of final monthly basic salary multiplied by years of service.

Early Retirement Benefit: Age 50 with at least 10 years of service; 100% of the accrued NRB upon retirement.

Late Retirement Benefit: Only when approved by the Company's Board of Directors. After age 60 but not beyond age 65; 100% of accrued NRB upon retirement.

Death Benefit: Whichever is higher between (a) accrued NRB as of date of death and (b) one year's pay. The benefit shall be provided under a Group Life Insurance Plan.

Total and Permanent Disability Benefit: Whichever is higher between (a) accrued NRB as of date of disability and (b) one year's pay. The benefit shall be provided under a Group Life Insurance Plan.

Voluntary Separation Benefit: Accrued NRB as of date of separation reduced according to the following schedule:

| Years of Service | Percentage Payable of NRB |
|-------------------------|----------------------------------|
| Less than 10 years | Nil |
| 10 | 50% |
| 11 | 55% |
| 12 | 60% |
| 13 | 65% |
| 14 | 70% |
| 15 | 75% |
| 16 | 80% |
| 17 | 85% |
| 18 | 90% |
| 19 | 95% |
| 20 or more | 100% |

SLGFI Health Plan for Employees
Table of Benefits1

| In-Patient Services | R&F | Supervisor | Manager | Officer |
|---|--|-------------------|----------------|----------------|
| Employee | | | | |
| • Room & board (daily limit; max of 31 days) | 1,000 | 1,800 | 2,000 | 2,500 |
| • Special Hospital Services | As charged | As charged | As charged | As charged |
| • Surgical Benefit | 30,000 | 40,000 | 50,000 | 60,000 |
| • Anesthesiologist Fee | 10,500 | 13,125 | 17,500 | 21,000 |
| • Physician's Visits (daily limit; maximum of 31 days, limit to be shared by a maximum of 2 physicians) | 1,000 | 1,800 | 2,000 | 2,500 |
| • Limit per Disability | 140,000 | 160,000 | 200,000 | 250,000 |
| DEPENDENTS | | | | |
| In-Patient Services | R&F | Supervisor | Manager | Officer |
| Dependent (max of 3) | 50% of employee's coverage, except for special hospital services which will be as charged. | | | |
| • Room & board (daily limit; max of 31 days) | 500 | 900 | 1,000 | 1,250 |
| • Special Hospital Services | As charged | As charged | As charged | As charged |
| • Surgical Benefit | 15,000 | 18,750 | 25,000 | 30,000 |
| • Anesthesiologist Fee | 5,250 | 6,563 | 8,750 | 10,500 |
| • Physician's Visits (daily limit; maximum of 31 days, limit to be shared by a maximum of 2 physicians) | 500 | 900 | 1,000 | 1,250 |
| • Limit per Disability | 70,000 | 80,000 | 100,000 | 125,000 |

| Out-Patient Services | | | | |
|---|----------------|---|--|---|
| <p>If a covered employee/dependent incurs expenses at a hospital or clinic without being confined. The following benefits are considered:</p> <ul style="list-style-type: none"> a. Consultation Fee b. Prescribed Laboratory, X-rays c. Prescribed Medicines d. Prescribed Diagnostic Test | | | | |
| | R&F | Supervisor | Manager | Officer |
| Employee | 13,500 | *18,000 (*P3,000 to be used for lab tests and doctor's consultation) | 20,000 (inclusive of Mental Health & Psychiatric consultation up to 5K, OP Congenital anomalies up to 5K, OP Congenital anomalies up to | 30,000 (inclusive of Mental Health & Psychiatric consultation up to 5K, OP Congenital anomalies up to 5k also) |

| | | | | |
|--|---|---|--|--|
| | | | 5k also) | |
| Dependent (max of 3) | 12,000 to be shared by 3 dependents | 15,000 to be shared by 3 dependents | 17,000 to be shared by 3 dependents (OP Congenital anomalies up to 5k) | 20,000 to be shared by 3 dependents (OP Congenital anomalies up to 5k) |
| | None | Flu vaccine for employees and dependents may be charged against OP Benefits | | |
| • Medicines | <p>Employees - Inner limit for over the counter (OTC) medicines is 4,000 per year.</p> <p>Dependents - OTC inner limit is PhP3,000 to be shared by max 3 dependents. For first aid purposes. C/o Company Clinic. For first aid purposes.</p> | | | |
| • Dental | <p>FREE dental coverage for employees only (HO) under retainership program includes the following:</p> <ol style="list-style-type: none"> Unlimited dental consults and oral examination One (1) oral prophylaxis (scaling and polishing) per year Treatment of lesions, wounds, and burns; excluding cost of prescribed medicines Consultation of emergency treatment (deep scaling) of simple gum diseases (except surgeries) Other dental services that includes the following: <ol style="list-style-type: none"> Two (2) temporary fillings for employees per year (Ordinary cement filling is considered as temporary filling) Incision and drainage / open drainage Simple tooth extraction (unlimited) Post operative and surgical care including removal of sutures, excluding cost of prescribed medicines Simple repair and adjustment of dentures Diagnosis of oral diseases and treatment planning Light Cure Filling for Anterior Teeth (4). (charged to EW) <p>For dependents (HO): GPL Bldg. Clinic endorses to GMDC for ER cases Dental treatment that includes For dependents – free tooth extraction and one prophylaxis per year at GMDC clinic for 3 dependents covered by the GPL Health Plan.</p> <p>For Rank & File Provincial/Branch employee, extend dental benefits enjoyed by HO employees in favor of provincial employees to be facilitated by an accredited Dental Network.</p> <p>Extend dental benefits enjoyed by HO Supervisory-Officers in favor of provincial employees to be facilitated by an accredited Dental Network. In addition to the dental card, provincial employees may have the option to reimburse their dental expense subject to the existing dental network's rate if there's no accredited dental provider in the area.</p> | | | |
| • Optical Allowance | 1,700 Initial and replenishment every 12 months that can be used on an installment basis. | | | |
| • Consultations with Medical Retainers | At the Company Clinic | | | |

1 Unless otherwise stated, stated amounts are annual maximum limits and are in pesos.

2 Consisting of routine physical exam, urine & stool exam, dental exam, eye check-up, chest x-ray, ECG for all 40+ y/o, Chem 6 blood test & CBC, optional pap smear for women 35+ y/o, optional prostate exam (PSA) for men 45+y/o, optional mammogram for women 40+y/o.

IN-PATIENT BENEFITS GUIDELINES

1. All payable confinements are assumed after deduction of PHILHEALTH benefits.
2. In-Patient Benefits are Per Employee Head & Per Dependent Head.
3. Benefit Period is Per Illness/Disability, Per Year.
4. Pre-Existing Condition clause is WAIVED for all Existing & New Members
5. Covered expenses are the actual, necessary, reasonable and customary expenses recommended by a physician and incurred for the Room & Board, Special Hospital Services, Professional Fees & ETC.
6. Standard In-Patient Confinement requires at least 24 Hours of Room Confinement.
7. However, the following Medical Cases (commonly done as an OUT-PATIENT CASE), are charged under the Member's IN-PATIENT BENEFITS instead:
 - A. Minor Surgical Operation
 - B. The following Emergency Room Cases
 - 1) Vomiting &/or Diarrhea with Danger of Extreme Dehydration
 - 2) Difficulty in Breathing / Extreme Asthma Attacks
 - 3) Open Wounds that Need Immediate Suturing
 - 4) Loss of Consciousness
 - C. 1st dose of Anti-Rabies, Anti-Venom, Anti-Tetanus within the 1st 24 hours from the accident. Succeeding doses will be c/o the Member's Out-Patient Benefit thru GMDC reimbursement.
 - D. Castings due to fracture / dislocation (material/s not covered)
 - E. The following Special Procedures:
 - 1) Dialysis
 - 2) Chemotherapy and other treatments for Cancer
 - 3) Angiography/Angiogram
 - 4) Lithotripsy
 - 5) –SCOPY procedures
 - 6) Surgery for Benign Prostatic Hypertrophy / Hyperplasia
 - F. Common Non-Payable Items that are covered:
 - 1) Admission Kit
 - 2) Admission Fee
 - 3) Nursing Services
 - 4) Other items separately charged from the R&B (Diapers, Dietary Food, Underpad, Abdominal Binder, Basin, Thermometer, Splint, Urinal Male/Bag, Medicine Cup & Bedpan)

EMPLOYEE ELIGIBILITY

All regular employees who are actively-at-work and who are in good health, provided they are at least 18 years old but not more than 64 years of age, shall be eligible to participate in the plan.

DEPENDENT ELIGIBILITY

- SINGLE EMPLOYEES - PARENTS (not more than 64 years of age)
SIBLINGS (not more than 21 years of age)
- MARRIED EMPLOYEES - SPOUSE (not more than 64 years of age) &
*CHILDREN (from 14 days old but not more than 21 y.o.)
- *CHILDREN should be unmarried & unemployed
- **SINGLE PARENT- For HR validation prior approval

NOTE:

SLGFI covers up to a maximum of three (3) eligible dependents

STANDARD EXCLUSIONS

No benefit shall be paid for the following services, products or conditions UNLESS STIPULATED IN THE CONTRACT:

1. Functional disorders of the mind/psychiatric illness such as but not limited to anxiety and depression;
2. Non-surgical care for tuberculosis/rest cures/PTB medicines;
3. Congenital Anomalies;
4. Confinement primarily for diagnosis, X-ray examinations &/or physical therapy; medical exam as prevention; or check-ups not required in connection with the treatment of sickness or injury;
5. Examination of the eyes for glasses; Cost of lens for cataract surgeries;
6. Dental examination, extractions, fillings and general dental attention;
7. Drug addiction or alcoholism;
8. Treatment for communicable disease in epidemic proportions (to be determined by the Department of Health) requiring isolation or quarantine, e.g. smallpox, Severe Acute Respiratory Syndrome (SARS) and any form of venereal disease;
9. Injuries due to insanity or self-infliction;
10. Special nursing care;
11. Plastic surgery except if due to accident to restore to normal function;
12. Cosmetic surgery for purposes of beautification (e.g. warts removal);
13. Any services or supplies for which no payment is required;
14. Procurement/use of special braces (Orthopedic Hardware), appliances or equipment, etc;
15. Circumcision, sex transformation, diagnosis and treatment of fertility or infertility, oral contraceptives, artificial insemination, sterilization or reversal of such;
16. Immunizations, allergy desensitization (cost of vaccine, allergens and determination of susceptibility);
17. Laser treatment for the purpose of corrective eye refraction;
18. Purchase or lease of durable medical equipment & oxygen dispensing equipment;
19. Vitamins;
20. Expenses for any kind of the following;
 - ID tag
 - Admission Kit & New Pillows
 - Extra bed, Extra tray or food,
 - Transfer fees
 - Rental of television set/cassette/radio,
 - Registration/admission fee
 - Charges for copies of hospital records
 - Newspaper
 - Telephone calls
 - Other similar charges not related to the direct medical treatment of the patient
21. Medical or surgical procedures which are experimental in nature or not generally accepted as standard medical treatment by the medical profession, that may include but not limited to Chiropractic Services, Chelation Therapy, herbal treatment and Acupuncture;
22. All expenses incurred in the process of organ donation and transplantation, unless Employee is the recipient of such donation or transplantation;
23. Routine physical examinations required in school, insurance and government licensing, medical certificates, medico-legal;

24. AIDS, HIV and other related viruses
25. Treatment services for injuries resulting from war (declared or undeclared), riots, rebellion, insurrections, labor dispute, lock outs, strikes, demonstrations or while in a military, police or paramilitary service, acts of terrorism and/or similar events;
26. Treatment of injuries/ illnesses caused directly or indirectly by engaging in any hazardous sport or activity i.e. mountain climbing, parachuting et. al.
27. Treatment services for injuries/illnesses which are attributable to the member's own misconduct, negligence, intemperate use of drugs or alcoholic liquor, vicious or immoral habits, participation in the commission of a crime whether consummated or not, acts in violation of law or ordinance, and unnecessary exposure to imminent danger or hazard to life or health.
28. Expenses in connection with pregnancy resulting in childbirth, miscarriage (abortion), caesarean section and Pre & Post-Natal Care.
29. Speech, Occupational &/or Physical Therapy.

REIMBURSEMENTS:

In-Patient Claims

1. Employee shall secure signed Philhealth form from Member's HR and submits this to the hospital.
2. Employee shall pay the hospital prior to discharge from the hospital.
3. Employee shall submit the following documents to GROUP through Member's HR:
 - A. Duly accomplished SLGFI's IP claim form with diagnosis of doctor. (Please secure forms from your HR)
 - B. Original Statement of Account and itemized invoices of all the charges in the hospital duly signed by the Billing Officer.
 - C. Original Official Receipt with Tax Identification Number (TIN), Authority to print from BIR, Printing Press Name, Tax Identification Number (TIN) and date for the Statement of Account (hospital bill), professional fees, other diagnostic / laboratory tests and medicines bought outside with prescription for use during confinement only.

NOTE:

Non-compliant Tape Receipts, Provisional / Acknowledgement Receipts and Receipts with Erasures will not be accepted.

4. The Member's HR shall forward the documents to GROUP.
5. All claims received by GROUP with complete documents shall be assessed and settled within fifteen (15) working days.
6. GROUP shall prepare check together with the process sheet for all approved claims for delivery to the HR of the Member.

NOTES:

The Insurer shall inform the Policyholder thru the HR those claims with additional requirements needed and/or reason for denied claims.

The Insurer reserves the right to ask for additional requirements if the above-mentioned standard requirements are deemed insufficient in rendering fair and correct judgment on the claim. Additional requirements maybe the following:

1. Medical history of present and previous confinements.
2. Complete Police report, affidavit of eyewitnesses, Traffic incident report, Police Certification that the insured member is wearing a helmet at the time of accident.
3. Other requirements that maybe asked by our Medical Director, Legal Department or Underwriting

Committee.

| Others (For employees only, unless otherwise stated) | |
|--|--|
| Annual Physical Exam | <p>Standard package²; at the Company Clinic (for employees in Head Office and nearby branches) or accredited clinic (for others)</p> <p>To ensure fitness and sound health, the Company provides an annual physical examination, free of charge. However, any special/ follow-up diagnostic exam, treatment or medication shall be covered by the other applicable Company benefits or at the expense of the employee.</p> <p>The standard exams are as follows: Routine physical examination Complete Blood Count (CBC) Chem 6 Blood Test Urine and stool examination Dental examination Eye check-up Chest x-ray Electrocardiogram (ECG) for 40 years old & above Pap smear for female employees at least 35 years old (optional) Mammogram for female employees at least 40 years old (optional) Prostate examination for male employees at least 45 years old (optional)</p> <p>Those who fail to undergo the annual physical examination within the prescribed period are required to do so at their personal expense and may be subject to disciplinary action.</p> |
| Consultations with Medical Retainers | At the Company Clinic |
| Ordinary Medicines | For first aid purposes. C/o Company Clinic. |

Definition of Terms: In-Patient

| | |
|-----------------------------------|---|
| Room and Board | Reimbursement of hospital room daily charges up to the specified daily limit and subject to a maximum of 31 days. This includes room accommodation, food services and routine nursing care |
| Special Hospital Services Benefit | This benefit pays for the actual cost charged by the hospital for the following: Use of Operating Room and Treatment Room Anesthesia and Oxygen and their administration (except Anesthesiologist's fee) Transfusion including the cost of blood and plasma Medicines and curative materials Laboratory Services Films and x-rays and their interpretation and certain special diagnostic procedures (only for accidente resulting in the ambulance service hospitalization). |

| | |
|-------------------|--|
| Surgical Benefits | Maximum benefit for professional charges made by the physician for performing an operation up to the maximum amount stated in the Schedule of Surgical Benefits. This includes post-operative care of the patient. |
| Physician's Visit | Maximum benefit for the physician's daily professional visits for treatment made in connection with a hospital confinement not involving surgery. |
| Disability | Shall mean all periods of disability arising from the same cause, including any and all complications therefrom. |

OUT PATIENT BENEFIT GUIDELINES

HRMD and the SLGFI Group Channel have partnered in the administration of SLGFI's out-patient (OP), optical and dental benefits. The partnership will enable all SLGFI regular employees to avail of Group's network of laboratories, doctors and clinics with an option for a cashless transaction in some services effective October 15, 2019.

Below summarizes the administrator and availment method for specific medical benefits:

| TYPE OF BENEFIT | WHERE TO SUBMIT THE DOCUMENTS | ADMINISTRATOR (Where to claim your benefit?) | AVAILMENT METHOD |
|--|--------------------------------------|---|--|
| OP - Over-the-Counter (OTC) medicines | Employee Rewards & Services | Group Marketing Operations (GMO) | Reimbursement |
| OP – Prescription Medicines | Employee Rewards & Services | Group Marketing Operations (GMO) | Reimbursement |
| OP– Laboratory/Diagnostic tests OP- Doctor's consultation | Employee Rewards & Services | Group Marketing Operations (GMO) | SLGFI Health/access card (cashless transaction) <u>or</u> Reimbursement |
| Optical benefit | Employee Rewards & Services | Group Marketing Operations (GMO) | Reimbursement |
| Dental services – Provincial regular employees | - | Group Marketing Operations (GMO) | Dental card Cashless transaction (limited to specific procedures) |
| Dental services – Head Office regular employees | - | GMDC | Cashless (no dental card, just schedule an appointment at GMDC) (limited to specific procedures) |

(NOTE: Group Marketing Operations (GMO) will also continue to administer the in-patient (hospitalization) benefit of SLGFI regular employees/dependents, for both reimbursement case and cashless availment.

AVAILMENT METHODS

| | | |
|----------------------------|--|-------------------|
| OUT PATIENT BENEFIT | <u>FOR REIMBURSEMENT</u> REQUIREMENTS | GUIDELINES |
|----------------------------|--|-------------------|

| <p>Over the Counter Medicines (OTC)</p> <p>❖ <i>subject to existing limits, documentary requirements and availment procedure set by Group Claims</i></p> | <ul style="list-style-type: none"> Signed Group Statement of Claim Form (see attached sample) Indicate employee's RCBC Payroll account number Official receipts or sales invoice with TIN | <ul style="list-style-type: none"> Reimbursement will be processed and credit to the employee's payroll account: <table border="1" data-bbox="1060 380 1382 485"> <thead> <tr> <th>Received</th> <th>Release</th> </tr> </thead> <tbody> <tr> <td>Mon/Tues</td> <td>Friday</td> </tr> <tr> <td>Wed/Thurs</td> <td>Tues the ff week</td> </tr> <tr> <td>Friday</td> <td>Wed the ff week</td> </tr> </tbody> </table> | Received | Release | Mon/Tues | Friday | Wed/Thurs | Tues the ff week | Friday | Wed the ff week |
|---|---|--|----------|---------|----------|--------|-----------|------------------|--------|-----------------|
| Received | Release | | | | | | | | | |
| Mon/Tues | Friday | | | | | | | | | |
| Wed/Thurs | Tues the ff week | | | | | | | | | |
| Friday | Wed the ff week | | | | | | | | | |
| <ul style="list-style-type: none"> Prescription Medicines Doctor's Consultations Laboratory Tests, Diagnostics Procedures Optical Assistance <p>❖ <i>subject to existing limits, documentary requirements and availment procedure set by Group Claims</i></p> | <ul style="list-style-type: none"> Signed Group Statement of Claim Form (see attached sample) <i>Part 2. With complete and concrete diagnosis and/or medical certificate stating diagnosis, to be accomplished by the physician</i> Indicate employee's RCBC Payroll account number Official receipts or sales invoice with TIN Doctor's Prescription (with complete diagnosis) <p>❖ <i>Maintenance medicines should have an active prescription. If for an indefinite period, a new prescription should be annually submitted.</i></p> | <ul style="list-style-type: none"> Claim documents received after 3PM shall be considered received the following working day. <i>(e.g. claims received on Tues/Thurs/Friday 3PM shall be considered received on Wed/Friday/Monday)</i> Any amount that will exceed the MBL upon claims processing shall be subject to bill back thru salary deduction. <p>❖ <i>validity of OR's = 6 months from the date of purchase/availment</i></p> | | | | | | | | |

| FOR CASHLESS TRANSACTIONS | | |
|--|--|---|
| OUT PATIENT BENEFIT | REQUIREMENTS | GUIDELINES |
| <ul style="list-style-type: none"> Over the Counter Medicines (OTC) Prescription Medicines <u>Exclusive via Planet Drug only (for Metro Manila based ees)</u> | <ul style="list-style-type: none"> Doctor's Prescription <i>(as a requirement of Planet Drug)</i> | <ul style="list-style-type: none"> Submit to Planet Drug the requirements Planet Drug will coordinate with Group Medical Services for the available medicine balance. Upon validation, Planet Drug will prepare medicines to be delivered to SLGFI clinic for pick up of employees. Employee picks up medicines ordered at the SLGFI Clinic. Pick up time is between 4-5 pm. the following day. |
| FOR CASHLESS TRANSACTIONS (con't) | | |
| OUT PATIENT BENEFIT | REQUIREMENTS | GUIDELINES |
| <ul style="list-style-type: none"> Doctor's Consultations | | |

| | | |
|---|---|--|
| <ul style="list-style-type: none"> ○ Laboratory Tests, Diagnostics Procedures. ❖ <i>subject to existing limits, documentary requirements and availment procedure set by Group Claims</i> | <ul style="list-style-type: none"> • SLGFI Health/access card • Doctor's Prescription ❖ <i>advanced LOA may be requested before any procedure together with the request.</i> | <ul style="list-style-type: none"> • Employee presents SLGFI Health/access card to the accredited clinic/hospital prior to consultation, lab test, diagnostics procedure |
| <ul style="list-style-type: none"> ○ Dental ❖ <i>limited to specific procedures</i> | <ul style="list-style-type: none"> • Set an appointment with the company dentist at GMDC only (for HO & Metro Manila & nearby provinces employees) • Dental card (for non-HO employees) ❖ <i>as a requirement of dental partners, employee need to set an appointment before going to the dental office)</i> | <ul style="list-style-type: none"> • For Head Office, avail at the GMDC dental services. • For Provincial/branch employees, shall be under our Dental partners using the provided dental card. <i>(List of dental partners will be sent thru email.)</i> |

There will be internal coordination between SLGFI Clinic and Group Marketing Operations to check remaining OP balance. Employees may use the OTC benefit in case prescription medicine is already exhausted.

Maternity Assistance

The SSS maternity benefit is a daily cash allowance granted to a female member who is unable to work due to childbirth or miscarriage.

The Company agrees to advance the SSS maternity benefit. However, in case the claim for maternity reimbursement is disapproved by the SSS, the employee shall reimburse the Company for whatever amount has been given to her as advanced SSS benefit and/or company maternity assistance.

To supplement SSS maternity benefits, the Company grants the following financial assistance for maternity requirements of its female employees:

Financial assistance of P13,500 for normal hospital delivery or P 20,000 for caesarean delivery or D&C operation, or actual authorized expenses, whichever is lower. In case of home delivery, financial assistance of P4,000 for R& F and P3000 for Supv even in the absence of O.R.- for home delivery only)

Any difference between SSS maternity benefit and the employee's basic salary for the authorized duration of the maternity leave.

For both of the above, eligibility, as well as maximum number of availments, shall follow SSS rules and regulations.

Dreaded Disease Assistance

The Company provides financial assistance to an employee who is found suffering from pulmonary tuberculosis, cancer, heart ailment, AIDS or any other dreaded disease.

An employee who goes on authorized leave of absence due to any of the above ailments should first exhaust his sick leave and vacation leave credits. Thereafter, he shall receive an amount per month based on agreed amount for a maximum of 6 months that he is on authorized leave without pay for a qualified disease and after complying with requirements.

Employee Welfare

Uniforms

Rank & File and Supervisory Employees are provided uniforms that are periodically replenished and which they are required to wear at work.

The standard set of uniforms and replenishment periods are as follows:

Female employees: 5 sets of prescribed uniform every 18 months.

Male employees: 5 sets of upper wear and 3 pairs of pants every 12 months

In the event a new employee becomes covered within six (6) months prior to a scheduled change in uniform, s/he shall have to wait for such change before being issued his first set.

If an employee resigns within 6 months from receipt of the uniforms, he/she shall reimburse the Company for the entire cost of the uniforms. If employee resigns after 6 months but less than a year after receipt of the uniforms, he/she shall reimburse 50% of the cost.

In case of loss, damage, or gain in weight, the Company shall provide the employee a new set of uniforms at the employee's expense.

As uniforms are provided for proper identification as company employees, old or current uniforms (particularly those with designs specific to the Company) should not be given/sold to non-authorized wearers.

Cash Conversion of Company Uniforms for Managers

This benefit will be applied to all Managers from Jr. Assistant Manager, Assistant Manager, Department Manager, Regional Manager, Senior Manager, Marketing Operations Manager, male and female with permanent status.

The said cash conversion allowance in lieu of Company uniform will follow a 12-month replenishment period.

The cash conversion of Company uniform aims to allow managers to choose their business attire and to defray business clothing expenses. This ultimately ensures that SLGFI managers will help build an even stronger, respectable brand and image for SLGFI in the conduct of our daily business.

As such, it is expected that managers availing of this benefit will strictly observe (and even role model) the use of Corporate attire. This means: For male – long sleeves shirt with tie or barong, trousers and leather shoes. For female – businesslike dresses or skirt/trouser and blouse preferably with blazer (no sleeveless; should you wear one, put on a blazer) and business shoes (no clogs/step-in's).

AVAILMENT PROCESS

The maximum amount is Php 5,300.00 for regular employees as of January 1, 2021 and pro-rated for those who are regularized after January 1 until June 30, 2021. This clothing allowance shall be released via the January payroll yearly. Official receipts are not required.

Should an employee resign or be terminated for cause within 3 months from release of clothing allowance, s/he would have to reimburse the full amount to the company.

The Company has institutionalized the granting of service awards starting at 5 years and every 5 years thereafter in the form of cash and plaque of appreciation. Award is given at the end of the calendar year.

| <u>Service Award</u> | <u>Rank & File</u> | <u>Supv, Manager, Officer</u> |
|----------------------|---------------------------------|--------------------------------|
| | 5 yrs - P 5,000 + plaque | 5yrs - P 5,000 + plaque |
| | 10 yrs – P 8,500 + plaque | 10 yrs - P 9,000 + plaque |
| | 15 yrs – P 12,500 + plaque | 15 yrs - P 12,500+ plaque |
| | 20 yrs – P 19,000 + plaque | 20 yrs - P 19,000 + plaque |
| | 25 yrs – P 22,000 + plaque | 25 yrs - P 22,500 + plaque |
| | 30 yrs & up – P 27,000 + plaque | 30 yrs & up - P 27,500+ plaque |

Calamity Assistance

The Company shall grant a financial assistance of Php 25,000 to an employee whose permanent residence is completely destroyed by fire, earthquake, typhoon, landslide, flood, or any other natural calamity, provided that said residence is the employee’s officially registered permanent residence (based on 201 files) and adequate evidence of loss is presented.

For partial destruction (at least 50%) for same causes as above, a proportionate amount shall be given by the Company.

Bereavement Assistance

In case of death of the employee or an immediate member of his family (parent, legal spouse, or legitimate child), the Company shall contribute the amount of Php 25,000 as way of financial assistance, provided evidence of such is presented.

In case of unmarried employees, “immediate family” shall include parent (Php 25,000) and unmarried sibling (Php 20,000) provided that the sibling is under 18 years of age, or if over 18 years old, is e physically or mentally incapable of self-support and is dependent in fact upon the employee.

Scholarship Grants of AY Foundation

Through the AY Foundation, , employee’s dependents may apply for scholarship grants for elementary, secondary or tertiary levels subject to requirements and qualification standards set by the Foundation.

Loan Facilities

All loans are subject to the availability of funds and continuing partnership with loan providers. In case of separations, the loans become due and demandable.

Emergency Loan

Regular employees may apply for an interest-free Emergency Loan equivalent to 3 months' basic pay or Php 100,000 whichever is lower, and to be used for the following authorized purposes:

Serious illness of employee/immediate family member (parent, spouse, child or sibling) that requires hospitalization or special treatment, the cost of which is beyond the limits of the Company's Health Plan and/or Group Optional Plan.

Repair of permanent residence (based on 210 files) due to calamity or fire, the cost of which is either excluded or is beyond the Company's calamity assistance.

The loan application is subject to the 30% rule on net take home pay. It is payable over 12 consecutive months, through semi-monthly payroll deductions.

If one has less than 10 years of service in the Company, he is required to have a co-maker. Qualified co-maker is a co-employee with at least 10 years of service in the Company. Should the co-maker separate from the Company before the loan is fully paid, the employee shall be required to find a new co-maker for the loan balance.

Tuition Loan

Regular employees may apply for interest-free Tuition Loan up to Php 40,000 for R & F, Php60,000 for Supervisor, manager, officer for the payment of their or their qualified family member's (parent, spouse, child or sibling) tuition fees.

Covered are kindergarten (highest level), elementary, high school, collegiate and postgraduate courses. Short courses, day care and pre-school are not covered.

The loan application is subject to the 30% rule on net take home pay. It is payable over 12 consecutive months, through semi-monthly payroll deductions.

Loan application and availment may be made any time during the year. Re-availment may be done once current loan is fully paid. The loan may be used for more than one person, as long as the aggregate amount is within the maximum loanable amount and requested at the same time.

Salary Loan - c/o tie-up with RCBC Savings Bank

RCBC Savings Bank extends loans for multiple purposes to employees with at least 2 years of service.

This is subject to a 50% rule on take home pay and the 25%-30% rule on outstanding loan amortizations from other sources. Loan repayment is made through payroll deductions.

Employee Facilities and Services

Cafeteria

The Grepalife Building Canteen offers reasonably priced meals for breakfast, lunch and snacks. Operating hours are from 6:30 am to 5:00 pm, work days.

Chapel

The Grepalife Building Chapel is open for employees' spiritual needs. A daily mass is set at 12.05 noon on work

days.

Sports and Recreation Programs

Employees are encouraged to join the Company's social and sports activities. These activities are designed to promote camaraderie and friendship among employees.

| Description / Title | Name List | Sign-off and Approval | |
|-------------------------|-----------------------|----------------------------|--|
| Reviewer(s) | | Reviewer's Sign-off | |
| Business Representative | Mary Therese M. Arive | | |
| Approver(s) | | Approval Sign-off | |
| Business Manager | | | |