



Republika ng Pilipinas
LUNGSOD NG MAKATI
OFFICE OF THE MAYOR
MAKATI ACTION CENTER

Date: _____

AUTHORIZATION

This is to authorize _____ of Barangay BEL-AIR,
MAC Coordinator to submit my **Yellow Card** to the Office of the Makati Health Program (MHP) and
facilitate its processing and renewals.

PRINTED NAME AND SIGNATURE _____

ADDRESS: _____

Contact Number _____

For MAC use only: _____

REQUIREMENTS FOR NEW & RENEWAL OF YELLOW CARD

- () Latest COMELEC VOTERS CERTIFICATION
- () Old Yellow Card (for renewal applicant only)
- () Makatizen Card (photocopy front and back) **OR**
 - Virtual Card (printed copy)
 - Successful Online Registration (screenshot printed copy)
- () PhilHealth Member Data Record (MDR) **AND**
 - Updated Official Receipt (*voluntary member*)
 - Certification of Contribution/Payslip (*if employed in private company*)
 - Updated Online Premium Contribution (screenshot printed copy)
 - Acknowledgement Receipt (Philhealth ng Masa)
- () Photocopy of Seniors White Card and Blu Card (front & back- for SENIORS ONLY)
- () Real Property Tax Title and Tax Receipt photocopy (for **Senior** Permanent Card only)
- () Long Brown Envelope

Checked by: _____
MAC Coordinator –Printed Name and Signature

Noted by: _____
MAC Team Leader –Printed Name and Signature

REPUBLIKA NG PILIPINAS
LUNGSOD NG MAKATI

OFFICE OF THE MAYOR
MAKATI ACTION CENTER

AUTHORIZATION

This is to officially grant Mr./Ms. _____, Makati

Action Center (MAC) Coordinator, to claim my Yellow card on my behalf. I am also entrusting

The above named person to deliver the same to me personally on my house address.

Signature : _____

Name : _____

Address : _____

House No. _____

Barangay _____

Street _____

Yellow card #: _____

Contact # : _____

/Authentication Claim of Yellow Card
/MAC
/HV Section 020200

ACKNOWLEDGEMENT RECEIPT

Name : _____

Date : _____

Claim Date : _____

Signature : _____

MAYOR REPRESENTATIVE





CITY GOVERNMENT OF MAKATI MAKATI HEALTH PLUS PROGRAM



APPLICATION FORM

PRIVACY NOTICE

The personal data collected shall only be used for Yellow card ID registration and shall be shared to Capital ng Makati, Makati Life, Planet Drugstore, Barangay Health Centers and Makatizen Card for purposes of ID verification. You may choose to withdraw your consent by writing a request to opt out address to mswd@makati.gov.ph. We are committed in protecting and respecting your privacy. If you want to know more about how we collect, use, store, and protect your personal data you may read our Privacy Notice posted in front of MSWDD offices or you can request a copy of Privacy Notice from 5th Floor, MSWDD Office.

MAKATI HEALTH PLUS INFORMATION SHEET

MAKATI HEALTH PLUS TYPE:

SOLO FAMILY SENIOR CITIZEN

MCG EMPLOYEE: NGA

SOLO FAMILY MEMBER

DATE APPLIED: _____

PERMANENT

WITH LAND TITLE AGE (68 YRS. OLD & ABOVE) RETIRED MCG EMPLOYEE

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

ADDRESS: _____

BARANGAY: _____

SEX: _____ CIVIL STATUS: _____

DATE OF BIRTH: _____

AGE: _____

BLOOD TYPE: _____

TEL. NO./CELL NO.: _____

HOUSE: Owned Rented

AGE: _____

BLOOD TYPE: _____

E-MAIL ADDRESS: _____

Living with relatives Transient

GCASH NO: _____

MAKATIZEN ID NO: _____

SWORN STATEMENT:

That I am not confined nor one of my dependents as Capital ng Makati (CapMak) and that I have no outstanding balance and/or promissory note in the said hospital.

Applicant's Signature over Printed Name _____

MHP Interviewer's Signature over Printed Name _____

NAME OF DEPENDENTS	RELATIONSHIP	SEX	DATE OF BIRTH	AGE	NAME OF SCHOOL	EDUCATIONAL ATTAINMENT

DATA PRIVACY CONSENT

In accordance with the Data Privacy Act of 2012 (DPA), its Implementing Rules and Regulations and all other applicable laws, I hereby consent to the following:

1. Collection of my personal data
2. Use of my personal data for purposes and in accordance with the MSWD-MHP Privacy Notice
3. Storage and retention of my personal data for a reasonable and necessary period as specified.
4. Sharing of my personal data for Registration and distribution of Yellow Card.

I also declare that I have read this form as well as the Privacy Notice and understood its contents. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data and does not waive any of my rights under the DPA and other applicable laws.

Signature Over Printed Name _____

Date _____

HOME VISITATION (Per MAC Interviewers only):

- Makati Resident Not Beneficial Resident
 Unemployed
 Employed at _____ with monthly _____ or daily income _____

I declare, under the penalties of perjury that information given above is true and correct and has been made in good faith, verified by me and to the best of my knowledge and belief.

DATE OF NOTICE TO CLAIM:

MONTH _____ DAY _____ YEAR _____

APPLICANT'S OR CARDHOLDER'S

Signature Over Printed Name _____

MAC INTERVIEWER

Signature Over Printed Name _____

HOME VISITATION-IN-CHARGE

Signature Over Printed Name _____

Approved by: _____

Health Project of _____

JOSELINE P. NIWANE
OFFICER-IN-CHARGE

MAYOR MAR-LEN ABIGAIL S. BINAY
AND CITY COUNCIL