

OFFICE OF THE MAYOR MAKATI ACTION CENTER

Date:						
AUTHORIZATION						
This is to authorize of Barangay <u>BEL-AIR</u> ,						
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 No.:						
For MAC use only:						
REQUIREMENTS FOR NEW & RENEWAL APPLICANT: () Latest COMELEC VOTERS CERTIFICATION () OLD MHP Yellow Card (for renewal applicant only) () Philhealth Member Data Record (MDR) AND Updated O.R. (Proof of Payment)-for voluntary member Certification of Contribution/Payslip (if employed in private company) Updated Online Premium Contribution (screenshot printed copy) Acknowledgement Receipt (Philhealth ng Masa) () Senior White Card and Blu Card (photocopy front and back) () Real Property Tax Title and Latest Tax Receipt (for Senior Permanent Card) () Long Brown Envelope						
Interviewed by: Printed Name and Signature -MAC Coordinator						
Checked by: Printed Name and Signature -MAC Team Leader						
ACKNOWLEDGEMENT RECEIPT						
NAME: DATE:						
CLAIM DATE:						
SIGNATURE:						

MAC REPRESENTATIVE



CITY GOVERNMENT OF MAKATI MAKATI HEALTH PLUS PROGRAM



APPLICATION FORM

PRIVACY NOTICE

The personal data collected shall only be used for Yellow cord ID registration and shall be shared to Ospital 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			energy and the second s		Contacts Compression and the Contact of the Contact	did a decomposition of the composition of the compo			
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MAC INTERVIEWER Signature Over Printed Name

Approved by:

APPLICANT'S OR CARDHOLDER'S Signature Over Prieted Name

Health Project of

MAYOR MARIA LOURDES NANCY S. BINAY
AND CITY COUNCIL

HOME VISITATION-IN-CHARGE Signsture Over Brinted Name