



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** application to the Office of Makati Health Plus (MHP)
on my behalf for the purpose of facilitating its processing and renewal.

PRINTED NAME AND SIGNATURE

Address: _____

Contact No.: _____

For MAC use only:

CATEGORY and REQUIREMENTS FOR NEW / RENEWAL APPLICANT:

- VOTER'S CERTIFICATION** (Issued this year)
- OLD MHP Yellow Card** (*for renewal applicant only*)
- PhilHealth - Member Data Record (MDR) and**
 - * **EMPLOYEE**
 - *Payslip / Certification of Contribution*
 - * **VOLUNTARY**
 - *Receipt of Payment*
 - * **SPONSORED** (PhilHealth ng Masa / Dependents)
 - *PhilHealth ng Masa I.D.*
 - * **SENIOR / PWD / 4Ps**
 - *PhilHealth ID (Senior Citizen or Lifetime Member Indicated)*
 - *PhilHealth MDR (Free)*
- 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 card 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 SHEET			DATE APPLIED: _____		
MAKATI HEALTH PLUS TYPE: <input type="checkbox"/> SOLO <input type="checkbox"/> FAMILY <input type="checkbox"/> SENIOR CITIZEN		MCG EMPLOYEE: <input type="checkbox"/> SOLO <input type="checkbox"/> NGA <input type="checkbox"/> FAMILY <input type="checkbox"/> SENIOR CITIZEN		PERMANENT: <input type="checkbox"/> WITH LAND TITLE <input type="checkbox"/> AGE (80 YRS. OLD & ABOVE) <input type="checkbox"/> 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: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with relatives <input type="checkbox"/> Transient			
E-MAIL ADDRESS: _____			MAKATIZEN ID NO.: _____		
GCASH NO: _____					

SWORN STATEMENT:

That I am not confined nor one of my dependents at Ospital ng Makati (OsMak) 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 DEPENDENT/S	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 (For MAC Interviewers only):

- Makati Residents Not Bonafide 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
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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:

MARIBEL M. LUMANG, RSW
OFFICER-IN-CHARGE

Health Project of

**MAYOR MARIA LOURDES NANCY S. BINAY
AND CITY COUNCIL**