



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 APPLICANT:

- Latest COMELEC Certification
 - PhilHealth Member Data Record (MDR) and
 - >Updated Official Receipt -for voluntary member
 - >Certification of Contribution/Payslip (if employed in private company)
 - >Acknowledgement Receipt (Philhealth ng Masa)
 - Birth Certificate / Passport
 - Marriage Contract (if Married)
 - 1x1 Picture of Applicant
 - Barangay Clearance and Condo Certification (for Salcedo, Malugay & Jazz Residents only)
 - Covid-19 Vaccination Card (photocopy)
 - Long Brown Envelope
- Birth Certificate of Qualified Dependent
 - Family Picture
 - Real Property Tax Title and Tax Receipt
 - PWD ID
 - Senior White Card and Blu Card (photocopy)
 - Prenatal Check-up Photocopy (if Pregnant)
 - National Government Agency (Certificate of Employment)

REQUIREMENTS FOR RENEWAL:

- OLD MHP YELLOW CARD
- Affidavit of Loss (if lost yellow card)
- Latest Comelec Certification
- Philhealth Member Data Record (MDR) / and
 - Updated Official Receipt -for voluntary member
 - Certification of Contribution/Payslip (if employed in private company)
- Barangay Clearance and Condo Certification (for Salcedo, Malugay & Jazz Residents only)
- Photocopy of White Card and Blu Card (for Senior)
- Prenatal Check-up Photocopy (if Pregnant)
- Covid-19 Vaccination Card (photocopy)
- 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. Street

Barangay

Yellow card #: _____

Contact # : _____

Authorization Claim of Yellow Card
/MAC
/HV Section:102320

ACKNOWLEDGEMENT RECEIPT

Name : _____

Date : _____

Claim Date : _____

Signature : _____

MAC REPRESENTATIVE





CITY GOVERNMENT OF MAKATI
MAKATI HEALTH PLUS PROGRAM

APPLICATION FORM

MAKATI HEALTH PLUS INFORMATION SHEET:

DATE APPLIED: _____

MHP TYPE: W/DEPENDENTS SOLO SENIOR CITIZEN MCG W/DEPENDENTS NGA PWD SOLO W/DEPENDENTS

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS: _____ BARANGAY: _____

SEX: _____ CIVIL STATUS: _____ DATE OF BIRTH: _____ AGE: _____ BLOOD TYPE: _____

TEL. NO./CELL NO.: _____ HOUSE: Owned Rented Living w/ Relative Transient

EMPLOYMENT STATUS: Permanent Contractual/Casual Self-Employed Unemployed Retiree

SWORN STATEMENT: _____

I am not confined nor one of my dependents at Ospital ng Makati (OSMAK) and that I have an outstanding balance and/or promissory note in the said hospital.

Applicant's Signature Over Printed Name _____ MHP Interviewer's Signature Over Printed Name _____

DEPENDENTS:	NAME	RELATIONSHIP	SEX	DATE OF BIRTH/AGE	OCCUPATION	MONTHLY INCOME

- LIST OF REQUIREMENTS:**
- () COMPLEC Certification
 - () PhilHealth Member Data Record (MDR)
 - () RA-70 ID
 - () Barangay Citizens Certificate
 - () Birth Certificate of Qualified Dependents (if minors)
 - () 1x1 ID Picture of Applicant
 - () Family Picture
 - () Real Property Title and Tax Receipt
 - () RA-70 ID
 - () White Card and Bio Card Photo Copy (Senior Citizens)
 - () Remitted Check-up Photo Copy (If Praguant)
 - () National Government Agency Certificate of Employment

Approve for Home Visitation: **JOEMARIK Y. MALIBOG**
DEPUTY, MAKATI HEALTH PLUS

DATA PRIVACY CONSENT

In Compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow the Makati Health Plus Program (MHP) to collect and use my personal information in relation to my purpose of / application for Yellow Card and other legal purposes it may be intended for.

As such, I also agree and authorize them to:

1. Retain and store my information for a certain period of time as prescribed by law from the date of the accomplishment of the purpose stated above. I agree that my information will be deleted / destroyed after this period.
2. Show my information to other office / department within the City Government of Makati and necessary third parties for any legitimate purpose. I am assured that security systems are employed to protect my information.
3. I alone can view, change and recover the personal information I shared unless I authorize a representative on my behalf named with a Special Power of Attorney duly notarized for this purpose. This applied also to my request for a certified true copy bearing any of my personal information.
4. Inform me of future services or projects offered by the City Government of Makati using the personal information I shared.
5. I hold free and harmless and indemnify the City Government of Makati, any of its office/departments, officers, employees and agents from any complaint, suit, or damages which any party may file or claim in relation to the Data Privacy Act.

Signed this _____ day of _____ 20____ at _____ City.

(Signature Over Printed Name)

(Address)

(Contact Number)

HOME VISITATION: (For M.A.C. Interviewer's only) Makati Residents Not Bonafide Resident

Unemployed Employed at _____ w/monthly of _____ 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:
MM DD YYYY

APPLICANT'S OR CARDHOLDER'S Signature Over Printed Name _____

M.A.C. INTERVIEWER Signature Over Printed Name _____

HOME VISITATION-IN-CHARGE Signature Over Printed Name _____

Approved By: _____

Health Project of:

BENTA C. TANYAG
ACTING CITY GOVERNMENT ASST. DEPT. HEAD II

MAYOR MAR-LEN ABIGAIL S. BINAY
AND CITY COUNCIL

