



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 VOTERS CERTIFICATION
- Makatizen Card (photocopy front and back) **OR**
 - Makatizen Virtual Card (photocopy)
 - E-mail confirmation of Makatizen Application (printed copy)
- Online registration completed with reference number (screenshot printed copy)
- PhilHealth Member Data Record (MDR) **AND**
 - Updated Official Receipt -*for voluntary member*
 - Certification of Contribution/Payslip (*if employed in private company*)
 - Updated Online Premium Contribution (screenshot)
 - Acknowledgement Receipt (Philhealth ng Masa)
- Photocopy of Seniors White Card and Blu Card (front & back)
- Real Property Tax Title and Tax Receipt photocopy (for Senior Permanent Card only)
- Long Brown Envelope

REQUIREMENTS FOR RENEWAL:

- OLD MHP YELLOW CARD
 - Affidavit of Loss (If lost yellow card)
- Makatizen Card (photocopy front and back) **OR**
 - Makatizen Virtual Card (photocopy)
 - E-mail confirmation of Makatizen Application (printed copy)
- Online registration completed with reference number (screenshot printed copy)
- PhilHealth Member Data Record (MDR) **AND**
 - Updated Official Receipt -*for voluntary member*
 - Certification of Contribution/Payslip (*if employed in private company*)
 - Updated Online Premium Contribution (screenshot)
 - Acknowledgement Receipt (Philhealth ng Masa)
- Photocopy of Seniors White Card and Blu Card (front & back)
- 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 # : _____

/Authentication Claim of Yellow Card
/MAC
AV Bcdk102220

ACKNOWLEDGEMENT RECEIPT

Name : _____ Date : _____

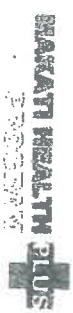
Claim Date : _____

Signature : _____
MAC REPRESANTATIVE





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 mswdd@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 SENIOR

DATE APPLIED: _____

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

ADDRESS: _____ LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

BARANGAY: _____

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

TEL. NO./CELL NO.: _____ HOUSE: Owned Rented Living with relatives 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 (OnMak) 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 (For MAC Interviewers only):

- Makati Resident Not Domicile 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