

## **Maxicare Healthcare Corporation**

Underwriting and Enrollment Fulfillment Department, 8th floor262 Juan Luna Street Binondo, Manila
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## MEMBER & CARD MAINTENANCE FORM

INSTRUCTIONS: Please fill out this form and attach all necessary documents. This form including the attachments should be submitted to Maxicare Healthcare Corporation. Please ensure that all necessary information are completely accomplished.

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MEMBER GENERAL INFROMATION	
Member Name: Member Maxicare ID No.:	
Member Type: Principal Member IIf Dependent Member, please indicate the name of the Principal Member:	
Company: Home Address:	
Home Address: Email Address: Email Address:	
Modic No. of the Member	
DETAILS OF REQUEST	
PIN Regen Date of Birth: M M D D V Y Y Y Y Maxicare Card No.: 11168 - X X X X X X X X X X X X X X X X X X	X X X
Reason(s) for PIN regen:	
Update or Modification on Member Information (please fill in the information to be updated)  Member Name: Date of Birth: Date of Birth: DD	Y
Married Separated Single Parent Mobile No.:	
Married Separated Single Parent Mobile No.:  Home Address:	_
Tolle (Address)	
DECLARATION	
FOR PIN REQUEST: 1 do hereby manifest that my Maxicare ID/Reimbursement Card is securely in my possession and 1 take full responsibility for security, custody, and posses Maxicare ID Card and my Personal Identification Number (PIN), as well as transactions made using the said Maxicare ID Card and PIN. I am aware that my current PIN will be chan default PIN upon approval of this request, and that I can change my PIN at any Equicom Savings Bank ATM upon receipt of PIN regen notification.  FOR MODIFICATION ON MEMBER'S INFORMATION: I do hereby manifest that all declarations, statements and information provided in this document are correct and accurat agree and understand that any requests made will be subject to approval by Maxicare Healthcare Corporation. Upon approval of these requests, I allow Maxicare Healthcare Corporation.	nged with a te. I further
effect the necessary adjustments which may directly or indirectly affect my or my dependents' availment of services from Maxicare Healthcare Corporation.	
Terms and Conditions  "I agree and understand that in the course of providing services to me, MAXICARE shall engage the services of, and/or interact with, other third parties, such as, but not limited to company, affiliated companies, subsidiaries, financial advisors, affiliated third parties or independent/non-affiliated third parties and service providers, whether local or foreign (creferred to as "Representatives"). In connection with the foregoing, I hereby irrevocably authorize MAXICARE and its Representatives, being my healthcare maintenance services p my attorney-in-fact to:	collectively
a. Obtain, collect, examine, process, and store my and/or my dependents personal information, including sensitive personal information and privileged information, medical records, o information relative to my and my dependents' hospitalization, consultation, and treatment or any medical advice in connection with the benefit/claim availed under the Service Agr may be deemed necessary by MAXICARE.	
b. Disclose the aforementioned information to my employer, its representatives, agents and brokers, MAXICARE and its Representatives, including the service providers which will p services contemplated in the agreement, for any legitimate business purpose as MAXICARE may deem appropriate, including but not limited to outsourced processing of MAXICARE transactions, profiling or historical statistical analysis, providing advice or it which MAXICARE and its Representatives believe may be of interest to me, to effectively administer or manage my account, enhance customer services, or to communicate with me for any purpose.  Processing would include both manual and automated handling of personal information and storage and data transfers using physical methods as well as electronic via informations systems employed by MAXICARE and its Representatives. I retain the right to be informed, to object, access, complain, and rectify, to request for filtering of certain in and to the corresponding damages in case of violation of your rights within the corresponding limitations as set forth in the pertinent laws. The authorities herein provided shall be existing during the term of the agreement, including any extensions thereof, and until necessary for the establishment, exercise or defense of any claims arising from the said agreement.  For purposes hereof, I hereby warrant that I have been duly authorized by my dependent/s to sign and execute any and all documents and make representations for and in his/their behasame were personally done by him/them. I understand my rights and obligations pursuant to the Data Privacy Act and its implementing rules and regulations, as the same may be	nation and nation, e valid and t.
same were personally done by inhibition. Industration any rights and obligations pursuant to the Data Privacy Act and as implementing rules data regulations, as the same may be a further agree to hold MAXICARE and its Representatives free and harmless from and against any and all suits or claims, actions, or proceedings, damages, costs, and expenses attorney's fees, which may be filed, charged, or adjudged against MAXICARE or any of its directors, stockholders, officers, employees, agents, or Representatives in connection with from the use, processing and disclosure by MAXICARE or its Representatives of the aforementioned information.  Signature Over Printed Name of the Principal Member  Date Signed	, including