

AGENT ACCREDITATION FORM

APPLICATION REQUIREMENTS		
Eligibility	Documentary	Process
<input type="checkbox"/> Must be 18 to 65 years old <input type="checkbox"/> Has completed at least secondary education	<input type="checkbox"/> 2x2 picture in BLUE background <input type="checkbox"/> E-signature <input type="checkbox"/> Two government issued IDs with visible photo & signature <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Bank account details or accomplished ACA form <input type="checkbox"/> BIR Form 2303 <input type="checkbox"/> Sworn Declaration <input type="checkbox"/> Official Receipt	<input type="checkbox"/> Submit the complete application requirements <input type="checkbox"/> Pay the Accreditation Fee <input type="checkbox"/> Attend the two-day Accreditation Training <input type="checkbox"/> Pass the Accreditation Examination <input type="checkbox"/> Review and sign the Service Agreement

Please completely fill out the form (indicate N/A if not applicable). Applications without complete documents will not be processed.

APPLICATION DETAILS		
APPLYING AS:	<input type="checkbox"/> Health Benefit Agent <input type="checkbox"/> Agency Unit Manager* <input type="checkbox"/> Agency Unit Head*	
SOURCE:	<input type="checkbox"/> Walk-in <input type="checkbox"/> Recruited/Referred <input type="checkbox"/> On-line <input type="checkbox"/> BOP / Maxicare Event	
	Referred/Recruited by:	

*Additional requirements will be required for Agency Unit Manager/Agency Unit Head Applicants.

PERSONAL DETAILS			
FIRST NAME:			
MIDDLE NAME:			
LAST NAME:	EXTENSION:	2x2 PICTURE	
BIRTHDATE:	AGE:		
RESIDENTIAL ADDRESS:	Line 1 _____ Line 2 _____		
POSTAL CODE:	PHONE NO:		
MOBILE NO:	SSS NO:		
EMAIL ADD:	GSIS NO:		
TIN NO:	CITIZENSHIP:		
CIVIL STATUS:			

APPLICANT'S BACKGROUND							
EDUCATIONAL DETAILS	Attainment	<input type="checkbox"/> Secondary (High School) <input type="checkbox"/> Tertiary (College Degree) <input type="checkbox"/> Post-Graduate (Master's / PhD)					
	Institution	School Name		College/University Name		College/University Name	
	Inclusive Dates	Start Date	Graduated Date	Start Date	Graduated Date	Start Date	Graduated Date
	Program						
WORK EXPERIENCE	Company Name	Company 1		Company 2		Company 3	
	Inclusive Dates	Start Date	End Date	Start Date	End Date	Start Date	End Date
	Position	Position at Company 1		Position at Company 2		Position at Company 3	
SALES EXPERIENCE	Company Name	Company 1		Company 2		Company 3	
	Product Carried <small>(Insurance / Manufactured Goods / Services / Etc).</small>						
	Inclusive Years	Start Date	End Date	Start Date	End Date	Start Date	End Date
AFFILIATIONS	Company, Agency, Broker Name	Company 1		Company 2		Company 3	
	Inclusive Dates	Start Date	End Date	Start Date	End Date	Start Date	End Date
	Status	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive

OTHER HMO ACTIVELY CARRIED	
NAME OF HMO	INCLUSIVE DATES

DISCLOSURE OF RELATIONSHIP WITH A MAXICARE EMPLOYEE			
NAME OF RELATIVE	RELATIONSHIP	DEPARTMENT	POSITION

**Please declare a relationship with any Maxicare employee up to second degree of consanguinity and third level of affinity; non-disclosure may result in disaccreditation.*

I declare that the statements and particulars in this application are true and that no material facts have misstated, misrepresented, or suppressed after enquiry. I agree that this application, together with any other information supplied by me shall form the basis of Maxicare's accreditation validation. I undertake to inform Maxicare of any material alteration to those facts that occurred prior to the approval of my application. I agree that the information I supplied in this application form will be used by Maxicare to fulfill its governmental duties such as, but not limited to tax withholding and income reporting. I also take full accountability and responsibility for any errors that may occur because of misreporting of the pertinent data. I agree to be subjected to a full background check. I agree that this application shall become part of Maxicare property, and that Maxicare shall have the right to approve or disapprove this application at its sole discretion, and without obligation to disclose the reason in case of disapproval.

I hereby acknowledge that I have read and understood the Privacy Notice published at <https://www.maxicare.com.ph/privacy-notice/> and hereby voluntarily give my consent for Maxicare to collect, process and use my personal information for the purposes related to my accreditation. Further to this, I also agree that Maxicare may disclose my personal information to persons/parties relevant to my transactions with Maxicare and other business related matters. Concurrently, I give my consent for my records to be reviewed, updated annually and retained to a maximum of 5 years upon fulfillment of purposes declared herein.

SIGNATURE OVER PRINTED NAME

DATE

TO BE FILLED-OUT BY THE ACCREDITATION TEAM

APPLICATION DETAILS			
SUBMISSION DATE			HCB1 DATE
REQUIREMENT STATUS	<input type="checkbox"/> Complete and signed Application Form		
	<input type="checkbox"/> 2 pcs of 2x2 picture		
	<input type="checkbox"/> 3 pcs. of 1x1 picture		
	<input type="checkbox"/> Tax Identification Number		
	<input type="checkbox"/> Accreditation Fee		
	<input type="checkbox"/> EQB Bank Details <input type="checkbox"/> ACA provided, if with other preferred bank		
	<input type="checkbox"/> Valid ID 1	Type:	
	<input type="checkbox"/> Valid ID 2:	Type:	
	<input type="checkbox"/> BIR Form 2303		
	<input type="checkbox"/> Sworn Declaration		
	<input type="checkbox"/> Official Receipt		
EXAM STATUS	<input type="checkbox"/> Passed	Score:	<input type="checkbox"/> Failed
			Score:

Maxicare

AGENT ACCREDITATION FORM

NEGATIVE RECORDS CHECK STATUS	<input type="checkbox"/> No-Hit	<input type="checkbox"/> With Hit	Type of Hit:		
	Supplementary Document Provided		Date Provided:		
AGENCY DECKING DETAILS					
AGENT CODE:					
AGENCY UNIT	AGENCY UNIT MANAGER		AGENCY UNIT HEAD		
SALES HANDLERS	CONSUMER	ACCOUNT OFFICER		ACCOUNT OFFICER	
		BUSINESS DEVT MANAGER		CORPORATE	BUSINESS DEVT MANAGER

CERTIFIED COMPLETE BY:

ENDORSED BY:

APPROVED BY:

Accreditation Assistant

Training and Recruitment Officer

Assistant Manager - Accreditation