

24]7

24/7 CUSTOMER PHILIPPINES, INC.
AUTHORITY TO DEDUCT FORM
APE VOUCHERS via MEDICARD

Employee No.	Last Name	First Name	Middle Initial	Extension Name (Jr., III)
Job Grade	<input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Department		

[] NO, I'm not availing of the APE vouchers via Medicaid.

[] YES, I wish to avail the of the APE vouchers via Medicaid

Total no. of Vouchers availed: _____ Total Amount Php: _____

I, the undersigned hereby authorizes 24/7 Customer Philippines, Inc. to deduct from my gross earnings the payment of the Annual Physical Exam voucher/s obtained from Medicaid. I fully understand that the said amount will be deducted into 2 equal payouts. Furthermore, since the validity of the APE voucher is only up to one year from the date of purchase, request for refund due to my failure to use the voucher within the validity date will be declined.

Employee's Signature _____

Date _____

Received by OHCD / Date _____

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