



24/7 CUSTOMER PHILIPPINES, INC.
HEALTH INSURANCE PLAN via MEDICARD
Requirements Acknowledgement Slip
(Contract Year: **August 1, 2013 – July 31, 2014**)

Employee Number	Last Name	First Name	Middle Initial	Extension Name (Jr., III)
Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> <i>Single Parent</i>	Job Grade <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D	Choose Type of Enrollment: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Cancellation of Existing Dependent/s

Information on Requirement/s Submitted:

Last Name	First Name	MI	Ext. (Jr., II...)	Type of Document

Employee's Signature

Date

Received by OHCD / Date



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