[24]7

## 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	Civil Sta	tus	Job Grade	Choose Type of Enrollment	
	☐ Male ☐ Female	☐ Single ☐ Single Parent		□ I □ J □ A □ C □ B □ D	□ New Enrollment □ Cancellation of	
Information on Ro	equirement/s Submitted				Existing Dependent/s	
Last Name	First Name	MI Ext. (Jr., II)		Type of Document		
Employee's Signature		Date			Received by OHCD / Date	
Employee's Sign	nature	Date		Received b	oy OHCD / Date	
Employee's Sign	24/7 ( HEALTH Requi	CUSTOM INSURAI	Acknowledg gust 1, 2013	NES, INC. a MEDICARD	Extension Name (Jr., III)	
417 Employee Number Birth Date	24/7 ( HEALTH Requi (Contract \	CUSTOM INSURAI rements Year: Au	NCE PLAN vi Acknowledg gust 1, 2013	NES, INC. a MEDICARD ement Slip – July 31, 2014)	Extension Name (Jr., III)	
417 Employee Number	24/7 ( HEALTH Requi (Contract \	CUSTOM INSURAI rements Year: Au First Nai Civil Sta	NCE PLAN vi Acknowledge gust 1, 2013	NES, INC. a MEDICARD ement Slip – July 31, 2014)  Middle Initial	Extension Name (Jr., III)	
Employee Number  Birth Date (mm/dd/yyyy)	24/7 (HEALTH Requi) (Contract N	CUSTOM INSURAL rements Year: Au  First Nai  Civil Sta  Single	NCE PLAN vi Acknowledge gust 1, 2013	NES, INC. a MEDICARD ement Slip - July 31, 2014)  Middle Initial  Job Grade	Extension Name (Jr., III)  Choose Type of Enrollment  New Enrollment  Cancellation of	

Employee's Signature Date Received by OHCD / Date