Maxicare

AGENT ACCREDITATION APPLICATION FORM

APPLICATION REQUIREMENTS		
Eligibility	**Documentary**	**Process**
❑ Must be 18 to 65 years old ❑ Has completed at least secondary education ❑ Filipino Citizen residing within the Philippines	❑ 2x2 ID picture in BLUE background ❑ eSignature ❑ 2 government-issued IDs with visible photo and signature ❑ Tax Identification Number ID or BIR Form 1901 / 1902 ❑ Bank account details or accomplished ACAA form ❑ BIR Form 2303 ❑ Sworn Declaration ❑ Printed Invoice	❑ Submit the complete application requirements ❑ Pay the Accreditation Fee (Non-refundable) ❑ Attend the Accreditation Training (CAMP Training) ❑ Pass the Accreditation Examination ❑ Review and sign the Service Agreement ❑ Application will be forfeited upon failure to submit and fulfill all accreditation requirements and processes within 6 months from the date of accomplishing the Maxicare Agency Requirements Validation Form

- **Please correctly fill out the form (indicate N/A if not applicable).**
- **Fields with check marks need to be filled out.**
- **Applications without complete documents will not be processed.**
- **Kindly declare your relationship with any employee within the Equicom Group. Failure to declare will result in disaccreditation.**

☑ APPLICATION DETAILS			
APPLICATION TYPE	❑ New	❑ Reapplying	
APPLYING AS	❑ Health Benefit Consultant	❑ Agency Unit Manager*	❑ Agency Unit Head*
SOURCE	❑ Walk-in ❑ BOP / Maxicare Event	❑ Recruited/Referred ❑ Job Fair	❑ Online (Web Portal; Social Media; Job Sites)
	Recruited/Referred by:		

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

☑ PERSONAL DETAILS			
FIRST NAME			2x2 PICTURE
MIDDLE NAME			
LAST NAME		**EXTENSION:**	
BIRTHDATE		**AGE:**	
RESIDENTIAL ADDRESS	Line 1 Line 2		
POSTAL CODE			
MOBILE NO.		**TELEPHONE NO:**	
EMAIL ADDRESS		**SSS NO:**	
TIN NO. (Personal TIN)		**GSIS NO:**	
CIVIL STATUS		**CITIZENSHIP:**	

☑ APPLICANT'S BACKGROUND						
EDUCATIONAL DETAILS	**Attainment**	❑ Secondary (High School)		❑ Tertiary (College Degree)		❑ 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 (Insurance / Manufactured Goods / Services / Real Estate/ Etc).						
	Inclusive Years	Start Date	End Date	Start Date	End Date	Start Date	End Date
AFFILIATIONS	**Life Insurance 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	❑ Active	❑Inactive	❑ Active	❑Inactive	❑ Active	❑Inactive

☑ OTHER HMO ACTIVELY CARRIED	
NAME OF HMO	**INCLUSIVE DATES**

☑ DISCLOSURE OF RELATIONSHIP WITH AN EQUICOM GROUP EMPLOYEE			
NAME	**RELATIONSHIP**	**COMPANY / DEPARTMENT**	**POSITION**

Please declare relationship with any *Equicom Group active employees, if there is any. Failure to declare your relationship during the application will result in disaccreditation. Applicants who declare that they are related to any active employee within the Equicom Group up to 4th level of consanguinity/affinity including Common Law Partner, Live-In Partner or any relationship that is not recognized as legally married will be subject to the approval of the Chief Consumer Officer or Chief Operations Officer. *(Equicom Savings Bank, ALGO Leasing & Finance, Inc., GOAL Credit Corporation, CIBI Information, Inc., Philippine Rating Services Corporation, MediLink Network, Inc., Equitable Computer Services, Inc., Equicom, Inc., Equicom Information Technology, Inc., Outsource Network Contact Center and Back Office Services, Inc., and Equicom Shared Services)

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 and any other information I supplied 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's 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 for a maximum of 5 years upon fulfillment of purposes declared herein.*

SIGNATURE OVER PRINTED NAME

DATE