

Strictly Confidential

[Date]

**MAXICARE HEALTHCARE CORPORATION**

Maxicare Tower  
203 Salcedo Street, Legaspi Village  
Makati City

**ATTENTION:** [NAME] JOHN MELCHOR SURPEZ  
[Designation] AUTHORIZATION DEPARTMENT

**THRU:** [NAME OF THE COMPANY] IPLOY STAFFING SOLUTIONS INC.

**SUBJECT:** MEMBER CONFORME

Gentlemen:

In reference to my and/or my dependent/s' healthcare plan procured by the Company, I hereby certify that I and my dependent/s have read and understood the Summary of Coverage and Benefits of the Service Agreement executed by Maxicare Healthcare Corporation ("Maxicare") and the Company including all procedures, benefits, exclusions, limitations and conditions contained therein, and agree to be bound thereby.

In executing this document and in affixing my signature hereto, I confirm that:

1. I agree and understand that in the course of providing service/s to me or my dependents, Maxicare shall engage the services of, and/or interact with, other third parties, such as, but not limited to its parent company, affiliated companies, subsidiaries, financial advisors, affiliated third parties or independent/non-affiliated third parties and service providers, whether local or foreign (collectively referred to as "**Representatives**").
2. I and my dependent/s have freely, knowingly and voluntarily given my consent for Maxicare and its Representatives to:
  - a. Obtain, collect, examine, process, and store copies of my and/or my dependents' personal information, including sensitive personal information, privileged information, medical records or any other information relative to my (and/or my dependents') hospitalization, consultation, treatment or any medical advice in connection with the benefit/claim availed under the Agreement as may be deemed necessary by Maxicare. Except as otherwise stated hereon, any information obtained relative to the authority herein given shall be strictly confidential. The extent of the collection and processing shall be necessary and incidental to the performance of the services contemplated in the Agreement.
  - b. Disclose such information to the Company, its representatives, agents and brokers, Maxicare and its Representatives, including the service providers which will perform the services contemplated in the Agreement, for any legitimate business purpose as Maxicare may deem appropriate, including but not limited to outsourced processing of Maxicare transactions, profiling or historical statistical analysis, providing advice or information which Maxicare and its Representatives believe may be of interest to me or the Company, to effectively administer or manage my account, enhance customer services, or to communicate with me or the Company for any purpose.

Processing is hereby understood to include any operation or any set of operations performed upon personal information including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure or destruction of data. Processing would include both manual and automated