

FRANCHISE APPLICATION FORM
For Company Profile Only

| | | | | |
|-----------------------|----------------|-------------------------|----------------------|---------------------|
| Company Name | : | _____ | | |
| Nature of Business | : | _____ | | |
| Complete Address | : | _____ | | |
| Email Address | : | _____ | | |
| Telephone No. | : | Facsimile No. | : | _____ |
| Contact Person | : | Position | : | _____ |
| Addressee of Proposal | : | Position | : | _____ |
| No. of Employees | : | No. of Dependents | : | Total : _____ |
| Current Coverage | () None | () Health/Medical Ins. | () TPA | Expiry Date : _____ |
| | () HMO _____ | | | |
| Manner of Enrollment | () Compulsory | () Voluntary | | |
| Manner of Payment | () Subsidized | () Contributory | () Salary Deduction | |

For Direct Sales Only

| | | | |
|-------------------|--------------|--------------------|------------------|
| () Telemarketing | () Phone-in | () E-mail Inquiry | () Referred by: |
|-------------------|--------------|--------------------|------------------|

Action Taken () Approved/Expiry: _____ () Disapproved

Franchising Policy

An approved franchise will be given a franchise period of 60days from the date of franchise approval based on the following:

>*Franchise Extension* - can be extended for an additional 30 days after the expiry date, upon submission of a PROGRESS REPORT(duly signed by the original contact person) based on HEALTHCARE BENEFIT PROPOSAL for request of extension.

These requirements must be submitted five (5) days before the franchise period expires.

>*Subsequent Extension* - maximum of 30 days per extension, subject to submission of monthly progress reports, and request for extension.

***** FAILURE TO COMPLY WITH THIS POLICY MEAN AUTOMATIC TERMINATION OF FRANCHISE WITHOUT ANY OBLIGATION ON THE PART OF VALUCARE TO INFORM THE SALES INTERMEDIARY.**

Note: A corporate franchise shall only apply to the particular company applied for, and shall not extend to any of it's holding, sister or subsidiary companie unless otherwise covered in the application for franchise form, and approved by ValuCare.

Conforme: _____ Date _____
 signature over printed name

(For Franchise Issuer's Copy)

Requested by: _____ Date : _____

Action Taken : _____
 COMPANY NAME FOR FRANCHISE
 () Approved Effectivity : _____ Expriy : _____
 () Disapproved Remarks : _____

Processed by : _____ Date : _____

Approved by : _____ Date : _____

Franchising Policy

An approved franchise will be given a franchise period of 60days from the date of franchise approval based on the following:

>*Franchise Extension* - can be extended for an additional 30 days after the expiry date, upon submission of a PROGRESS REPORT(duly signed by the original contact person) based on HEALTHCARE BENEFIT PROPOSAL for request of extension.

These requirements must be submitted five (5) days before the franchise period expires.

>*Subsequent Extension* - maximum of 30 days per extension, subject to submission of monthly progress reports, and request for extension.

***** FAILURE TO COMPLY WITH THIS POLICY MEAN AUTOMATIC TERMINATION OF FRANCHISE WITHOUT ANY OBLIGATION ON THE PART OF VALUCARE TO INFORM THE SALES INTERMEDIARY.**

Note: A corporate franchise shall only apply to the particular company applied for, and shall not extend to any of it's holding, sister or subsidiary companies unless otherwise covered in the application for franchise form, and approved by ValuCare.