



WIZARD MANPOWER And Allied Services, Inc.

Suites 407 – 410, CSP Building, No. 815 Quezon Avenue, Quezon City

COMPANY'S CODE OF CONDUCT, SIGNING OF CONTRACT AND MANDATORY CONTRIBUTIONS

I hereby acknowledged that the Company's Code of Conduct and the Contract of Employment (Fixed-term, Co-terminus, Probationary, Seasonal or Trainee) have been duly read and explained to me in a language known to me during the orientation of the newly- hired employee on the date indicated; and that I have fully understood the contents and meaning of the same. I also acknowledged that the mandatory contributions and other charges (SSS, Philhealth etc.) are explained to me and that I agree that the same shall be deducted from my salary in accordance with the law.

Conforme:

Signature Over Printed Name

Postion/Assigned Area of Duty⁺

Date

CONSENT TO PERSONAL ACCIDENT INSURANCE COVERAGE

I hereby consent to be covered by the Personal Accident Insurance provided by WIZARD MANPOWER AND ALLIED SERVICES, INC. I also agree to pay the amount of P265.00 as premium coverage for one (1) year and that I allow my said company to deduct the said amount from my salary. I hereby acknowledged that the purpose and benefits of this personal accident insurance have been fully explained to me and that I have fully understood it.

Conforme:

Signature Over Printed Name

Postion/Assigned Area of Duty⁺

Date

CONSENT TO CAREWELL HEALTH SYSTEM, INC.

I hereby agree to become a member of CAREWELL HEALTH SYSTEM, INC. and I allow WIZARD MANPOWER AND ALLIED SERVICES, INC. to deduct from my salary on a monthly basis the amount P225.00 as payment for my HMO program premium. I hereby acknowledged that the purpose and benefits that this health program provided by CAREWELL HEALTH SYSTEM INC. are duly explained to me in a language known to me and that I have fully understood it. I have also fully understood and that I agree that the membership in this health program is purely voluntary and that in case I failed to pay my monthly premium payments and/or I left WIZARD MANPOWER AND ALLIED SERVICES, INC. due to expiration of the employment contract, termination and other causes, my membership with CAREWELL HEALTH SYSTEM, INC. will also expire.

Conforme:

Signature Over Printed Name

Postion/Assigned Area of Duty

Date