



APPLICATION ACCOUNT AUTHORIZATION FORM (3AF)

This form should be fully and properly filled-out for the request to be processed. All fields marked with an asterisk () are required. A copy of PhilHealth Company ID of Requesting Party/User should be attached for signature verification in case of account creation, editing and password resetting.*

USER INFORMATION

Date*	Department/PRO *	Division/ Branch/LHIO*	PRO Code <i>(Please see PRO Codes at the back)*</i>
Last Name*	First Name*		Middle Name*
Position	Employee ID No.*	User ID*	Contact No.
Email Address <i>(preferably Corporate Account)*</i>			
Employment Status:			
<input type="checkbox"/> Casual		<input type="checkbox"/> Permanent/Regular	

TYPE OF REQUEST * *(Mark the appropriate box)*

<input type="checkbox"/> Create New Account	<input type="checkbox"/> Edit/Update Existing Account	<input type="checkbox"/> Deactivate Account	<input type="checkbox"/> Activate Existing Account	<input type="checkbox"/> Password Resetting/Reason for Resetting <i>(e.g. Invalid, Locked, Forgot Password, Expired, Unable to Connect)</i> _____
<u>Application System*</u>			<u>User Level/Account Description/Account Code *</u>	
1.	5.	1.	5.	
2.	6.	2.	6.	
3.	7.	3.	7.	
4.	8.	4.	8.	

USER COMPLIANCE AGREEMENT

As user, I fully understand that by requesting application access and accepting and using such application access rights and privileges, I must comply with the following:

1. To use my access information (login ID and password) conscientiously and not to share and allow anyone to use these information.
2. To strictly adhere with the applicable provisions on Office Order No. 0045, series of 2013 Re: Corporate Password Policy.
3. To use corporate data and information responsibly and not to utilize the same for purposes other than its intended use.
4. To report any security problems to the Corporate Information Security Department (InfoSec).
5. To understand that failure to do the above conditions may result in disciplinary and/or legal actions.

I hereby accept this agreement, and certify that I completely understand the foregoing provisions and that I acknowledge the responsibility of adhering to the same.

Signature of the Requesting Party/User *

REQUEST APPROVAL

Contact No. of Immediate Superior/Division Chief*	Email Address <i>(preferably Corporate Account)</i> of Immediate Superior/Division Chief*		
For User's Supervisor: <i>My signature confirms the following:</i> 1. The user is required to access application system and data to perform his/her tasks. 2. No conflicting accounts/roles for Corporate application systems are afforded to him/her or no access or privileges are given to him/her depicting incompatible functions/tasks. 3. It is my obligation to ensure that the account is deactivated in the occurrence of certain event/s as provided in the <i>existing and valid User Application Account Management Policy</i> . As supervisor, I understand that I can be held liable for incidents/cases that happen under my supervision. 4. I also certify that the person requesting access has read and understood the "User Compliance Agreement".	Recommending Approval:		
		Immediate Superior/Division Chief* <i>Signature Over Printed Name</i>	<i>Date Signed*</i>
	Approved by:		
		Senior Manager/Regional Vice President* <i>Signature Over Printed Name</i>	<i>Date Signed*</i>

PROCESSING OF THE REQUEST *(For PhilHealth IT Help Desk/PRO IT Use Only)*

Ticket/JOROS No.	Received by: _____ Signature Over Printed Name/ Date/Time	User Name	Password (Default)
Action Taken	<input type="checkbox"/> The request has been rejected/refused due to incomplete entries in the form/the form is not fully/properly signed/the form has no attached supporting document.		
<input type="checkbox"/> The request has been successfully processed.			
Processed by: _____ Signature Over Printed Name/ Date/Time		Acknowledged by: _____ (Requesting Party/User) Signature Over Printed Name/Date/Time	