# Duties and Responsibilities of thePRINCIPAL as the GROUP Leader

1. Sign documents and the agreement in behalf of the GROUP.
2. Represent its members in dealing with the HMO PROVIDER
3. Coordinate with the GROUP to validate membership lists and eligibility.
4. Coordinate with the HMO PROVIDER through the designated agent.
5. Facilitate any and all communications between the GROUP and HMO PROVIDER.
6. Assist members in availing benefits and resolving concerns regarding coverage for principal member and dependents
7. Ensure that any changes in membership status, are promptly communicated to both the GROUP and HMO PROVIDER.

## Detailed Closing Steps

1. **Submit conforme document**, stating group name, signatory, position title and address to Kaiser International through the Kaiser agent.

See attached ***nfs-conforme.pdf*** file.
2. **Submit notarized certification of authorization**, such as a Faculty Resolution
3. Faculty resolution,
See draft below. Adjust as necessary to satisfy your school’s documentation requirements.
4. Annex A. List of Principal Members.
See attached ***nfs-fr-annex-A.xlsx*** spreadsheet.
5. Acknowledgement / Notary certification,
See draft below.
6. **Receive final copy of Memorandum of Agreement** via email from HMO provider
7. **Sign Memorandum of Agreement** in coordination with HMO provider
8. **Submit Masterlist** of Principal and Dependents
See attached ***nhs-group-masterlist.xlxs***
9. **Remit Payment**
10. **Receive proof of membership**
11. HMO agreement
12. Official receipt with name of members
13. Individual membership cards

/ryp 250821

# FACULTY RESOLUTION

Of

*School name*

We, the undersigned officers and representatives of the **Faculty of** . *School name*, hereby certify that:

**WHEREAS,** the Faculty desires to collectively acquire a group Health Maintenance Organization (HMO) product for the benefit of its members;

**WHEREAS,** the Faculty has agreed to authorize its School Principal to represent the Faculty in this undertaking;

**NOW, THEREFORE,** after due discussion, the Faculty hereby adopts the following resolution:

**“RESOLVED, that the School Principal, *[Full Name of Principal]*, is hereby authorized to represent the Faculty of *[School Name]* and to sign, execute, and deliver for and on behalf of the Faculty the Memorandum of Agreement (MOA) and all documents necessary for the acquisition of group HMO coverage under the National Healthcare Shield plan from Kaiser International HealthGroup, Inc.”**

The **List of Faculty Members**, attached hereto as **Annex “A”**, forms an integral part of this Resolution.

IN WITNESS WHEREOF, we have hereunto affixed our signatures this \_\_\_ day of \_\_\_\_\_\_\_***, \_\_\_\_***, at *[City/Municipality]*, Philippines.

**SIGNATORIES**

*[Full Name of Principal]*
School Principal

*[Full Name of Faculty President/Rep]*
Faculty President

*[Full Name of Faculty Secretary]*Faculty Secretary

# ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES )
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) S.S.

BEFORE ME, a Notary Public for and in the above jurisdiction, personally appeared:

|  |  |  |
| --- | --- | --- |
| Name | ID Type / Number | Issued at |
| *<principal>* |  |  |
| *<faculty president>* |  |  |
| *<faculty secretary>* |  |  |

Known to me and identified through competent evidence of identity, who acknowledged to me that they voluntarily executed the foregoing **Faculty Resolution with Annex “A”**, and that the same is their free and voluntary act and deed, and that of the Faculty of School Name they represent.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal on this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_***, \_\_\_\_\_***, at *City/Municipality* , Philippines.

Doc. No. \_\_\_\_\_;
Page No. \_\_\_\_\_;
Book No. \_\_\_\_\_;
Series of \_\_\_\_\_;