# Duties and Responsibilities of 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.
2. **Submit notarized certification of authorization**, such as a Authorization Resolution
3. Authorization resolution,  
   See draft below. Adjust as necessary to satisfy your school’s documentation requirements.
4. Annex A. List of Principal Members.  
   See ***nfs-fr-annex-A.xlsx*** spreadsheet. You may use many sheets as necessary   
   This is the list of members who authorized the group leader
5. Acknowledgement / Notary certification,  
   See draft below.

Items (a), (b) and (c) is one document for notarization; make sure Annex A

1. **Receive final copy of Memorandum of Agreement** via email from HMO provider
2. **Sign Memorandum of Agreement** in coordination with HMO provider
3. **Submit Masterlist** of Principals and Dependents  
   This is the list of members who actually applied (and paid) for enrollment.
4. See attached ***nhs-group-masterlist.xlxs***
5. **Remit Payment**
6. **Receive proof of membership**
7. HMO agreement
8. Official receipt with name of members
9. Individual membership cards

/ryp 250909

# AUTHORIZATION / RESOLUTION

Of

*Group Name e.g school name* **GROUP**

We, the undersigned officers and representatives of the *Group Name e.g school name* **GROUP**, hereby certify that:

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

**WHEREAS,** the **GROUP** has agreed to authorize its *\_\_<group leaders name>*  to represent the **GROUP** in this undertaking;

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

**“RESOLVED, that the**   *\_\_<group leaders name>*, **is hereby authorized to represent the *Group name, e.g. school name* GROUP and to sign, execute, and deliver for and on behalf of the GROUP, 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 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.

*[Full Name of leader]*  
**GROUP LEADER** ( Optional position/title )

*[Full Name of representative 1*   
<position / title of representative1)

*[Full Name of representative 2*   
<position / title of representative2)

# 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 |
| *<group leader>* |  |  |
| *<representative 1>* |  |  |
| *<representative 2>* |  |  |

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 \_\_\_\_\_;