Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline 441-7444 www.philhealth.gov.ph IMPORTANT REMINDERS:

PMRF PHILHEALTH MEMBER REGISTRATION FORM (October 2013)											
	PhilHealth I	•	•	nber (PIN	۷)						
benefits.											
PURPOSE:											
rm. FOR ENROLLMENT FOR UPDATING											
tension (JR/SR/III))	N	Middle Name								
tension (JR/SR/III))	M	iddle Na	me							
	Nationalit										
tus dow(er) gally Separated	ntification	n No.(TIN)									
Street Subdivision/Village											
Co			Zip Code								
	E-ma	il Addr	ess								
			Det	f Diath	0						
Middle Name				e of Birth -dd-yyyy	Sex M / F						
d above with perma	anent disab	oility									
Middle Name		Mark J if with Disability		e of Birth -dd-yyyy	Sex M/F						
Father's Middle Na	k / if with rmanent isability		Date of Birth (mm-dd-yyyy)								
Mother's Maiden Mic Name	Pe	k J if with manent sability Date of Bi									
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overnment Unit (Plea Government Agen											
Please specify):											
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Pensioner		1									
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	fication Number (PIN) is your uni IN does not automatically qualify			benefits						
	n all transactions with PhilHealth			PURPO	SE:	_				
Please carefully r	ead instructions at the	back before accomp	lishing this fo	orm. \square FO	R ENROLLMENT	FOR UPD	ATING			
1. MEMBER INFORMATION										
Last Name		First Name	Name E	xtension (JR/SR/III)	Mic	ddle Name				
K Manife d Familia vila		A.M.P.								
Last Name	ease write FULL MAIDEN N	AME: First Name	Name F	xtension (JR/SR/III)	Mic	Idle Name				
Last Name		i ii St Name	Name L	Aterision (Jivolviii)	WIIC	idle Hallie				
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipa	lity/Province) Sex	Civil Sta	otuo	Nationality T	av Identification	No (TINI)			
Date of Bitti (mm-dd-yyyy)	Place of Birtin (City/Municipa	Male		Civil Status Nationality Tax Identification No.(☐ Single ☐ Widow(er)			110.(1111)			
		Female	☐ Married ☐ Le							
Permanent Address										
Unit/Room No./Floor	Building Name	Lot/Block/House/Bld	lg. No.	No. Street Subdivision/Village						
Barangay	City/Mui	nicipality	Province	Province Country Zip Code						
Contact Information	(Area Code + Tel. No.)	Mobile Nui	mber	T	E-mail Addres	e e				
Landine Number	(Alca Odde 1 Tel. No.)	WOODIIC IVUI	IIIDCI	Del E-mail Address						
2. DECLARATION OF DEPENDENTS (Use separate sheet if necessary)										
2.1 Legal Spouse	DEFENDENTS (Use sepai	ate sheet ii hecessary)								
PhilHealth Identification	Last Name	First Name	Name Extension	Middle N	Jame	Date of Birth	Sex			
Number (PIN)	24011141110	- Het Hame	(JR/SR/III)			mm-dd-yyyy	M/F			
2.2 Children below 21	years old (unmarried & une	mployed) and/or Childre	T .	nd above with permar		Data of Dinth	1 0			
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Mark √ if with Disability	Date of Birth mm-dd-yyyy	Sex M / F			
2.3 Parents' Details										
PhilHealth Identification	Father's Last Name	Father's First Name	Name Extension	Father's Middle Nam	Mark J if with Permanent	Date of Bi				
Number (PIN)			(JR/SR/III)		Disability	(mm-dd-yy	/yy)			
PhilHealth Identification	Mother's Maiden Last Name	Mother's First Name	Name Extension	Mother's Maiden Mide	Mark √ if with Permanent	Date of Bi				
Number (PIN)			(JR/SR/III)	Name	Disability	(mm-dd-yy	/yy)			
3. MEMBERSHIP CAT										
3. 1 Formal Economy ☐ Private ☐ Go			3. 3 Indigent							
	t/Regular □ Casual □ Con	tractor/Project-Based								
☐ Enterprise Owr										
☐ Household Hel	p / Kasambahay									
☐ Family Driver										
3.2 Informal Econom				3.4 Sponsored						
☐ Migrant Worke	r I □ Sea Based		Local Government Unit (Please specify):							
		Pedicah/Triovole Driver etc.)	□ National Government Agency (Please specify):							
☐ Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.) (Please specify):			Others (Please specify):							
	nthly Income: Php									
□ No Incom			3.5 Lifetime	Member	Date/Effe	ectivity of Retire	ement:			
☐ Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.)				3.5 Lifetime Member Date/Effectivity of Retirement: ☐ Retiree / Pensioner						
(Please specify): Estimated Monthly Income: Php			☐ With 120	☐ With 120 months contribution ☐ mm dd vyvy						
☐ Filipino with Dual Citizenship			and has	reached retirement a	ge mm	dd yyy	у			
☐ Naturalized Fili										
	countries working/residing/stud	dying in the Philippines								
	up (Please specify):									
			1							
Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.			Please do no	Please do not write on this portion. For filling-out by PhilHealth Officer:						
			Danis and how							
	Received by: Date:									

Please affix right thumbmark if unable to write.

Date

Signature over Printed Name

Evaluated by: ___

INSTRUCTIONS

- 1. For PURPOSE, put a mark 1 FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark 1 FOR UPDATING if you want to update or make corrections to certain information previously submitted when you enrolled. Fill-out the appropriate portions of the form.
- 2. Please write in CAPITAL LETTERS.
- ALL FIELDS in item 1 for Member Information ARE MANDATORY. The Member should fill-out all required information.
- 4. Write N.A. if the information is not applicable.
- 5. All name entries should be in the following format:

Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:

Last NameFirst NameName ExtensionMiddle NameSANTOSJUAN ANDRESIIIDELA CRUZ

6. For the Declaration of Dependents, fill-out the names of the living spouse, children and parents in items 2.1, 2.2 and 2.3 following the same format above.

Put a mark in the box for item 2.2 if child has disability. Put a mark in the box for item 2.3 if parent has disability. Please indicate FULL MOTHER'S MAIDEN NAME for item 2.3.

- 7. For declared dependents with disability, please submit a Medical Certificate indicating the details and extent of disability. As defined in the Implementing Rules and Regulations of the National Health Insurance Act of 2013, the following are included as qualified dependents:
 - a. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support.
 - b. Parents with permanent disability regardless of age that renders them totally dependent on the member for subsistence.
- 8. For MEMBERSHIP CATEGORY, put a mark / in the appropriate box and specify details as necessary.
- 9. The member or guardian (if member is a minor) should certify that the information provided are true and correct by affixing his/her signature over the printed name in the space provided for. If unable to write, please affix the right thumbmark in the space provided.