



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre, 709 Shaw Blvd., Pasig City  
 Healthline : 637-9999 www.philhealth.gov.ph

# PMRF

PHILHEALTH MEMBER REGISTRATION FORM  
 October 2010

PhilHealth Identification Number (PIN)

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**IMPORTANT REMINDERS**

1. Your PhilHealth Identification Number (PIN) is your unique and lifetime number.
2. The issuance of PIN does not automatically qualify you and your dependents to be entitled to NHIP benefits.
3. Always use your PIN in paying your contributions and availment of NHIP benefits.

**PURPOSE:**

FOR ENROLLMENT       FOR UPDATING

Please read instructions at the back before accomplishing this form.

**1. MEMBER INFORMATION**

<b>Last Name</b>	<b>Name Suffix</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Date of Birth</b> (mm-dd-yyyy)	<b>Place of Birth</b> (City/Municipality,Province)	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	<b>Tax Identification Number (TIN)</b>	<b>Nationality</b>
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**Residential Address**

<b>Unit/Room No., Floor</b>	<b>Building Name</b>	<b>House/Building No.</b>	<b>Street</b>	<b>Subdivision/Village</b>
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<b>Barangay</b>	<b>City/Municipality</b>	<b>Province</b>	<b>Zip Code</b>
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**Contact Information**

<b>Telephone No.</b>	<b>Cell Phone No.</b>	<b>Email Address</b>
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**2. LIST OF DEPENDENTS** *(Please use separate sheet if necessary)*

**2.1 Spouse** (if legally married)

Last Name	Name Suffix	First Name	Middle Name	Date of Birth (mm - dd - yyyy)	PhilHealth Identification Number (If applicable)

**2.2 Children below 21 years old** (unmarried & unemployed) **and/or Children 21 years old or above with permanent disability**

Last Name	Name Suffix	First Name	Middle Name	Date of Birth (mm - dd - yyyy)	Sex (M or F)	Check if w/ Permanent Disability

**2.3 Parents who are 60 years old or above**

Last Name	Name Suffix	First Name	Middle Name	Date of Birth (mm - dd - yyyy)	PhilHealth Identification Number (If applicable)
Father					
Mother (Maiden Name)					

**3. MEMBERSHIP CATEGORY**

<p><b>3.1 Employed Member</b></p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Household Help</p> <p><b>3.2</b> <input type="checkbox"/> <b>Overseas Filipino Worker</b></p> <p><b>3.3</b> <input type="checkbox"/> <b>Sponsored Member</b> <i>(Indicate Household ID No., if applicable)</i></p> <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p><b>3.4</b> <input type="checkbox"/> <b>Lifetime Member</b> <i>(Retiree/Pensioner)</i></p> <p>Date/Effectivity of Retirement:    <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p>																																	<p><b>3.5 Individually Paying Member</b></p> <p>Self-employed</p> <p><input type="checkbox"/> Professional (specify profession): _____</p> <p><input type="checkbox"/> Non-Professional (specify occupation): _____</p> <p>Estimated Average Monthly Family Income for the past 12 months:</p> <p><input type="checkbox"/> P25,000 &amp; Below      <input type="checkbox"/> Above P25,000</p> <p><input type="checkbox"/> KaSAPI</p> <p><input type="checkbox"/> Group Enrollment</p> <p><b>3.6</b> <input type="checkbox"/> <b>Others</b> (specify): _____</p>

I hereby certify that the above information are true and correct.

\_\_\_\_\_      \_\_\_\_\_

Name and Signature      Date

If unable to write, affix right thumbmark

**THIS PORTION TO BE FILLED UP BY PHILHEALTH**

Received by: \_\_\_\_\_      Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_      Date: \_\_\_\_\_

## INSTRUCTIONS

1. For PURPOSE, check (✓) FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Check (✓) FOR UPDATING if you only want to update or make corrections to certain information previously submitted when you enrolled. Fill out the appropriate portions of the form and attached the corresponding documentary requirements.
2. Write in **CAPITAL LETTERS**. Write N.A. if the data required are not applicable.
3. Fill out names of spouse/s, children or parents in Items 2.1, 2.2 and 2.3 in the following format.  
Example, **Juan Andres de la Cruz Santos III** will be entered as:

<u>Last Name</u>	<u>Name Suffix</u>	<u>First Name</u>	<u>Middle Name</u>
<b>SANTOS</b>	<b>III</b>	<b>JUAN ANDRES</b>	<b>DELA CRUZ</b>
4. Put a check (✓) in the appropriate boxes .
5. Attach a photocopy of required supporting documents to the accomplished form prior to submission to PhilHealth. Spouse/s, parents and all children declared as dependents listed in Items 2.1, 2.2 and 2.3 shall continue to be valid unless amended by the member.
6. For child/ren 21 years old or above and with permanent disability, attach a copy of Medical Certificate.
7. For Self-employed under the Individually Paying Member, please indicate the following:
  - a. For Professionals, specify your profession.
  - b. For Non-Professionals, specify your occupation.
  - c. Check the appropriate box of your estimated average monthly family income for the past twelve (12) months.
8. The member or guardian (if member is a minor) should certify that information provided are true and correct by signing the space provided for. If unable to write, please affix the thumb mark in the space provided.

## DOCUMENTARY REQUIREMENTS

1. Registered Member
  - Birth/Baptismal Certificate or any of the following Identification (ID) cards issued by a government official authority:
    - Passport
    - Driver's License
    - Professional Regulation Commission (PRC) ID
    - National Bureau of Investigation (NBI) Clearance
    - Police Clearance
    - Postal ID
    - Voter's ID
    - Barangay Certification
    - Government Service Insurance System (GSIS) e-Card
    - Social Security System (SSS) Card
    - Senior Citizens Card
    - Overseas Workers Welfare Administration (OWWA) ID
    - OFW ID
    - Seaman's Book
    - Alien Certification of Registration/Immigrant Certification of Registration
    - Government Office and Government Owned & Controlled Corporation (GOCC) ID, e.g. Armed Forces of the Philippines (AFP) ID, Home Development Mutual Fund (HDMF) ID
    - Certification from the National Council for the Welfare of the Disabled Persons (NCWDP)
    - Department of Social Welfare and Development (DSWD) Certification
    - Integrated Bar of the Philippines ID
    - Company IDs issued by private entities or institutions registered with or supervised or regulated either by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC)
2. Spouse
  - Marriage Certificate/Contract  
For Muslim spouse, Affidavit of Marriage issued by Office of the Muslim Affairs (OMA), shall pass through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO)
3. Children
  - a. Legitimate or illegitimate children below 21 years old
    - Birth Certificate
  - b. Adopted children below 21 years old
    - Court Decree of Adoption
  - c. Stepchildren below 21 years old
    - Marriage Certificate between the natural parents and stepfather/stepmother and Birth Certificate/s of the stepchildren
  - d. Mentally or physically disabled children who are 21 years or above
    - Birth Certificate and Medical Certificate issued by the attending physician stating and describing the extent of disability.
4. Parents
  - a. Parent/s 60 years old above
    - Birth Certificate of both registrant and parent  
(In the absence of Birth Certificate of parent, any proof attesting to the date of birth of the parent/s)
  - b. Stepparents 60 years old or above
    - Marriage Certificate/Contract between biological parent of the member and the stepparent;
    - Birth Certificate of the stepparent  
(in its absence, a notarized affidavit of two disinterested persons attesting to the date of birth);
    - Birth Certificate of the member-child indicating the name of his/her biological parent; and
    - Death Certificate of member's deceased biological parent
  - c. Adoptive parents 60 years old or above
    - Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption and is annotated thereto; and
    - Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of two disinterested persons attesting to the date of the birth