

PHILHEALTH MEMBER REGISTRATION FORM

	(October 2	013)								
PhilHealth Identification Number (PIN)										
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2.1 Legal Spouse Phil-teath identification Number (PN) Last Name First Name Name Extension (JRCRPail) Middle Name Date of Birth mm-dd-yyyy Mir F 2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old and above with permanent disability Mir F Phil-teath identification Number (PN) Last Name First Name First Name Name Catestion (JRCRPail) Middle Name Mode of Birth Dastoil of Birth (JRCRPail) Middle Name Mode of Birth Dastoil of Birth (JRCRPail) Date of Birth Dastoil of Birth Number (PN) Fatherqs Last Name Fatherqs First Name Name Catestion (JRCRPail) Fatherqs Middle Name Date of Birth Permanent Number (PN) Fatherqs Last Name Fatherqs First Name Name Catestion (JRCRPail) Fatherqs Middle Name Date of Birth Permanent Number (PN) Date of Birth Number (PN) Name Catestion (JRCRPail) Date of Birth Permanent Number (PN) Date of Birth Number (PN) Name Date of Birth Permanent Number (PN) Date of Birth Number (PN) Date of Birth Permanent Number (PN) Date of Birth Permanent Number (PN) Date of Birth Number (PN)		(Area Code + Tel. No.)	Mobile Num	Dher E-mail Address					
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3. MEMBERSHIP CATEGORY 3. 1 Formal Economy	PhilHealth Identification	Mothora Last Namo	Mothora First Namo	Name Extension					
3.3 Indigent	Number (PIN)	Mother & Last Name	Mother op i list Name			(mm-dd-yyyy)			
3.3 Indigent									
Private Government Permanent/Regular Casual Contractor/Project-Based Enterprise Owner Household Help / Kasambahay Family Driver 3.2 Informal Economy Migrant Worker Land Based Sea Based Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.) (Please specify): Estimated Monthly Income: Php Others (Please specify): Others (Please specify): Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.) (Please specify): Stimated Monthly Income: Php Maturalized Filipino with Dual Citizenship Naturalized Filipino Citizen Organized Group (Please specify): Might 120 months contribution and has reached retirement age Please do not write on this portion. For filling-out by PhilHealth Officer: information I provided in this Form are true and accurate to the best of my knowledge.									
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Received by: __

Evaluated by: __

Please affix right thumbmark i unable to write.

Date

Signature over Printed Name

_ Date: _

_ Date: __

INSTRUCTIONS

- 1. For PURPOSE, put a mark J FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark J 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.
- 3. 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:

<u>Last Name</u> <u>First Name</u> <u>Name Extension</u> <u>Middle Name</u> SANTOS JUAN ANDRES III DELA 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 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.