

PLEASE READ INSTRUCTION AT THE BACK BEFORE ACCOMPLISHING THIS FORM



**PHILHEALTH**  
REPORT OF EMPLOYEE-MEMBERS

(CHECK APPLICABLE BOX)

- INITIAL LIST (Attach to PhilHealth Form Er1)
- SUBSEQUENT LIST

**Er2**

**NAME OF EMPLOYER/FIRM:**

**EMPLOYER NO.**

**ADDRESS:**

**E-MAIL ADDRESS:**

**PHILHEALTH  
SSS/GSIS  
NUMBER**

**NAME OF EMPLOYEE**

**POSITION**

**SALARY**

**DATE OF  
EMPLOY-  
MENT**

**(DO NOT FILL)  
EFF. DATE OF  
COVERAGE**

**PREVIOUS EMPLOYER  
( IF ANY)**

**TOTAL NO. LISTED ABOVE:**

**PAGE \_\_\_ OF \_\_\_ SHEETS**

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME**

**TO BE ACCOMPLISHED IN DUPLICATE**

## INSTRUCTIONS

1. An employer who is not yet registered with PhilHealth will submit this form in two (2) copies together with the "Employer Data Record", in two (2) copies also.
2. An employer already registered with PhilHealth will submit this form in two (2) copies to PhilHealth to report (a) newly hired employee(s). The PhilHealth Number of the employee (which was shown to the Employer) should be written in the first column of this form.
3. ALL COLUMNS SHALL BE FILLED CORRECTLY, except the column with the heading "EFF. DATE OF COVERAGE".
4. IT IS IMPORTANT THAT YOU INDICATE YOUR REGISTERED NAME AND EMPLOYER NUMBER IN YOUR REMITTANCE (PhilHealth Form RF1) ACCURATELY. OTHERWISE, YOUR PAYMENTS CAN NOT BE CREDITED TO YOUR ACCOUNT.