

WELCOME
SBMA
PARTICIPANTS!!!





ON EMPLOYER REGISTRATION...



Section 15, Rule III of the Revised IRR specifically states the following:

"All government and private sector employers are required to register with the Corporation and each shall be issued a permanent PhilHealth Employer Number"

EMPLOYER REGISTRATION ER 1 (2 copies)

Republic of the Philippines PhilHealth ER1 HILIPPINE HEALTH INSURANCE CORPORATION Employer No.: Citystate Centre 709 Shaw Boulevard, Pasig City Healthline 637-9999 www.philhealth.gov.ph **EMPLOYER DATA** RECORD 1. Name of Agency/Office/Department (for Gov't. Sector)/Business/Firm/Employer (for private TIN 2. Address of Agency/Office/ Department/Business/Firm/Employer 2a. Tel. No. 3a. Postal Code 3. E-Mail Address 4. If Regional/Branch Office, State the 4a. Main/Head Office/Employer 4b. Date Operation Started name and address of Main/Head Office 4c. No. of Employees 5. Services Rendered/Nature of Business/Operation (for Private Sector) 6. Type of Agency (For Gov't Sector) Special Project Local Corporation National Constitutional (For Private Business/Operation) Single Proprietor Partnership Corporation I hereby certify that the above data are true and correct to the best of my knowledge and belief. Title or Position Date Head of Agency or Representative Signature This portion is to be filled-up by PhilHealth Date Received: Evaluated by: Date Evaluation: Name and Signature

Necessary Data:

- 1. Name of Employer
- 2. Address
- 3. TIN
- 4. Authorized Representative (original signature with designation)

Supporting Document/s:

Single Proprietorship

DTI Certificate

Form 2303 from BIR

Partnership / Corporation

SEC Certificate

Form 2303 from BIR

Cooperatives

Cooperative Devt Authority (CDA) Certificate



ISSUANCE OF PEN



General Rule:

ONE TIN, ONE PEN POLICY

- Self-remitting companies / businesses can be issued a separate PEN from their Head Office FOR USE IN PAYING PREMIUM PAYMENT.
- Submit Form 2303 (BIR Certification of Registration) for the branch code or make a formal request for a separate PEN FOR USE IN PAYING PREMIUM PAYMENT.

DEFINITION OF PEN

PEN

PhilHealth Employer Number

A set of unique 12-digit numbers assigned to each employer to be used in all transactions with PhilHealth.





CORe

EMPLOYER DATA RECORD (EDR)



Employer's Data Record

Philippine Health Insurance Corporation PRO - III Branch A

PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando, Pampanga Tel. Nos.: (045) 963 7125 (045) 961 4175 (fax) (045) 963 7148 (045)

Philhealth Employer No.

019000028174

TEST CENTRALLY REMITTING OFFICES **Employer Name**

PEN

Rundate : 8/12/2008 Runtime : 4:22 PM

Printed by: 20489405 Page No. : 1

Date Created/Edited:

Encoder/Editor

23-JUN-05 20183499/

EMPLOYER INFORMATION

Doc. Control No.

E10623051900770

TIN Number

Address

CITYSTATE CENTRE BLDG 709 SHAW BOULEVARD, ORANBO, PASIG CITY

Email Address

dmu.mcmg@philhealth.gov.ph

Telephone No.

6319325

Main/Head Office

Nature of Business

REMITTING OFFICES

Date Operation Started

: 6/23/2005

Zip Code

Employer Type

PRIVATE

Type of Business/Agency

CORPORATION

Head of Agency/Representative : DBMU PDTSS MEDMO MCMG

Title Position

CEO

ARSENIA B. TORRES

Manager

Note: This is a system-generated form, signature is not required.

TO BE ACCOMPLISHED IN DUPLICATE			PLEASE READ IN	NSTRUCTIONS AT TH	IE BACK
Republic of the Philippines PHILIPPINE HEALTH INSUITABLE PRO ADDRESS & CONTACT NUMBER	RANCE CO	RPORAT	ION	ER-	3
PhilHealth Employer No.				EMPLOYER D AMENDMENT April 20	FORM
1. Complete Name of Agency/Business/Firm/Employ	yer			30000 A 00000 A	*1540 - 101
2. Address of Agency/Business/Firm/Employer		-		Post	al Code
 Change/Correction of Name of Agency/Business/I Previous: 	Firm/Employer	Present:			
1. Change/Correction of Address of Agency / Office Previous :		Business / Present :	Employer		5.
5. Change of Legal Personality Form: To: Single Proprietorship Single Proprietorship Partnership Partnership	6. Change Present:		zed Signatory		
Corporation Corporation Others Others	Previous:	Name Name		13.0	nature
7. Merger/Consolidation of Company/ies Name of Surviving Company: Name(s) of Absorbed Company(ies):	PhilHealth Employ		8. Temporary Fire Bankruptcy	Suspension of Op Demolition	eration
(1)	-	- -	Separation of Others	of Employees Place specify n / Dissolution of O	peration
(3) [In case of lack of space, you may use additional sheet) 9. Correction of Employer TIN From: To:			☐ Merger ☐ Bankruptcy		
11. Change of Ownership Reason/s From: Date of To:	(Complete Name)		12. Report of Ope	on Resumption ration	
Effectivity (menth) (day) (year) I hereby certify that the above data			y knowledge and	Stronger Andr	(year)
Date Head of Agency or Authorized Repre		ID BY DITT	LIEALTH		

Form to be used in any amendment / correction in an employer's data previously submitted to PhilHealth

Submit ER3 (2 copies) together with the applicable document /s

SAMPLE FORM



I. CORRECTION / CHANGE OF BUSINESS NAME /

Submit certificate of filing of business name with the DTI or (amended) Articles of Partnership / Incorporation

CHANGE OF LEGAL PERSONALITY:

From Single Prop to Corp: Article of Incorporation duly received by SEC & Approved application of Business Retirement as Single Prop

From Partnership to Corp: Article of Incorporation duly received by SEC & Deed of Dissolution of Partnership approved by SEC

For Change of Legal Personality

A NEW PEN WILL BE ISSUED AND THE

OLD PEN WILL BE CLOSED.



II. TEMPORARY SUSPENSION OF OPERATION (if due to):

- a. **Bankruptcy**Financial Statement or ITR or Board Resolution
- Separation of Employee/s
 Latest submitted prescribed PhilHealth Form and Separation Paper of last employee
- c. Fire / Demolition / Flood
 Certification from the Fire Dept. of the Municipality or City
 - d. And such other fortuitous events as defined by law



III. TERMINATION / DISSOLUTION:

- a. Single Proprietorship
 - Approved Application of Business Retirement by the Municipal Treasurer's Office or
 - Death Certificate in case the owner dies to be submitted by a legal representative
- b. Partnership / Corporation
 - Deed of Dissolution approved by SEC or
 - Minutes of the Meeting certified by the Corporate Secretary
- c. Cooperative
 - Certificate/ Order of Dissolution / Cancellation issued by the CDA
- d. Under fortuitous events as defined by law submit applicable documents as determined by the Corporation



IV. MERGER / CONSOLIDATION:

- Deed of Merger / Merger Agreement certified by SEC
- Memorandum of Agreement filed with SEC

The PEN to be used will be the PEN of the surviving 7 absorbing company.

V. CHANGE OF OWNERSHIP:

- a. Sale
 - Deed of Sale / Transfer / Assignment



VI. RESUMPTION OF OPERATION:

- Submit prescribed PhilHealth Form reporting newly-hired or re-hired employees. In case of closure due to fortuitous events, submit applicable documents as determined by the Corporation.

NOTE: Photocopies of the documents cited above may be submitted but the original / CTC must be presented to PHIC for cross checking



ON REGISTRATION OF EMPLOYEES...

Section 18, Rule III of the Revised IRR specifically states the following:

"All government and private employers are required to register their employees with the Corporation and shall be issued a permanent and unique PhilHealth Identification Number."

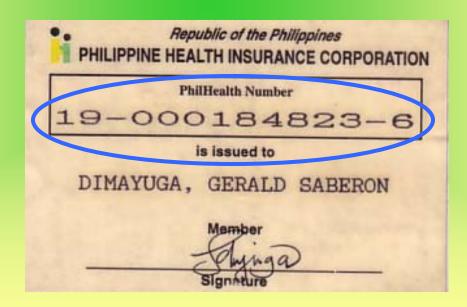
"XXX to report to the Corporation its newly-hired employees within 30 calendar days from assumption to Office"

"Further, the employer has the obligation to give notice to the Corporation of an employee's separation within 30 calendar days from separation. Failure to remit the premium contribution shall make the employer liable for reimbursement of payment for a properly filled-up claim in case the separated employee or the dependent/s avail of NHIP benefits without prejudice to the imposition of other penalties xxx"

DEFINITION OF PIN

PIN - PhilHealth Identification Number

This is a set of unique numbers assigned to each member to be used in all transactions with PhilHealth.





PhilHealth Number Card (PNC)

MEMBERSHIP REGISTRATION

INITIAL REGISTRATION:

- 1. Employer Data Record Form (ER1)
- 2. Report of Employee Form (ER2)
- 3. Member Data Record Form for Employed Sector (M1a)

SUBSEQUENT REGISTRATION:

- 1. Report of Employee Form (ER2)
- 2. Member Data Record Form for Employed Sector (M1a)



EMPLOYEE REGISTRATION THE ER2



PHILHE REPORT OF EMPL		CK APPLICABLE BOX)	NITIAL LIST (Attach	to PhilHealth Fo	orm Er1) SUBSEC	ET
NAME OF EMPLOYER/FIRM:	Y				Emplo	oyer No.:
ADDRESS:		1	E-MAIL ADDI	RESS:		
PHILHEALTH/SSS/GSIS Number	NAME OF EMPLOYEE	POSITION	SALARY	DATE OF EMPLOYMENT	(DO NOT FILL) EFF. DATE OF COVERAGE	PREVIOUS EMPLOYER (IF ANY)
					-	
TOTAL NO. LISTED ABOVE:				CER	TIFIED CORRECT:	
						1

Necessary Data:

- 1. Name of Employer
- 2. Address
- 3. PEN
- 4. Authorized Signatory (original signature)

EMPLOYEE REGISTRATION THE M1A (1 copy)

Member's	R	epublic of the Phi	TISRE.	plishing this form	-	4.4
PhilHealth Number	PHILIPPINE 8/F	HEALTH INSURANCE, Philippine Heart Cerast Ave., Diliman, Que	CE CORP		FOR EM	111a R DATA RECORD PLOYED SECTOR IGA NAMAMASUKAN Jugust 1999
Surname (Apelyido)	Given name (Pangala	an) Midd	lle Name (G	Apelyido)	1a. TIN	Lugust 1333
Permanent Address (Tirahan)	children below two	ally adopted or step	ficate, leg	g in the birth certi	2a. Postal	Code
timate to legitimated),					2b. Tel. No	
Number & Street (Numero at kalve)	Barangay	Town/City (Bayan/	Lungsod)	Province(Lalawigan)	ETAINER.	
3. Sex (Kasarian) 3a. Date of Bir Male (Lalaki)	th (Kapanganakan)	3b. Place of Birth (Lugar ng Kapan	ane years	3c. Name and Addre (Pangalan at luga	ess of Office	
Employment Classification (Uri ng	00.0	opi para sa kanyong		tatus (Katayuang Sib		
Private (Manggagawa sa Pribado)		old or above who	Sing	le (Walang Asawa)	Widow	wed (Balo)
Gov't (Manggagawa sa Gobyerno)	GSIS Policy No.	mid to counce o Oc	Marr	ied (May Asawa)	Separ	ated (Hiwalay)
If married, name of spouse: Occupation: USOSAS ATA	Surname	Spouse's PhilHe			Middle Name	
5.		(MGA MAKIKINABAN				
Use back page for additional deper	ndent(s), if necessary. (G	amitin ang kabilang pahin	a para sa dag	dag na makikinabang, k	tung kinakaila	ngan.)
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AKHENABANG)			_			
AKIKINABANG) adents Date of Birth	elationship of Deput	ndents R	c of Depen	outh) /um	No proper	(To be filled m
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If child has coo (Kung ang anak ay n I hereby certify that the above state by my spouse/brother/sister.	agkaroon ng kapansa ements are true and d	nan bago sumapit sa gu correct and further decl	ulang na 21, lare that the dagdag ko	ilakip ang medical ce rabove-named deper ng inihahayag na ang	ndents have	not been declare
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Necessary Data:

- 1. Surname, First Name, Middle Name
- 2. Philippine Address
- 3. Gender
- 4. Date of Birth
- 5. Civil Status
- 6. Signature



DECLARATION OF DEPENDENTS



Member's PhilHealth Number	PHILIPPINE I	, Philippine Heart C est Ave., Diliman, Q	NCE CORPO enter Bldg. uezon City		FOR EN	M1a RE DATA RECORD MPLOYED SECTOR MGA NAMAMASUKAI August 1999
1. Surname (Apelyido)	Given name (Pangala	biM Health) (n	ldle Name (G	Apelyido)	1a. TIN	C C C C C C C C C C C C C C C C C C C
2. Permanent Address (Tirahan)	schildgro, belaw tw	lly adopted or ster	ficate, loga	n the birth certi	2a. Posta	Code
				gnalaw at swi	2b. Tel. N	0.
Number & Street (Numero at kalye) 3. Sex (Kasarian) 3a, Date of Birt Male (Lalaki)	Barangay h (Kapanganakan)	Town/City (Bayar 3b. Place of Birth (Lugar ng Kapa	o krasy one	Province(Lalawig 3c, Name and A (Pangalan at I) <u>(</u>
Female (Babae) m m d	d y y y y	o patass subalit n	sing ay 21			
Employment Classification (Uri ng Private (Manggagawa sa Pribado) Gov't (Manggagawa sa Gobyerno)	SSS No.	is para sa kanyang old or above who than One Thousa	Singl	latus (Katayuang le (Walang Asawa) ied (May Asawa)	Wido	wed (Balo) rated (Hiwalay)
If married, name of spouse: Occupation: (USION USE ATAM 5.	Sember Data Rec	Spouse's Philh DEPENDEN (MGA MAKIKINABA	TS	AND INSTE	Middle Nam	e
Use back page for additional depen	dent(s), if necessary. (Ga	amitin ang kabilang pah			ng, kung kinakaila	ingan.)
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				ohin ng kasago).	kone babagi	
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sucuts Date of Birth	elationship of These	ents l B	ne of Depend	Nur	1/00/1	PhilHealt
(Kapanganakan)	to Member		harles of		by PhilHealth	(To be filled up
If child has con (Kung ang anak ay na	genital disability acqu igkaroon ng kapansar	ilred before age 21, p nan bago sumapit sa	lease attach a gulang na 21,	ilakip ang medical	certificate il certificate)	
hereby certify that the above state by my spouse/brother/sister. (Ako ay nagpapatunay na ang nasa sa itaas ay hindi inihayag ng aking	itaas na mga pahay					
		_	Signatu	ire (Lagda)	_	
, , , , , ,						
,	THIS PORTIO	N IS TO BE FILLE		HILHEALTH		

Who can be your dependents?

Legitimate spouse, non-member

Children (legitimate, illegitimate, adopted and step-child) below 21 years old, unmarried and unemployed

Children above 21 years old but suffering from disability

Parents 60 years old and above (biological, adoptive and step parent), not qualified as non-paying member and wholly dependent on the member for support (including adoptive and step parents)

MEMBER DATA RECORD (MDR)

	MEMBER I	DATA ORD	
MEMBER INFORMATION			
PhilHealth Identification Number (Pl Member Category	190897655172 Private		
TEST IV, TEST TES1			
AIRVIEW, QUEZON CITY			
oreign Address : N/A	36	Gender Date of Birth Place of Birth	: Male : 05/11/1974 : MANILA, 1ST DISTRICT METRO MANILA, FIRST DIST.
Contact No. (Foreign) : N/A (Local) :		Civil Status Tax Identification Nu	: SINGLE
MPLOYER/ORGANIZED GROUP IN	FORMATION		
hilhealth Number (PEN/POGN) same of Employer/Organized Group lusiness Address elephone Number ax Identification Number	: 01100000002 : TEST-ILOILO CITY S : 111 VICENTE ST, SM : 4551195 : 000000000001	OURCE MON LEDESMA, ILOILO	O CITY, ILOILO 5000
DEPENDENT INFORMATION		4.	
No. Surname	Given Name	Middle Name ARED DEPENDENT/S ***	Sex Relation Date of Birth
			ARSENIA B. TORRES

DOCUMENTARY REQUIREMENTS



FOR THE DECLARATION OF DEPENDENTS

Dependent	Proof of dependency
Child	Clear copy of Birth/ Baptismal Certificate wherein the name of parents in indicated therein
Illegitimate/ Legitimated Child	Clear copy of Birth/Baptismal Certificate of dependent reflecting the name of member as parent
Legally adopted child	 Birth Certificate of the adopted child in w/c adoption is is annotated thereto; or Clear copy of Legal Adoption papers or Court Resolution/ Decision
Stepchildren	 Clear copy of Marriage Contract / Certificate between the member and the biological parent and Clear copy of Birth Certificate of dependent stepchild/ren

Dependent	Proof of dependency
Spouse >Muslim Spouse	 Clear copy of Marriage Contract/Certificate Affidavit of Marriage issued by the Office of the Muslim Affairs (OMA), passed through the Shari'a Court & must be registered/authenticated in the National Statistics Office
Parents 60 years old and above	 Clear copy of Birth/Baptismal/Marriage Certificate of member and Clear copy of Birth/Baptismal certificate of parents or In its absence Notarized Affidavit of two disinterested persons attesting to the date of birth of parent, with a Certificate of No Record from NSO or LCR, or Senior Citizens ID issued by OSCA – Office of the Senior Citizens Affair.

Dependent	Proof of dependency
Stepparents 60 years old and above	 Marriage Certificate / Contract between biological parent of the member child and the stepparent and Birth Certificate of the stepparent or in
	its absence, a notarized affidavit of two disinterested persons attesting to the date of birth, with a Certificate of No Record from NSO or LCR or Senior's Citizen's ID issued by OSCA, and
4 supporting documents are to be submitted	3. Birth/ Baptismal/ Marriage Certificate of the member-child indicating the name of his or her biological parent and
at the same time	4. Death Certificate of the member's deceased biological parent.

Dependent	Proof of dependency
Adoptive Parents 60 years old and above	 Court Decree / Resolution of Adoption or Clear copy of Birth Certificate of the child in which the adoption is annotated thereto; and
	• Birth Certificate/s of adoptive parents or in its absence Notarized Affidavit of two disinterested persons attesting to the date of birth of adoptive parent, with a Certificate of No Record from NSO or LCR or Senior Citizen's ID issued by OSCA

Dependent

Proof of dependency

Disabled child 21 years old and above

Medical Certificate will be evaluated by a Medical Officer of the Benefits Administration Section



- Original copy of Doctor's Certificate that the dependent is disabled (with description of extent of disability)
- Clear copy of Birth/Baptismal Certificate of the dependent child

If dependent is a stepchild: Clear copy of

Marriage Contract/Certificate between the

member and biological parent & the
above mentioned documents.

If dependent is an adopted child: Clear copy of Legal adoption papers & Doctor's Certificate.

Doctor's certificate should be original & within the past six months.

MEMBER AMENDMENT

PhiliPpine HEALTH INS 709 CityState Contre Build PhiliPealth Identification No.		E CO	RPORATION	MEMBER DA
				October, 2
Surname (Apelyido) Given Name (Panga	elan)		Middle Name (Gitneng Apelyido)
2. Address (No & Street, Town/City, Province) [Tirahan (Numero at Kalye, Baye	an/Lungsod, a	at Lelaw	gen)].	Postal Code
3 .orrection / Change of Name of Member or Dependent(s) (Pagwawasto/Pagy	papalit ng Par	ngalan I	og Miyembro o Tangklik / Makikina	beng)
From:	To:			
4. Correction of Date/Place of Birth of Member or Dependent(s) (Pagwawasto ng	Petsa/Lugar	na Kao	anganakan ng Miyambro o Tangki	lik / Mekikinabang)
From:	To:			
Out,	10.			
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☐ From Widowed (Balo) To Married (May Asawa) ☐ From Married (May Asawa) To Single/Annulled (Pinawalang Bisang Kasal)	Married Na	ame:		
☐ From Married (May Asawa) 10 Single/Annulled (Pinawalang Bisang Rasal) ☐ From Annulled/Single (Pinawalang Bisang Kasal) To Married (May Asawa)				
6. Change of Address (No. & Street, Town/City, Province) (Tirahan (Phimako at F	Kelve Rayan		7 77 7 7	
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Previous: 7. Dependent/s Additional Transkillin/Malkikinabangi): Omission due to active Ni-tiP membership, marriage	Present:		Relationship of Dependent to Member (Relasyon ng Tangkillik)	(Kapanganakan)
Previous: 7. Dependent/s Additional Transkillin/Malkikinabangi): Omission due to active Ni-tiP membership, marriage	Present:		Relationship of Dependent to Member (Relasyon ng Tangkillik)	(Kapanganakan)
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Member Data Amendment

A member may request for revision / amendment in the data, w/c was previously furnished to PhilHealth, by filling out M2 form and submits documents to substantiate the same.



MEMBER AMENDMENT



I. CHANGE / CORRECTION OF NAME:

Submit affidavit or Birth Certificate and Marriage Contract (if due to change of status) and surrender old PNC for replacement.

II. CORRECTION OF DATE OF BIRTH /PLACE OF BIRTH:

Submit Birth Certificate

III. CHANGE OF CIVIL STATUS:

Submit Marriage Contract/Court Declaration on Nullity of Marriage/Death Certificate/Court Resolution on Presumptive Death



MEMBER AMENDMENT



IV. NEW / ADDITIONAL / CHANGE OF DEPENDENTS:

REFER TO DOCUMENTARY REQUIREMENTS FOR DECLARATION OF DEPENDENTS

V. CHANGE OF ADDRESS:

Properly accomplished Member Data Amendment Form (M2)







Enrollment of Foreign Nationals to the NHIP (OFFICE ORDER 0026 S-2005)

- Inclusion to NHIP the citizens of other countries residing and/or working in the Philippines.
- Enrollment shall either be through the EMPLOYED SECTOR or INDIVIDUALLY PAYING PROGRAM
- Appropriate membership forms and documentary requirements still apply but the registrant shall also submit a copy of his/her ALIEN CERTIFICATE OF REGISTRATION (ACR)

ADDITIONAL PHILHEALTH ISSUANCES

Enrollment of Foreign Nationals to the NHIP (OFFICE ORDER 0026 S-2005)

For declaration of dependents, documentary requirements still apply but the submitted documents must be confirmed / authenticated by the Embassy / Consulate of the country of origin of the foreign registrant

In benefit availment, the foreign-national member and/or dependents residing in the Philippines

shall be entitled to avail of benefits only during their stay here in the Philippines.



ADDITIONAL PHILHEALTH ISSUANCES

Specific Guidelines on the Issuance of Member Data Record (MDR) to NHIP Members

Office Order No. 12, s 2008

Request for Issuance / Re-Issuance of MDR

Requirements:

- Letter of Request from the member & photocopy of the PhilHealth Number Card (PNC)
- If the PNC is not available, any valid ID to prove identity
- If the requesting person is not the member, submit an authorization letter issued by the member together with any valid ID of both the member and the authorized representative.





CASES	REQUIREMENTS	COURSE OF ACTION
ER1 & ER2		
Signatory is different from the filled-out ER1 form & the official designation is not indicated	The Signatory of ER1 & ER2 must be similar	Return to Employer & request for Letter of Authority
Documents / Forms are photocopies / carbon copies	Original copy of ER2 with original signature of the Employer or its authorized signatories	Return to Employer
Printed Name / Signature / Title or position of Employer is not indicated in the form	Properly filled-out ER1 reflecting the printed name / signature & position of Employer / Authorized Representative	Return to Employer

CASES	REQUIREMENTS	COURSE OF ACTION
ER1 & ER2		
Employer Name indicated in ER2 does not match existing Employer Name in PhilHealth Database	Employer Name, PEN, address in ER2 should match the information in the PhilHealth Database	Return to Employer to verify whether it has changerd its Business Name & require ER3 & applicable document. Else, replace ER2.
Same employer name, same TIN, different address	Employer Name, PEN, address in ER2 should match the information in the PhilHealth Database	Return to Employer to verify: - whether it is another branch. If yes, require ER1 and Form 2303 (BIR) for issuance of a separate PEN. If centrally remitting, reflect address of remitting office in ER2 & mailing address as the branch office. - whether if it's just a change of address. If yes, require ER3.

CASES	REQUIREMENTS	COURSE OF ACTION
M1a		
No Middle Name	Complete Middle Name	Return to Registrant thru Employer for completion of Data. If employee has no middle name, please indicate "No Middle Name" or "NMN"
Birth date of registrant reflected in the form is current year	Correct birth date of the registrant must be indicated	Return to Registrant for compliance of correct birth date
Registrant name is not included in the ER2	Name of the registrant must be included in the ER2	Return to employer for compliance

CASES	REQUIREMENTS	COURSE OF ACTION
M1a		
Any of the 6 basic data is not indicated: Member's Name, Permanent Address, Birth date, Original Signature, Sex/gender & Civil Status	All basic data must be indicated in the application form m1a for PIN assignment	Return to registrant thru the Employer for proper filling- out

Employers



For Initial Registration



Submits Registration Forms ER1, ER2 & M1as



Pay Premium payment at Cashier







Evaluates Forms submitted





Generation of PINs



Release of MDRs & PNCs

Employers



For Subsequent Registration of Employees



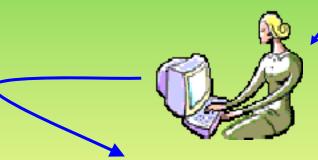
Submits Registration Forms (ER2 & M1as)







Evaluates Forms submitted



Generation of PINs



Release of MDRs & PNCs

RECAP MEMBERSHIP REGISTRATION

For Employers:

ER1 + Applicable Document = PEN

PEN shall be released upon registration.

For Employees:

ER2 + M1a = PIN

• The MDRs & PNCs should be released to the employee.

RECAP ON AMENDMENT

Employer:

ER3 + Applicable Document = Updated Employer Data Record (EDR)

Employee:

M2 + Applicable Document = Updated Member Data Record (MDR)

Use of PEN & PIN For Fast & Easy Transactions.

