

PhilHealth



Responsableng Miyembro
Ginhawa sa Serbisyo

WELCOME

SBMA

PARTICIPANTS!!!

MEMBERSHIP REGISTRATION




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 ER1 (2 copies)

 PhilHealth Employer No.:		Republic of the Philippines HILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre 709 Shaw Boulevard, Pasig City Healthline 637-9999 www.philhealth.gov.ph		ER1 EMPLOYER DATA RECORD	
1. Name of Agency/Office/Department (for Gov't. Sector)/Business/Firm/Employer (for private Sector)			TIN		
2. Address of Agency/Office/ Department/Business/Firm/Employer			2a. Tel. No.		
3. E-Mail Address			3a. Postal Code		
4. If Regional/Branch Office, State the name and address of Main/Head Office		4a. Main/Head Office/Employer		4b. Date Operation Started	
				4c. No. of Employees	
5. Services Rendered/Nature of Business/Operation (for Private Sector)					
6. Type of Agency (For Gov't Sector)					
<input type="checkbox"/> Local <input type="checkbox"/> Corporation <input type="checkbox"/> Special Project <input type="checkbox"/> National <input type="checkbox"/> Constitutional					
(For Private Business/Operation)					
<input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
I hereby certify that the above data are true and correct to the best of my knowledge and belief.					
_____		_____		_____	
Date		Head of Agency or Representative		Signature	
				Title or Position	
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) 963 7149 (fax)
MICR0005

PEN

Rundate : 8/12/2008
Runtime : 4:22 PM
Printed by : 20489405
Page No. : 1

Philhealth Employer No. : **019000028174**
Employer Name : TEST CENTRALLY REMITTING OFFICES

Date Created/Edited : 23-JUN-05
Encoder/Editor : 20183499/

EMPLOYER INFORMATION

Doc. Control No. : E10623051900770
TIN Number :
Address : CITYSTATE CENTRE BLDG 709 SHAW BOULEVARD, ORANBO, PASIG CITY
Email Address : dmumcmg@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.

EMPLOYER AMENDMENT



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.**

EMPLOYER AMENDMENT



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

a. **Bankruptcy**

Financial Statement or ITR or Board Resolution

b. **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

EMPLOYER AMENDMENT



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

EMPLOYER AMENDMENT



IV. MERGER / CONSOLIDATION:

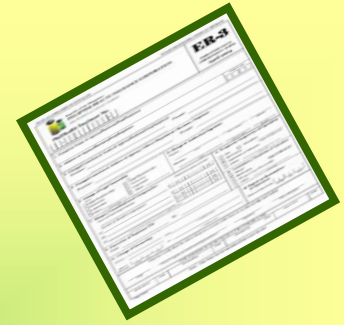
- Deed of Merger / Merger Agreement certified by SEC
- Memorandum of Agreement filed with SEC

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

V. CHANGE OF OWNERSHIP:

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

EMPLOYER AMENDMENT



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.”

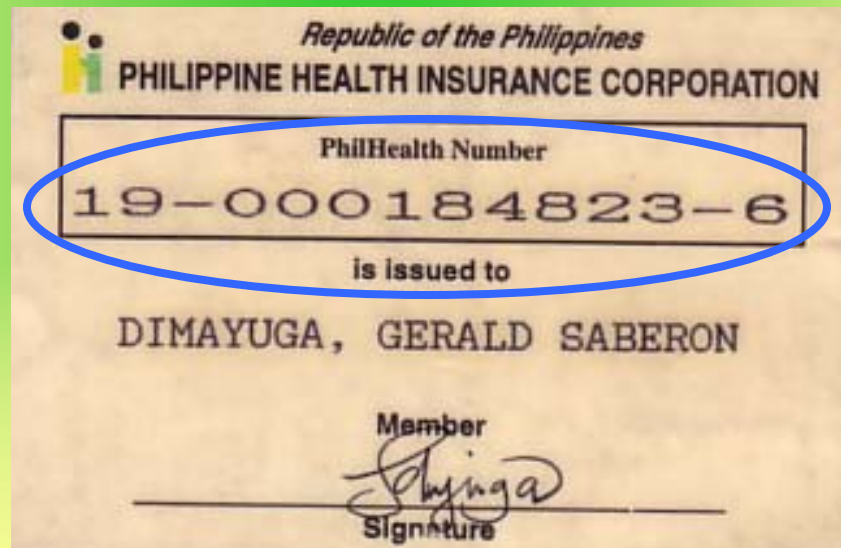
“XXX to report to the Corporation its newly-hired employees within 30 calendar days from assumption to Office”

“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



PLEASE READ INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM.

PHILHEALTH REPORT OF EMPLOYEE-MEMBERS		<input type="checkbox"/> INITIAL LIST (Attach to PhilHealth Form Er1)	<input type="checkbox"/> SUBSEQUENT LIST	Er2		
NAME OF EMPLOYER/FIRM: <input checked="" type="checkbox"/>		ADDRESS: <input checked="" type="checkbox"/>		Employer No.: <input checked="" type="checkbox"/>		
E-MAIL ADDRESS:						
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:		PAGE ___ OF ___ SHEETS		CERTIFIED CORRECT: <input checked="" type="checkbox"/>		
		SIGNATURE OVER PRINTED NAME				

TO BE ACCOMPLISHED IN DUPLICATE.
Note: This form can be reproduced but is not for sale.

Necessary Data:

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

EMPLOYEE REGISTRATION THE M1A (1 copy)

* Please read instructions at the back before accomplishing this form.

Member's PhilHealth Number: _____

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 8/F, Philippine Heart Center Bldg.
 East Ave., Diliman, Quezon City

M1a
 MEMBER DATA RECORD
 FOR EMPLOYED SECTOR
 (PARA SA MGA NAMAMASUKAN)
 August 1999

1. Surname (Apelyido)		Given name (Pangalan)		Middle Name (G. Apelyido)		1a. TIN	
2. Permanent Address (Tirahan)						2a. Postal Code	
Number & Street (Numero at kalye)						2b. Tel. No.	
Barangay		Town/City (Bayan/Lungsod)		Province (Lalawigan)			
3. Sex (Kasarian)		3a. Date of Birth (Kapanganakan)		3b. Place of Birth (Lugar ng Kapanganakan)		3c. Name and Address of Office (Pangalan at lugar ng opisina)	
<input type="checkbox"/> Male (Lalaki) <input type="checkbox"/> Female (Babae)		m m d d y y y y					
4. Employment Classification (Uri ng Manggagawa)				4a. Civil Status (Katayuang Sibil)			
<input type="checkbox"/> Private (Manggagawa sa Pribado) SSS No. _____ <input type="checkbox"/> Gov't (Manggagawa sa Gobyerno) GSIS Policy No. _____				<input type="checkbox"/> Single (Wang Asawa) <input type="checkbox"/> Widowed (Balo) <input type="checkbox"/> Married (May Asawa) <input type="checkbox"/> Separated (Hiwalay)			
If married, name of spouse: Surname _____ Given Name _____ Middle Name _____							
Occupation: _____ Spouse's PhilHealth Number: _____							
5. DEPENDENTS (MGA MAKIKINABANG)							
Use back page for additional dependent(s), if necessary. (Gamitin ang kabilang pahina para sa dagdag na makikinabang, kung kinakailangan.)							
PhilHealth Number (To be filled up by PhilHealth)	Name of Dependents (Pangalan ng Makikinabang)			SEX (M) or (F)	Relationship of Dependents to Member (Relasyon ng Makikinabang sa Miyembro)	Date of Birth (Kapanganakan) mm-dd-yyyy	
	Last Name	First Name	M.I.				
If child has congenital disability acquired before age 21, please attach a copy of Medical Certificate (Kung ang anak ay nagkaroon ng kapansanan bago sumapit sa gulang na 21, ilakip ang medical certificate)							
I hereby certify that the above statements are true and correct and further declare that the above-named dependents have not been declared by my spouse/brother/sister. (Ako ay nagpapatunay na ang nasa itaas na mga pahayag ay totoo at tama at dagdag kong inihahayag na ang mga nasabing makikinabang sa itaas ay hindi inihayag ng aking asawa o kapatid.)							
Signature (Lagda)							
THIS PORTION IS TO BE FILLED UP BY PHILHEALTH							
Date received: _____				Received by: _____			
Name and Signature							

Note: This form can be reproduced but is not for sale, to be accomplished in duplicate.

- ## 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



* Please read instructions at the back before accomplishing this form.

Member's PhilHealth Number: _____

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
8/F, Philippine Heart Center Bldg., East Ave., Diliman, Quezon City

M1a
MEMBER DATA RECORD FOR EMPLOYED SECTOR (PARA SA MGA NAMAMASUKAN) August 1999

1. Surname (Apelyido) _____ Given name (Pangalan) _____ Middle Name (G. Apelyido) _____

2. Permanent Address (Tirahan) _____ 2a. Postal Code _____
2b. Tel. No. _____

Number & Street (Numero at kalye) _____ Barangay _____ Town/City (Bayan/Lungsod) _____ Province (Lalawigan) _____

3. Sex (Kasarian) _____ 3a. Date of Birth (Kapanganakan) _____ 3b. Place of Birth (Lugar ng Kapanganakan) _____ 3c. Name and Address of Office (Pangalan at lugar ng opisina) _____

Male (Lalaki) Female (Babae)

4. Employment Classification (Uri ng Manggagawa) _____ 4a. Civil Status (Katayuang Sibil) _____

Private (Manggagawa sa Pribado) SSS No. _____ Single (Walang Asawa) Widowed (Balo)

Gov't (Manggagawa sa Gobyerno) GSIS Policy No. _____ Married (May Asawa) Separated (Hiwalay)

If married, name of spouse: _____ Surname _____ Given Name _____ Middle Name _____
Occupation: _____ Spouse's PhilHealth Number: _____

5. **DEPENDENTS**
(MGA MAKIKINABANG)

Use back page for additional dependent(s), if necessary. (Gamitin ang kabilang pahina para sa dagdag na makikinabang, kung kinakailangan.)

PhilHealth Number (To be filled up by PhilHealth)	Name of Dependents (Pangalan ng Makikinabang)		SEX (M) or (F)	Relationship of Dependents to Member (Relasyon ng Makikinabang sa Miyembro)	Date of Birth (Kapanganakan) mm-dd-yyyy
	Last Name	First Name			

If child has congenital disability acquired before age 21, please attach a copy of Medical Certificate (Kung ang anak ay nagkaroon ng kapansanan bago sumapit sa gulang na 21, itakip ang medical certificate)

I hereby certify that the above statements are true and correct and further declare that the above-named dependents have not been declared by my spouse/brother/sister.
(Ako ay nagpapatunay na ang nasa itaas na mga pahayag ay totoo at tama at dagdag kong inihahayag na ang mga nasabing makikinabang sa itaas ay hindi inihayag ng akong asawa o kapatid.)

Signature (Lagda) _____

THIS PORTION IS TO BE FILLED UP BY PHILHEALTH

Date received: _____ Received by: _____
Name and Signature

Note: This form can be reproduced but is not for sale, to be accomplished in duplicate.

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)

 Republic of the Philippines
Philippine Health Insurance Corporation
PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando, Pampanga 2000
Tel. Nos. : (045) 963 7125 (045) 961 4175 (fax) (045) 963 7148 (045) 8600020 (fax)

PIN **MDR**

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **190897655172**
Member Category : Private

TEST IV, TEST TEST
TI,
FAIRVIEW, QUEZON CITY

Foreign Address : N/A Gender : Male
Date of Birth : 05/11/1974
Place of Birth : MANILA, 1ST DISTRICT METRO MANILA, FIRST DISTRICT
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 011000000002
Name of Employer/Organized Group : TEST-ILOILO CITY SOURCE
Business Address : 111 VICENTE ST, SIMON LEDESMA, ILOILO CITY, ILOILO 5000
Telephone Number : 4551195
Tax Identification Number : 000000000001

DEPENDENT INFORMATION

No.	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NO DECLARED DEPENDENT/S ***						

ARSENIA B. TORRES

Manager
PRO - III Branch A

This is a system generated report. Signature is not required.
#12/2008 10:43 AM 20489403 MICR1802/A 07/25/2003 10/23/2006

DOCUMENTARY REQUIREMENTS


FOR THE DECLARATION OF DEPENDENTS

Dependent	Proof of dependency
Child	<ul style="list-style-type: none"> ➤ Clear copy of Birth/ Baptismal Certificate wherein the name of parents is indicated therein
Illegitimate/ Legitimated Child	<ul style="list-style-type: none"> ➤ Clear copy of Birth/Baptismal Certificate of dependent reflecting the name of member as parent
Legally adopted child	<ul style="list-style-type: none"> ➤ Birth Certificate of the adopted child in w/c adoption is annotated thereto; or ➤ Clear copy of Legal Adoption papers or Court Resolution/ Decision
Stepchildren	<ul style="list-style-type: none"> ➤ Clear copy of Marriage Contract / Certificate between the member and the biological parent and ➤ Clear copy of Birth Certificate of dependent stepchild/ren

Documentary Requirements

Dependent	Proof of dependency
<p>Spouse</p> <p>➤ Muslim Spouse</p>	<ul style="list-style-type: none">➤ 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
<p>Parents 60 years old and above</p>	<ul style="list-style-type: none">➤ 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, <u><i>with a Certificate of No Record from NSO or LCR , or</i></u>➤ Senior Citizens ID issued by OSCA – Office of the Senior Citizens Affair.


Documentary Requirements

Dependent	Proof of dependency
<p data-bbox="205 410 674 643">Stepparents 60 years old and above</p>  <p data-bbox="275 1057 737 1341">4 supporting documents are to be submitted at the same time</p>	<ol data-bbox="842 483 1881 1398" style="list-style-type: none">1. Marriage Certificate / Contract between biological parent of the member child and the stepparent and2. 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, and3. Birth/ Baptismal/ Marriage Certificate of the member-child indicating the name of his or her biological parent and4. Death Certificate of the member's deceased biological parent.

Documentary Requirements


Dependent	Proof of dependency
Adoptive Parents 60 years old and above	<ul style="list-style-type: none"><li data-bbox="821 493 1801 781">• Court Decree / Resolution of Adoption or Clear copy of Birth Certificate of the child in which the adoption is annotated thereto; and<li data-bbox="821 906 1875 1422">• 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, <u><i>with a Certificate of No Record from NSO or LCR</i></u> or Senior Citizen's ID issued by OSCA

Documentary Requirements

Dependent	Proof of dependency
<p data-bbox="178 354 703 589">Disabled child 21 years old and above</p> <p data-bbox="241 621 745 898">Medical Certificate will be evaluated by a Medical Officer of the Benefits Administration Section</p> 	<ul data-bbox="808 418 1816 719" style="list-style-type: none">• 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 <p data-bbox="819 743 1858 971">If dependent is a stepchild: Clear copy of Marriage Contract/Certificate between the member and biological parent & the above mentioned documents.</p> <p data-bbox="808 995 1858 1174">If dependent is an adopted child: Clear copy of Legal adoption papers & Doctor's Certificate.</p> <p data-bbox="808 1222 1837 1344"><u>Doctor's certificate should be original & within the past six months.</u></p>

MEMBER AMENDMENT

TO BE ACCOMPLISHED IN DUPLICATE PLEASE READ INSTRUCTIONS AT THE BACK.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
709 CityState Centre Building, Shaw Blvd., Pasig City

M2

MEMBER DATA
AMENDMENT FORM
October, 2002

PhilHealth Identification No.
[] []

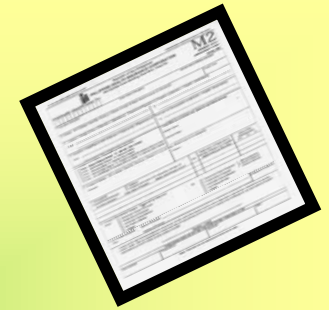
1. Surname (Apelyido)		Given Name (Pangalan)		Middle Name (Gitnang Apelyido)	
2. Address (No. & Street, Town/City, Province) [Tirahan (Numero at Kalye, Bayan/Lungsod, at Lalawigan)].					Postal Code
3. Correction / Change of Name of Member or Dependent(s) (Pagwawasto/Pagpapalit ng Pangalan ng Miyembro o Tangkilit / Makikinebang)					
From:			To:		
4. Correction of Date/Place of Birth of Member or Dependent(s) (Pagwawasto ng Petsa/Lugar ng Kapanganakan ng Miyembro o Tangkilit / Makikinebang)					
From:			To:		
5. Change of Civil Status (Pagpapalit ng Katayuang Sibil)			To be filled up by women only (para sa mga babae lamang)		
<input type="checkbox"/> From Single (Walang Asawa) To Married (May Asawa) <input type="checkbox"/> From Married (May Asawa) To Widowed (Balo) <input type="checkbox"/> From Widowed (Balo) To Married (May Asawa) <input type="checkbox"/> From Married (May Asawa) To Single/Annulled (Pinawalang Bisang Kasal) <input type="checkbox"/> From Annulled/Single (Pinawalang Bisang Kasal) To Married (May Asawa)			Maiden Name:		
			Married Name:		
6. Change of Address (No. & Street, Town/City, Province) [Tirahan (Numero at Kalye, Bayan/Lungsod, at Lalawigan)]					
Previous:			Present:		
7. Dependent/s (Tangkilit/Makikinebang):		<input type="checkbox"/> Additional	Sex	Relationship of Dependent to Member (Relasyon ng Tangkilit/Makikinebang sa Miyembro)	Date of Birth (Kapanganakan) m m d d y y
Surname (Apelyido)		<input type="checkbox"/> Omission due to active NHIP membership, marriage, etc.			
Given Name (Pangalan)		Middle Initial/Gitnang Inisyal			
8. Change of Membership Category (Pagpapalit ng Kategoriya)					
From:		To:		With accompanying Form E-2 (Report of Employee-Members)	
<input type="checkbox"/> Government Sector Employed <input type="checkbox"/> Private Sector Employed <input type="checkbox"/> Individually-Paying Member <input type="checkbox"/> Non-Paying Member <input type="checkbox"/> Indigent		<input type="checkbox"/> Government Sector Employed <input type="checkbox"/> Private Sector Employed <input type="checkbox"/> Individually-Paying Member <input type="checkbox"/> Non-Paying Member <input type="checkbox"/> Indigent			
9. For Formally-Employed Only:		Name of Employer:		Employer's Contact No.:	
		Address of Employer:			
I hereby certify that the above statements are true and correct, and further declare that the named dependents have not been declared by my spouse / brother / sister. (Ako ay nagpapalutay na ang nasa itaas na mga pahayag ay totoo at tama at dagdag kong inihahayag na ang mga nasebing tangkilit/makikinebang ay hindi inihayag ng aking asawa o kapatid).					
Signature (Lagda)					
THIS PORTION IS TO BE FILLED UP BY PHILHEALTH					
Date received:	Processed by:	Approved:	Date:		

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)**

ADDITIONAL PHILHEALTH ISSUANCES

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.



Why are the forms returned
without being processed?



Why are the forms returned without being processed?

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

Why are the forms returned without being processed?

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 changed 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.

Why are the forms returned without being processed?

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

Why are the forms returned without being processed?

CASES	REQUIREMENTS	COURSE OF ACTION
<i>M1a</i>		
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**



PhilHealth
PHILIPPINE HEALTH INSURANCE CORPORATION



Evaluates Forms submitted

Generation of PEN



Generation of PINs



Release of MDRs & PNCs

Employers



**For Subsequent
Registration of Employees**



**Submits Registration Forms
(ER2 & M1as)**



PhilHealth
PHILIPPINE HEALTH INSURANCE CORPORATION



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.**



Sa **PhilHealth**



Protektado Kami!



Maraming Salamat Po!!!