

REGISTRATION FORM FOR MONTHLY PREMIUM PAYMENTS

No.	MEMBER NAME (CAPSLOCK)				Birth Year (1990)	Birth Month (1-12)	Birth Day (1-31)	Birthdate (yyyy.mm.dd) (automatic when birthdate is provided. Please do not edit the column)	Age as of the date of enrollment	Sex: M - Male F - Female	Civil Status: S - Single M - Married D - Divorced W-Widowed	Office	Designation FOR PRINCIPAL MEMBERS ONLY: R&F - Rank-and-File Official - Official N/A - Not applicable for Dependents	Employment Date for PRINCIPAL MEMBERS Only (mm/dd/yyyy); indicate N/A for dependents	PLAN / CATEGORY	Member Type (P) Principal (D) Dependent	Relationship to Principal Member (if dependent)	Name of Principal Member (Surname, First Name, MI)	Employment Status in DOST upon enrollment: SM - SIKAT Member COS- DOST Contractual Staff AM - Retired/Resigned Official/ SIKAT Members RE- Regular Employee but not a SIKAT Member (e.g. CoTerm, Officials, etc.)	Mobile No. (FOR ALL ENROLLEES OR INDICATE THE CONTACT DETAILS OF PRINCIPAL) Format: 09178047088	Email Address (FOR ALL ENROLLEES OR INDICATE THE CONTACT DETAILS OF PRINCIPAL)	PLAN / CATEGORY (automatic when plan/category is provided. Please do not edit the column)	AMOUNT (automatic when plan/category is provided. Please do not edit the column)
	LASTNAME	GIVEN NAME	M.I.	SUFFIX																			
	ACOSTA	ALLAN	G		1993	1	2	1993/1/2	31	M	M	DOST 4B	R&F	8/16/2018	0 to 65yrs old-P1 050.00	P	Self	ACOSTA, ALLAN G.	SM	09453022332	gaacosta@mimaropa.dost.gov.ph	80k MBL Ward	1,050.00
	ACOSTA	LIENNA	C		1992	12	13	1992/12/13	31	F	M	Not Applicable	N/A	N/A	0 to 65yrs old-P1 050.00	D	Spouse		Click the triangle to select	09453022318	liennacanunungan1213@gmail.com	80k MBL Ward	1,050.00
	ACOSTA	ALLIEAH YVANNA	C		2020	1	13	2020/1/13	4	F	S	Not Applicable	N/A	N/A	0 to 65yrs old-P1 050.00	D	Child		Click the triangle to select	N/A	N/A	80k MBL Ward	1,050.00

I grant my free, voluntary and unconditional consent to the collection and processing of all Personal Data as stated above, and account or transaction information or records (collectively, the "Information") relating to me disclosed/transmitted by me in person or by my authorized agent/representative/s to the information database system of the Liberty-Amaphil and/or any of its authorized agents or representative/s as Information controller, by whatever means in accordance with Republic Act (R.A.) 10173, otherwise known as the "Data Privacy Act of 2012" of the Republic of the Philippines, including its Implementing Rules and Regulations (IRR) as well as all other guidelines and issuances by the Samahan para sa Ika-uunlad ng mga Kawani ng Agham at Teknolohiya (SIKAT).

I hereby authorize our Human Resource Development Officer to deduct the abovementioned Monthly Premium. I fully understand and am aware of my obligations to ensure that my monthly is sufficient to pay the said Monthly Premium thru salary deduction.

Name and Signature of the PRINCIPAL Member:
Designation:

ALLAN G. ACOSTA

Science Research Specialist II

Agency / Office:
E-mail address:

DOST-MIMAROPA

official@mimaropa.dost.gov.ph

NOTE: PLEASE SUBMIT SOFT COPY AND SIGNED COPY TO YOUR DESIGNATED COORDINATORS by 14 August 2024, 10:00 a.m.