



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

PMRF

PHILHEALTH MEMBER REGISTRATION FORM

(October 2013)

PhilHealth Identification Number (PIN)

01105 1491 3477

IMPORTANT REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. The issuance of the PIN does not automatically qualify you or your dependents to be entitled to NHIP benefits.
3. Always use your PIN in all transactions with PhilHealth.

PURPOSE:

☐ FOR ENROLLMENT ☐ FOR UPDATING

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

1. MEMBER INFORMATION																	
Last Name		First Name		Name Extension (JR/SR/III)		Middle Name											
Jimeno		Nimuel				Latoreno											
If Married Female, please write FULL MAIDEN NAME:																	
Last Name		First Name		Name Extension (JR/SR/III)		Middle Name											
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)	Sex	Civil Status		Nationality	Tax Identification No.(TIN)											
APRIL 4, 1971	Mahayahay Sogod Southern Leyte	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated		#												
Permanent Address																	
Unit/Room No./Floor		Building Name		Lot/Block/House/Bldg. No.		Street		Subdivision/Village									
Barangay		City/Municipality		Province		Country		Zip Code									
Mahayahay		Sogod		Southern Leyte													
Contact Information																	
Landline Number (Area Code + Tel. No.)			Mobile Number			E-mail Address											
			09356318683														
2. DECLARATION OF DEPENDENTS (Use separate sheet if necessary)																	
2.1 Legal Spouse																	
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth mm-dd-yyyy	Sex M / F											
2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old and above with permanent disability																	
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Mark <input checked="" type="checkbox"/> if with Disability	Date of Birth mm-dd-yyyy	Sex M / F										
	Jimeno	Elizabeth		Indona	<input type="checkbox"/>	9/30/15	F										
					<input type="checkbox"/>												
					<input type="checkbox"/>												
2.3 Parents' Details																	
PhilHealth Identification Number (PIN)	Father's Last Name	Father's First Name	Name Extension (JR/SR/III)	Father's Middle Name	Mark <input checked="" type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)											
					<input type="checkbox"/>												
PhilHealth Identification Number (PIN)	Mother's Last Name	Mother's First Name	Name Extension (JR/SR/III)	Mother's Full Middle Name	Mark <input checked="" type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)											
					<input type="checkbox"/>												
3. MEMBERSHIP CATEGORY																	
3.1 Formal Economy					3.3 Indigent												
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Contractor/Project-Based <input type="checkbox"/> Enterprise Owner <input type="checkbox"/> Household Help / Kasambahay <input type="checkbox"/> Family Driver					<input type="checkbox"/> NHTS-PR												
3.2 Informal Economy					3.4 Sponsored												
<input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land Based <input type="checkbox"/> Sea Based <input type="checkbox"/> Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.) (Please specify): _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> No Income <input type="checkbox"/> Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.) (Please specify): _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> Filipino with Dual Citizenship <input type="checkbox"/> Naturalized Filipino Citizen <input type="checkbox"/> Citizen of other countries working/residing/studying in the Philippines <input type="checkbox"/> Organized Group (Please specify): _____					<input type="checkbox"/> Local Government Unit (Please specify): _____ <input type="checkbox"/> National Government Agency (Please specify): _____ <input type="checkbox"/> Others (Please specify): _____												
3.5 Lifetime Member					Date/Effectivity of Retirement:												
<input type="checkbox"/> Retiree / Pensioner <input type="checkbox"/> With 120 months contribution and has reached retirement age					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">mm</td> <td style="text-align: center;">dd</td> <td style="text-align: center;">yy</td> <td style="text-align: center;">yy</td> </tr> </table>									mm	dd	yy	yy
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