



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

INFORMATION SHEET FOR NEW PHILHEALTH CORPORATE ID

INSTRUCTIONS:

1. Write legibly and in print;
2. Attach one (1) Passport size, colored picture with **WHITE BACKGROUND**;
3. Write your signature in the box and make sure your signature does not cross the border;
4. Draw a sketch of your home address at the bottom of this Information Sheet;
5. ID Card issued shall be surrendered/returned upon resignation/termination of service.

Required attachments (for ID replacement only):

- A. **Marriage Contract** - in case of change in marital status;
B. **Affidavit of Loss** - in case of lost ID.

PHOTO

ID picture taken within the last
6 months
3.5 cm x 4.5 cm
WHITE BACKGROUND

Computer generated
or Xerox copy of picture is
not acceptable

Employment Status:

- ☐ Regular
☐ Casual
☐ Job Order Contractor
☐ Consultant

Reason for Request:

- ☐ New Employee
☐ Changes in ID Data
☐ Worn-out ID
☐ Lost ID

SIGNATURE (Please sign inside the box)

SURNAME:

MIDDLE NAME:

FIRST NAME:

NAME EXTENSION (e.g. Jr., Sr.):

EMPLOYEE ID NO.:

DEPARTMENT/OFFICE:

POSITION:

PERMANENT ADDRESS:

BLOODTYPE:

GSIS NO.:

TIN NO.:

EMERGENCY CONTACT NAME:

RELATIONSHIP:

CONTACT NO:

SKETCH OF PERMANENT ADDRESS WITH LANDMARKS:

DATE ACCOMPLISHED: