SAMPLE DOCS

INSTRUCTIONS

1. For PURPOSE, put a mark ☑ FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark ☑ FOR UPDATING if you want to update or make corrections to certain information previously submitted when you enrolled. Fill-out the appropriate portions of the form.
2. Please write in CAPITAL LETTERS.
3. ALL FIELDS in item 1 for Member Information ARE MANDATORY. The Member should fill-out all required information.
4. Write N.A. if the information is not applicable.
5. All name entries should be in the following format:

    Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:

Last Name	First Name	Name Extension	Middle Name
SANTOS	JUAN ANDRES	III	DELA CRUZ

6. For the Declaration of Dependents, fill-out the names of the living spouse, children and parents in items 2.1, 2.2 and 2.3 following the same format above.

    Put a mark ☑ in the box for item 2.2 if child has disability.
    Put a mark ☑ in the box for item 2.3 if parent has disability.
    Please indicate FULL MOTHER'S NAME for item 2.3.

7. For declared dependents with disability, please submit a Medical Certificate indicating the details and extent of disability. As defined in the Implementing Rules and Regulations of the National Health Insurance Act of 2013, the following are included as qualified dependents:

    a. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support.

    b. Parents with permanent disability regardless of age that renders them totally dependent on the member for subsistence.

8. For MEMBERSHIP CATEGORY, put a mark ☑ in the appropriate box and specify details as necessary.
9. The member or guardian (if member is a minor) should certify that the information provided are true and correct by affixing his/her signature over the printed name in the space provided for. If unable to write, please affix the right thumbmark in the space provided.