PLEASE READ INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM.

PHILHEALTH
REPORT OF EMPLOYEE - MEMBERS

(CHECK APPLICABLE BOX) | [ ] **INITIAL LIST (Attach to PhilHealth Form Er1)** | [X] **SUBSEQUENT LIST** | **Er2**

NAME OF EMPLOYER/FIRM: Sagility Philippines B.V. Branch Office (formerly Betaine (PH)B.V.) | **Employer No: 00-304001437-6**

ADDRESS: 11TH FLOOR ZETA TOWER, E RODRIGUEZ JR. AVE COR ORTIGAS AVE BRIDGETOWNE WEST, BRGY. UGONG NORTE, QUEZON CITY **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)
	*****NOTHING FOLLOWS*****	CUSTOMER SERVICE REPRESENTATIVE	₱			

TOTAL NO. LISTED ABOVE:
One (1)

PAGE 1 OF 1 SHEETS

CERTIFIED CORRECT:

HUMAN RESOURCES- SAGILITY RECRUITMENT
SIGNATURE OVER PRINTED NAME

TO BE ACCOMPLISHED IN DUPLICATE.

Note: This form can be reproduced but not for sale.

I N S T R U C T I O N S

1 An employer who is not yet registered with PhilHealth will submit this form in two (2) copies together with the "Employer Data Record ", in
   two (2) copies also.

2 An employer already registered with PhilHealth will submit this form in two (2) copies to PhilHealth to report (a) newly hired employee(s).
   The PhilHealth Number of the employee (which was shown to the Employer) should be written in the first column of this form.

3 ALL COLUMNS SHALL BE FILLED CORRECTLY, except the column with the heading "EFF. DATE OF COVERAGE".

4 IT IS IMPORTANT THAT YOU INDICATE YOUR REGISTERED NAME AND EMPLOYER NUMBER IN YOUR REMITTANCE (PhilHealth
   Form RF1) ACCURATELY. OTHERWISE, YOUR PAYMENTS CAN NOT BE CREDITED TO YOUR ACCOUNT.