

☒ Please check the box if you have submitted the form. Close the window to return to OneCognizant.

ENGLISH VERSION

This form can be reproduced and is not for sale.



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
Citystate Centre, 709 Shaw Blvd., Pasig City  
Healthline : 837-8888 www.philhealth.gov.ph

**PMRF**

PHILHEALTH MEMBER REGISTRATION FORM  
October 2010

PhilHealth Identification Number (PIN)

--	--	--	--	--	--	--	--	--	--

**IMPORTANT REMINDERS**

1. Your PhilHealth Identification Number (PIN) is your unique and lifetime number.
2. The issuance of PIN does not automatically qualify you and your dependents to be entitled to NHIP benefits.
3. Always use your PIN in paying your contributions and availment of NHIP benefits.

Please read instructions at the back before accomplishing this form.

**PURPOSE:**☐ FOR ENROLLMENT ☐ FOR UPDATING

1. MEMBER INFORMATION																	
Last Name		Name Suffix		First Name		Middle Name											
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		Tax Identification Number (TIN)											
Nationality																	
Residential Address																	
Unit/Room No., Floor		Building Name		House/Building No.		Street											
						Subdivision/Village											
Barangay		City/Municipality		Province		Zip Code											
Contact Information																	
Telephone No.		Cell Phone No.		Email Address													
2. LIST OF DEPENDENTS (Please use separate sheet if necessary)																	
2.1 Spouse (if legally married)																	
Last Name		Name Suffix	First Name		Middle Name		Date of Birth (mm - dd - yyyy)										
2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old or above with permanent disability																	
Last Name		Name Suffix	First Name		Middle Name		Date of Birth (mm - dd - yyyy)										
2.3 Parents who are 60 years old or above																	
Last Name		Name Suffix	First Name		Middle Name		Date of Birth (mm - dd - yyyy)										
Father																	
Mother (Maiden Name)																	
3. MEMBERSHIP CATEGORY																	
3.1 Employed Member				3.5 Individually Paying Member													
<input type="checkbox"/> Private				Self-employed													
<input type="checkbox"/> Government				<input type="checkbox"/> Professional (specify profession): _____													
<input type="checkbox"/> Household Help				<input type="checkbox"/> Non-Professional (specify occupation): _____													
3.2 <input type="checkbox"/> Overseas Filipino Worker				Estimated Average Monthly Family Income for the past 12 months: _____													
3.3 <input type="checkbox"/> Sponsored Member (Indicate Household ID No., if applicable)				<input type="checkbox"/> P25,000 & Below <input type="checkbox"/> Above P25,000													
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														<input type="checkbox"/> KaSAPI			
				<input type="checkbox"/> Group Enrollment													
3.4 <input type="checkbox"/> Lifetime Member (Retiree/Pensioner)				3.6 <input type="checkbox"/> Others (specify): _____													
Date/Effectivity of Retirement: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	

I hereby certify that the above information are true and correct.

Name and Signature

Date

If unable to write,  
affix right thumbmark**THIS PORTION TO BE FILLED UP BY PHILHEALTH**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS**

1. For PURPOSE, check (✓) FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Check (✓) FOR UPDATING if you only want to update or make corrections to certain information previously submitted when you enrolled. Fill out the appropriate portions of the form and attached the corresponding documentary requirements.
2. Write in **CAPITAL LETTERS**. Write N/A. if the data required are not applicable.
3. Fill out names of spouse/s, children or parents in Items 2.1, 2.2 and 2.3 in the following format.  
Example: Juan Andres de la Cruz Santos III will be entered as:  

<u>Last Name</u>	<u>Name Suffix</u>	<u>First Name</u>	<u>Middle Name</u>
SANTOS	III	JUAN ANDRES	DELA CRUZ
4. Put a check (✓) in the appropriate boxes ☐
5. Attach a photocopy of required supporting documents to the accomplished form prior to submission to PhilHealth. Spouse/s, parents and all children declared as dependents listed in Items 2.1, 2.2 and 2.3 shall continue to be valid unless amended by the member.
6. For child/ren 21 years old or above and with permanent disability, attach a copy of Medical Certificate.
7. For Self-employed under the Individually Paying Member, please indicate the following:
  - a. For Professionals, specify your profession.
  - b. For Non-Professionals, specify your occupation.
  - c. Check the appropriate box of your estimated average monthly family income for the past twelve (12) months.
8. The member or guardian (if member is a minor) should certify that information provided are true and correct by signing the space provided for. If unable to write, please affix the thumb mark in the space provided.

**DOCUMENTARY REQUIREMENTS**

1. Registered Member
  - Birth/Baptismal Certificate or **any** of the following Identification (ID) cards issued by a government official authority:
    - Passport
    - Driver's License
    - Professional Regulation Commission (PRC) ID
    - National Bureau of Investigation (NBI) Clearance
    - Police Clearance
    - Postal ID
    - Voter's ID
    - Barangay Certification
    - Government Service Insurance System (GSIS) e-Card
    - Social Security System (SSS) Card
    - Senior Citizens Card
    - Overseas Workers Welfare Administration (OWWA) ID
    - OFW ID
    - Seaman's Book
    - Alien Certification of Registration/Immigrant Certification of Registration
    - Government Office and Government Owned & Controlled Corporation (GOCC) ID, e.g. Armed Forces of the Philippines (AFP) ID, Home Development Mutual Fund (HDMF) ID
    - Certification from the National Council for the Welfare of the Disabled Persons (NCWDP)
    - Department of Social Welfare and Development (DSWD) Certification
    - Integrated Bar of the Philippines ID
    - Company IDs issued by private entities or institutions registered with or supervised or regulated either by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC)
2. Spouse
  - Marriage Certificate/Contract
  - For Muslim spouse, Affidavit of Marriage issued by Office of the Muslim Affairs (OMA), shall pass through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO)
3. Children
  - a. Legitimate or illegitimate children below 21 years old
    - Birth Certificate
  - b. Adopted children below 21 years old
    - Court Decree of Adoption
  - c. Stepchildren below 21 years old
    - Marriage Certificate between the natural parents and stepfather/stepmother and Birth Certificate/s of the stepchildren
  - d. Mentally or physically disabled children who are 21 years or above
    - Birth Certificate and Medical Certificate issued by the attending physician stating and describing the extent of disability.
4. Parents
  - a. Parent/s 60 years old above
    - Birth Certificate of both registrant and parent (In the absence of Birth Certificate of parent, any proof attesting to the date of birth of the parent/s)
  - b. Stepparents 60 years old or above
    - Marriage Certificate/Contract between biological parent of the member and the stepparent;
    - Birth Certificate of the stepparent (In its absence, a notarized affidavit of two disinterested persons attesting to the date of birth);
    - Birth Certificate of the member-child indicating the name of his/her biological parent; and
    - Death Certificate of member's deceased biological parent
  - c. Adoptive parents 60 years old or above
    - Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption and is annotated thereto; and
    - Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of two disinterested persons attesting to the date of the birth