PhilHealth PHILHEALTH PREMIUM PAYMENT SLIP Your Partner in Health PIN/POGN/PEN/PSN: MEMBER'S NAME: _ (SURNAME) (GIVEN NAME) (MIDDLE NAME) HOUSEHOLD EMPLOYER/ SPONSOR/AGENCY NAME: MEMBER TYPE: (Please mark only one) ☐ Informal Sector (Voluntary) - V ☐ Self-Earning Individual - S ☐ OFW - F ☐ Organized Group - K ☐ Household Help/Kasambahay - H ☐ Sponsored - L ☐ Filipino w/ Dual citizenship - D □ PRA foreign retiree - E □ Other foreign citizen working and/or residing in the Philippines - M For Formal Economy (Private-P/Government-G Employer) and Point of Service (POS FC-Q), Statement of Premium Account or SPA should be presented instead of PPPS APPLICABLE PERIOD: MEMBER CONTACT NO. / EMAIL ADDRESS FROM YY M M Y Y NOTE: For Household Help employer, Php AMOUNT PAID ▶ please submit your Remittance Report (RF1) to PhilHealth after payment. PhilHealth PHILHEALTH PREMIUM PAYMENT SLIP PIN/POGN/PEN/PSN: MEMBER'S NAME: (SURNAME) (GIVEN NAME) (MIDDLE NAME) HOUSEHOLD EMPLOYER/ SPONSOR/AGENCY NAME: MEMBER TYPE: (Please mark only one) □ Informal Sector (Voluntary) - V □ Self-Earning Individual - S □ OFW - F □ Organized Group - K ☐ Household Help/Kasambahay - H ☐ Sponsored - L ☐ Filipino w/ Dual citizenship - D ☐ PRA foreign retiree - E ☐ Other foreign citizen working and/or residing in the Philippines - M For Formal Economy (Private-P/Government-G Employer) and Point of Service (POS FC-Q), Statement of Premium Account or SPA should be presented instead of PPPS APPLICABLE PERIOD: MEMBER CONTACT NO. / EMAIL ADDRESS FROM YY M M Y Y NOTE: For Household Help employer, please submit your Remittance Report Php AMOUNT PAID ▶

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