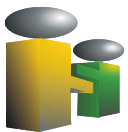


PLEASE READ INSTRUCTION AT THE BACK BEFORE ACCOMPLISHING THIS FORM



PHILHEALTH
REPORT OF EMPLOYEE-MEMBERS

(CHECK APPLICABLE BOX)
☒ INITIAL LIST (Attach to PhilHealth Form Er1)
☒ SUBSEQUENT LIST

Er2

NAME OF EMPLOYER/FIRM: ABCD CORP.				EMPLOYER NO. 111-222-333-0000		
ADDRESS: Adrdsfadsf dfsadfsa df			E-MAIL ADDRESS: abcd@efg.com			
PHILHEALTH SSS/GSIS NUMBER	NAME OF EMPLOYEE	POSITION	SALARY	DATE OF EMPLOY- MENT	(DO NOT FILL) EFF. DATE OF COVERAGE	PREVIOUS EMPLOYER (IF ANY)
0000000 11111 22222 33333 44444 55555 66666 77777 88888 99999 1010101010 1111111111 1212121212 1313131313 1414141414 1515151515 1616161616 1717171717 1818181818 1919191919 2020202020 2121212121 2222222222 2323232323 2424242424 2525252525 2626262626 2727272727 2828282828 2929292929	John Doe	Manager	50,000.00	12/25/2023		XYZ Company
TOTAL NO. LISTED ABOVE: 123		PAGE 1 OF 5 SHEETS		Abcdasd E. Aasdfsaaa SIGNATURE OVER PRINTED NAME		