



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8TH F GATEWAY TOWER 2, LIMKETKAI CENTER, C.M. RECTO AVE., CAGAYAN DE ORO CITY

Healthline Call Center: (02) 441-7442, Landline: (088) 856-1780 www.philhealth.gov.ph

26 September 2022

Member Name : **PABILLARAN , ANGELIKA ARCAY**  
Member Address : **PUROK 5 DULCE MARIA ACMAC, ILIGAN CITY, LANA DEL NORTE 9200**  
  
Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

Kami ay nagagalak na kayo ay rehistrado na sa Pambansang Programa sa Seguro ng Kalusugan, isang programang pinangangasiwaan ng Philippine Health Insurance Corporation o PhilHealth.

Ito po ang inyong panghabang-buhay na PhilHealth Identification Number (PIN): **1502-5640-0881**

Para kayo at ang inyong pamilya ay makinabang sa mga serbisyo ng Programa, kinakailangang kayo po o kasama ang inyong pinagtatrabahuhan(employer), o lokal na pamahalaan o tagapanagot (sponsor) ay napagbayad ng kaukulang kotribusyon sa PhilHealth.

Mahalagang palagiing gamitin ang inyong PIN sa pagbabayad ng kontribusyon at sa tuwing kayo o sinuman sa inyong pamilya ay makikinabang sa mga benepisyo ng Programa katulad ng pagpapaospital.

Hangad namin na kayo at ang inyong pamilya ay mabigyan namin ng patuloy na proteksyong pangkalusugan.

Lubos na gumagalang,

DELIO A. ASERON, II  
REGIONAL VICE PRESIDENT  
PRO - X Cagayan De Oro City

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## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121308408821
REGISTRATION TRACKING NUMBER	922271636904

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	PABILLARAN	ANGELIKA		ARCAY	<input type="checkbox"/>
FATHER	PABILLARAN	NORBERTO		MANLANGIT	<input type="checkbox"/>
MOTHER (Maiden Name)	ARCAY	ANNABELLE		LLUISMA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PABILLARAN	ANGELIKA		ARCAY	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
11/28/1998	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
ILIGAN CITY, LANA DEL NORTE	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	165.00	55.00			For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor	Building Name			Home	
Lot No.,	Block No.,	Phase No.,	House No	Street Name	Cell Phone
					+63 (0926) 2056441
Subdivision	Barangay			Business (Direct Line)	
PUROK 5 DULCE MARIA	ACMAC				
Municipality/City	Province/State/Country			Business (Trunk Line)	
ILIGAN CITY	LANAO DEL NORTE, PHILIPPINES				
ZIP Code					Email Address
9200					
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot no.,	Block no.,	Phase No.	
House No	Street Name	Subdivision		Barangay	
		PURUK 5 DULCE MARIA		ACMAC	
Municipality/City	Province/State/Country			ZIP Code	
ILIGAN CITY	LANAO DEL NORTE, PHILIPPINES			9200	
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS				



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

MO0020IW202210026743 Date/Time Generated: 02 October 2022 03:18:14 PM

SS NUMBER <b>08-3098314-8</b>					
<b>NAME</b>					
(LAST NAME) <b>PABILLARAN</b>	(FIRST NAME) <b>ANGELIKA</b>	(MIDDLE NAME) <b>ARCAJ</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>11281998</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>ILIGAN CITY</b>	(PROVINCE/STATE) <b>LANAO DEL NORTE</b>	(COUNTRY) <b>PHILIPPINES</b> SEX <b>FEMALE</b>		
FATHER'S NAME (LAST NAME) <b>PABILLARAN</b>	(FIRST NAME) <b>NORBERTO</b>	(MIDDLE NAME) <b>MANLANGIT</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>ARCAJ</b>	(FIRST NAME) <b>ANNABELLE</b>	(MIDDLE NAME) <b>LLUISMA</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION) <b>PUROK 5- DULCE MARIA</b>		
(BARANGAY/DISTRICT/LOCALITY) <b>ACMAC</b>	(CITY/MUNICIPALITY) <b>ILIGAN CITY</b>	(PROVINCE) <b>LANAO DEL NORTE</b>	POSTAL CODE <b>9200</b> COUNTRY CODE <b>0063</b>		
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>165</b>	WEIGHT (IN KILOGRAMS) <b>56</b>	DISTINGUISHING FEATURE/S <b>FILIPINO</b> RELIGION <b>CHRISTIAN</b>		
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.) <b>02-82229675</b>	MOBILE NUMBER <b>(0926) 205-6441</b>	EMAIL ADDRESS <b>pabillaranangelika@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business  Year Prof./Business Started  Monthly Earnings		Foreign Address  Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse  Monthly Income of Working Spouse (P)	
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD		(BANK NAME)		(BANK BRANCH)	
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery;</li> <li>further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					