

SSS



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

MO0861IW202206031486 Date/Time Generated: 03 June 2022 10:36:04 PM

SS NUMBER 06-4408304-3		NAME			
(LAST NAME) BONUSAN	(FIRST NAME) LYDY MHE	(MIDDLE NAME) ARDINA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 12112000	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) BONUSAN	(FIRST NAME) SANDY	(MIDDLE NAME) MINOZA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) ARDINA	(FIRST NAME) EMELY	(MIDDLE NAME) AVELINO	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) PIT-OS	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 155	WEIGHT (IN KILOGRAMS) 49	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0933) 320-6305	EMAIL ADDRESS bonusan.lydymhe@lcc.edu.ph		TIN	
DEPENDENT(S)/BENEFICIARY/IES					
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					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business	Foreign Address	SS No./Common Reference No. of Working Spouse			
Year Prof./Business Started					
Monthly Earnings	Monthly Earnings	Monthly Income of Working Spouse (P) _____			
	Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT	PROFESSION/BUSINESS			ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • 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, further processing and payment of my loans and SSS benefits; • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.					

PAG-IBIG ID NO.

Your Pag-IBIG Membership ID No. is

121321367123

Close

PHILHEALTH ID CARD



The image shows a PhilHealth ID card for Lydy Mhe Ardina Bonusan. The card has a green background with a white map of the Philippines. At the top left is the Philippine coat of arms and the text "REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation". At the top right is the PhilHealth logo with the tagline "Your Partner in Health". In the center-left is a portrait of the cardholder. To the right of the portrait is the ID number "12-251404960-0", the name "BONUSAN, LYDY MHE ARDINA", and her birth date and sex "DECEMBER 11, 2000 - FEMALE", along with her address "SANGI LAPU-LAPU CITY (OPON), CEBU - 6015". At the bottom center is a barcode with the number "1 2 2 5 1 4 0 4 9 6 0 0" printed below it. At the bottom left is a signature in cursive that reads "Lydy" and the word "Signature" below it.

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth
Your Partner in Health

12-251404960-0
BONUSAN, LYDY MHE ARDINA
DECEMBER 11, 2000 - FEMALE
SANGI LAPU-LAPU CITY (OPON), CEBU - 6015

Signature

1 2 2 5 1 4 0 4 9 6 0 0