

Employee Static Information (RRCS)
 C.R.N.
 SS Number **35-1008229-8** Date of Birth **01-12-1999**
 Member Name **LAMBINO, KATE JASHMINE QUIANZON** Date of Coverage
(Surname, First Name Extension Middle Name)

Address, Contact & Disbursement Account Enrollment Module Information



LOG MEMBER INITIAL VISIT

MEMBER DETAILS

SS Number Status : 0 - ACTIVE
 Document Compliance : APPLICATION THRU THE WEB - WITH PERSONAL APPEARANCE AND SUBMITTED DOCUMENT(S)
 Membership Status : PERMANENT
 Registration Type : PRIOR REGISTRANT
 Date of SS Number Issuance : 09/02/2021
 Sex : FEMALE
 Reporting Date :
 Reporting ID :
 Latest ER ID :
 Latest ER Name :
 Claim Flag Status : 0 - NO FINAL/FUNERAL CLAIM
 Transferred to (New SS Number) :
 Membership Type : NO STATUS CHANGE
 Change in Coverage Status :
 Date of Loan Disqualification :
 SS Number Withdrawal Reason :
 Record Location : ILIGAN



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 Web Inquiry System
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