



Shot on Y12
Vivo AI camera



CDV-01215 (09-2015)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER 016 346 207 04	COMMON REFERENCE NUMBER (if any) 01112 0628 95140	DATE OF BIRTH (mm/dd/yyyy) 06 02 1995	TAX IDENTIFICATION NUMBER (if any)
NAME (LAST NAME) CLASAT	(FIRST NAME) KEVIN	(MIDDLE NAME) BAYLOS	(SUFFIX)
ADDRESS (SMALL CAPITALS & BLOCK NAME) TIMPOLOX, BAWAG, LAPU-LAPU CITY	(HOUSE/LOT & BLOCK NO.)	(STREET NAME)	
(SUBDIVISION) SIXOX	(BARRANGAY/ESTRETE/LOCALITY) TIMPOLOX, BAWAG, LAPU-LAPU CITY	(PROVINCE) CEBU	ZIP CODE
TELEPHONE NUMBER (AREA CODE - 7 DIGIT) 019 409 6818 41519	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS kevinbaylos@upho.com	
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM	TO	TO (Option for Prior Registrant Only)
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed (Please fill-out the details below)	<input type="checkbox"/> Non-Working Spouse (Please fill-out the details below)
<input type="checkbox"/> Voluntary	Profession/Business _____	SS No./CRN of Working Spouse _____
<input type="checkbox"/> Overseas Filipino Worker	Year Profession/Business Started _____	Monthly Income of Working Spouse (P) _____
<input type="checkbox"/> Non-Working Spouse (NWS)	Monthly Earnings (P) _____	I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS
<input type="checkbox"/> Prior Registrant <small>(If person who registered with the SSS for the first time as a prospective employee.)</small>		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

B. CORRECTION OF NAME

<input type="checkbox"/> Last Name	FROM _____ TO _____
<input type="checkbox"/> First Name	FROM _____ TO _____
<input type="checkbox"/> Middle Name <small>(or change of middle initial to middle name)</small>	FROM _____ TO _____
<input type="checkbox"/> Prefix (e.g. "Sr", "Jr", "Mesa", "Mar", "Ma" or "Mama") or Suffix (e.g. "Jr", "III" or "IV")	FROM _____ TO _____
<input type="checkbox"/> Simple Error in Spelling of Name (e.g. "K" to "L" or "V" to "W" or vice versa, inadvertent deletion of space and apostrophe characters)	FROM _____ TO _____
<input type="checkbox"/> Due to Re-marriage	FROM _____ TO _____

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS
(For Female members, Accomplish the FROM and TO portions, if also requesting for change of name.)

<input type="checkbox"/> Single to Married	FROM _____ TO _____
<input type="checkbox"/> Married to Legally Separated	FROM _____ TO _____
<input type="checkbox"/> Married to Widowed	FROM _____ TO _____
<input type="checkbox"/> Reversion from Married to Single	FROM _____ TO _____

F. UPDATING OF CONTACT INFORMATION

<input checked="" type="checkbox"/> Address	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Mobile/Cellphone Number
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G. UPDATING OF BANK INFORMATION

	Bank Name	Bank Branch	Account Number
<input type="checkbox"/> Benefits (Disability/ Maternity/Partial Disability)	_____	_____	_____
<input type="checkbox"/> Loans	_____	_____	_____
<input type="checkbox"/> PESO Fund	_____	_____	_____

H. UPDATING OF MEMBER RECORD STATUS (from "Temporary")
(e.g. "Professional") - please submit supporting documents

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" (part 2))

NAME (LAST NAME)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> Non-Additional <input type="checkbox"/> Disabled <input type="checkbox"/> Non-Additional <input type="checkbox"/> Disabled <input type="checkbox"/> Non-Additional <input type="checkbox"/> Disabled



MEMBER'S DATA FORM (MDF)

HCP-APP-438
CPNL 04/08/2017

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MC NO.
121105349352

REGISTRATION TRACKING NO.
913328070712

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		INDIVIDUAL PAYOR <i>Please specify</i>			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	OLAJAY	KEVIN		BAYLOGIS	<input type="checkbox"/>
FATHER	OLAJAY	TIMOTEO		BUCIO	<input type="checkbox"/>
MOTHER (Maiden Name)	BAYLOGIS	MARGE		CABAN	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	OLAJAY	KEVIN		BAYLOGIS	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
06/03/1995		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU, PHILIPPINES			FILIPINO		IGSS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					For AFP/ANP Employee, Serial/Grade No.
					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 (0)45 988454
Subdivision			Barangay		Business (Direct Line)
Municipality/City			Province/State/Country		Business (Toll Free)
LAPU-LAPU CITY (OPON)			CEBU, PHILIPPINES		Email Address
ZIP Code					
0015					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.	Block No.
				Phase No.	
House No.		Street Name		Subdivision	Barangay
Municipality/City		Province/State/Country		ZIP Code	
LAPU-LAPU CITY (OPON)		CEBU, PHILIPPINES		0015	
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871

www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 120253270905
 Member Category : FORMAL ECONOMY NHTS Coverage :
 Sub-Category : PRIVATE Effectivity Period :

OLAJAY, KEVIN BAYLOSIS

PRK THUNDER TIMPOLOK, BABAG, LAPU-LAPU CITY (OPON), CEBU 6015

Foreign Address : N/A Sex : Male
 Date of Birth : 06/03/1995
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 09424421225 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 202622300384
 Name of Employer/Organized Group : LEAR AUTOMOTIVE SERVICES (NETHERLANDS) B V - PHILIPPINE BRANCH
 Business Address : MACTAN EXPORT PROCESSING ZONE 1, MACTAN, LAPU-LAPU CITY (OPON), CEBU
 Telephone Number : 34007915
 Tax Identification Number : 221676124

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122547960783	OLAJAY	GAVIN ACE	KILO KILO	Male	Son	12/21/2000

*** NOTHING FOLLOWS ***

Shot on Y12
Vivo AI camera
WIDE