



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121246700550
REGISTRATION TRACKING NUMBER	919092647831

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	RODRIGUEZ	JOSIE MARIE		SUMABONG	<input type="checkbox"/>
FATHER	RODRIGUEZ	DANILO		JACOSALEM	<input type="checkbox"/>
MOTHER (Maiden Name)	SUMABONG	REMEDIOS		BOYLES	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	RODRIGUEZ	JOSIE MARIE		SUMABONG	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
11/17/1999	SINGLE		SSS NUMBER		
PLACE OF BIRTH		CITIZENSHIP		GSIS NUMBER	
GUIHULNGAN, NEGROS ORIENTAL, PHILIPPINES		FILIPINO		EMPLOYEE NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			

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 UTNAI	CELLPHONE
Subdivision		Barangay TINGUB			BUSINESS (DIRECT LINE)
Municipality/City MANDAUE CITY		Province/State/Country CEBU, PHILIPPINES			BUSINESS (TRUNK LINE)
ZIP Code 6014					E-MAIL ADDRESS
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name	Lot no.	Block no.	Phase No.
House No.	Street Name UTNAI		Subdivision		Barangay TINGUB
Municipality/City MANDAUE CITY		Province/State/Country CEBU, PHILIPPINES			Zip Code 6014
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

p. 27  
bk. 46

Province Negros Oriental City/Municipality Guihulngan Registrar No. 99-2987

1. NAME (First) (Middle) (Last)  
Josie Marie S. Rodriguez

2. SEX  1 Male  2 Female 3. DATE OF BIRTH (day) (month) (year)  
17 November 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Hibaiyo Guihulngan Negros Oriental

5a. TYPE OF BIRTH  1 Single  2 Twin  3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS  
 1 First  2 Second  3 Others, Specify \_\_\_\_\_

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1 d. WEIGHT AT BIRTH  
3.5kg. grams

6. MAIDEN NAME (First) (Middle) (Last)  
Remedios B. Sumabong

7. CITIZENSHIP Filipino 8. RELIGION RC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION HK 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Hibaiyo Guihulngan Negros Oriental

13. NAME (First) (Middle) (Last)  
Daniilo J. Rodriguez

14. CITIZENSHIP Filipino 15. RELIGION RC

16. OCCUPATION mechanic 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
August 27, 1999 Guihulngan Negros Oriental

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  
 4 Hilot (Traditional Midwife)  5 Others (Specify) \_\_\_\_\_

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:00pm. o'clock  
am/pm on the date stated above

Signature \_\_\_\_\_ Address Hibaiyo, Guihulngan Negros Oriental  
Name in Print Daniel Chavez  
Title or Position Hilot Date \_\_\_\_\_

20. INFORMANT  
Signature \_\_\_\_\_ Address Hilaitan Guihulngan Negros Oriental  
Name in Print Susan P. Sioco  
Relationship to the child RIM Date \_\_\_\_\_

21. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print Susan P. Sioco  
Title or Position RIM  
Date 11/25/99

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print RUEL C. BEOPAN  
Title or Position \_\_\_\_\_  
Date 11/26/99

For OCRG USE ONLY:  
Population Reference No.  
\_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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E-1

Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
PERSONAL RECORD  
FOR ISSUANCE OF SS NUMBER

SS NUMBER  
**06-4264812-1**

COV-01214 (09-2015)

**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 AND REMINDERS 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 THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
RODRIGUEZ		JOSE MARIE		SUMABONG				111171999	
SEX		CIVIL STATUS							
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others							
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)				CITY, COUNTRY, if born outside the Philippines	
FILIPINO		CATHOLIC		GUHUNGAN NEGROS ORIENTAL PHILIPPINES					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)									
TINGUB MANDAVE CEBU PHILIPPINES JMA1									
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)					
09452364922		josephmart123@gmail.com							
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)			
RODRIGUEZ		DANLO		JACOB		ALEM			
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
SUMABONG		REMEDIOS		BOYLES					

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)		CHILDREN (FIRST NAME)		CHILDREN (MIDDLE NAME)		CHILDREN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1. (LAST NAME)		1. (FIRST NAME)		1. (MIDDLE NAME)		1. (SUFFIX)		1. (DATE OF BIRTH)	
2. (LAST NAME)		2. (FIRST NAME)		2. (MIDDLE NAME)		2. (SUFFIX)		2. (DATE OF BIRTH)	

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started		Monthly Earnings		Monthly Income of Working Spouse (P)	
Monthly Earnings		Are you applying for membership in the Flexi-Fund Program?		I agree with my spouse's membership with SSS.	
P		<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE	

**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JOSE MARIE RODRIGUEZ  
PRINTED NAME

*J.M. Rodriguez*  
SIGNATURE

APRIL 2, 2019  
DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)		WORKING SPOUSE'S MSC (FOR NWS)		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	
		P		[Signature]	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		SIGNATURE OVER PRINTED NAME	
P		P		DATE & TIME	
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		SIGNATURE OVER PRINTED NAME	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE & TIME	



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

PhilHealth Identification Number (PIN)	: 12-025802473-2	PhilSys Number	:
Member Category	: FORMAL ECONOMY - PRIVATE -		
Sub-Category	: PERMANENT/REGULAR	NHTS Coverage	: N/A
		Validity Period	: N/A - N/A

**RODRIGUEZ, JOSIE MARIE SUMABONG**

TINGUB, MANDAUE CITY CEBU

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 11/17/1999
		Place of Birth	: GUIHULNGAN, NEGROS ORIENTAL
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: 09452364922	Tax Identification Number	:

**ENTITY INFORMATION**

PhilHealth Number (PEN/POGN)	: 230474000900		
Name of Employer/Organized Group	: CONCENTRIX CVG PHILIPPINES INC(CONVERGYS PHILIPPINES INC)		
Business Address	: 6798 AYALA NORTH EXCHANGE TOWER 2 AYALA AVE COR AMORSOLO, SAN LORENZO, MAKATI CITY FOURTH DIST.		
Telephone Number	: 91655670	Employment Status	: EMPLOYED
Tax Identification Number	: 205366921000	Date	: 04/02/2019

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NOTHING FOLLOWS \*\*\*

**MARJORIE A. CABRIETO**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.  
 Oct 11, 2023 07:41 PM