



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation

PhilHealth



12-026078917-7  
BALORAN, JASMINE LOVIROS  
JULY 21, 2002 - FEMALE  
BUGHO SAN FERNANDO, CEBU - 6018



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*Jasmine Loviros*



Pag-IBIG *Plus*  
LOYALTY CARD



JASMINE L. BALORAN

MID No. 1213-0407-5394



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For BIR  
Use OnlyBOS  
FormRepublic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No. <b>2316</b> January 2018 (BIR)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		2018 (18)BIR-2316	
1 For the Year (YYYY) <b>2024</b>		2 For the Period From (MM/DD) <b>1 1</b> To (MM/DD) <b>4 11</b>			
Part I - Employee Information			Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		
3 TIN <b>620 910 701 000</b>			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
4 Employee's Name (Last Name, First Name, Middle Name) & BDO Code <b>Baloran, Jasmine Lovros 001</b>			27 Basic Salary (including the average P/200.00 & below or the Statutory Minimum Wage of the BRIC)		
5 Registered Address SA Zip Code <b>Payson Cebu City</b>			28 Holiday Pay (APAC)		
6 Local Home Address LC Zip Code			29 Overtime Pay (APAC)		
7 Date of Birth (MM/DD/YYYY) & Contact Number <b>7 21 2002</b>			30 Night Shift Differential (ANSE)		
8 Statutory Minimum Wage rate per day			31 Hazard Pay (APAC)		
9 Statutory Minimum Wage rate per month			32 13th Month Pay and Other Benefits (maximum of P/6,000)		
10 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			33 De Merito Benefits		
11			34 SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only)		
12 TIN <b>007 964 541 000</b>			35 Salaries & Other Forms of Compensation		
13 Employer's Name <b>VCUSTOMER PHILIPPINES (CEBU), INC.</b>			36 Total Non-Taxable/Exempt compensation income (Sum of items 27 to 35)		
14 Registered Address TAA Zip Code <b>47 JSA IT Center 30 General Macdon Avenue Cagayan Bypass, Cebu City</b>			B. TAXABLE COMPENSATION INCOME REGULAR		
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			37 Basic Salary		
16 TIN			38 Representation		
17 Employer's Name			39 Transportation		
18 Registered Address TAA Zip Code			40 Cost of Living Allowance (COLA)		
19			41 Fixed Housing Allowance		
20			42 Others (Specify)		
21			43A		
22			43B		
23			SUPPLEMENTARY		
24			44 Commission		
25			45 Profit Sharing		
26			46 Fees including Director's Fees		
27			47 Taxable 13th Month Pay		
28			48 Hazard Pay		
29			49 Overtime Pay		
30			49A (Specify)		
31			49B SL CONVERSION		
32			49C VL CONVERSION		
33			50 Total Taxable Compensation Income (Sum of items 37 to 49B)		
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NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)





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

MO0964W/202208247452 Date/Time Generated: 24 August 2022 08:53:43 AM

SS NUMBER <b>06-4462049-3</b>					
NAME					
LAST NAME <b>BALORAN</b>	FIRST NAME <b>JASMINE</b>	MIDDLE NAME <b>LOVIROS</b>	SUFFIX		
FACTS OF BIRTH					
DATE OF BIRTH (MM/DD/YYYY) <b>07/21/2002</b>	PLACE OF BIRTH <b>SAN FERNANDO</b>	(PROVINCE/STATE) <b>CEBU</b>	COUNTRY <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME LAST NAME: <b>RESOJENTO</b> FIRST NAME: <b>JUAN</b> MIDDLE NAME: <b>ARANAS</b>	SUFFIX				
MOTHER'S M maiden name LAST NAME: <b>BALORAN</b> FIRST NAME: <b>JULIE</b> MIDDLE NAME: <b>LOVIROS</b>	SUFFIX				
DEMOGRAPHIC DATA					
HOME ADDRESS (PIN FLA/SANT NO & BLDG. NAME OF HOUSE/LOT NO & BLK NO.) <b>SAMBOLAWAN</b>		(STREET NAME) (SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) <b>BUGHO</b>	(CITY/MUNICIPALITY) <b>SAN FERNANDO</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6018</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (in centimeters) <b>157</b>	WEIGHT (in kilograms) <b>47</b>	DISTINGUISHING FEATURES	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (with +63 and 10-digit) <b>(0920) 216-7296</b>	MOBILE NUMBER	EMAIL ADDRESS <b>baloranjasmine072102@gmail.com</b>			
DEPENDENTS/BENEFICIARIES					
SPOUSE LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SUFFIX: _____ DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP Date: _____				
CHILDREN LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SUFFIX: _____ DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP Date: _____				
OTHER BENEFICIARY(IES) without spouse & child and parents are both deceased: LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SUFFIX: _____ RELATIONSHIP: _____ DATE OF BIRTH (MM/DD/YYYY): _____					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE) Profession/Business: _____ Year Prof./Business Started: _____ Monthly Earnings: _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address: _____ Monthly Earnings: _____ Are you applying for membership in the Phil-Fire Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse: _____ Monthly Income of Working Spouse (P): _____			
PURPOSE OF APPLICATION					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY			
UMID CARD APPLICATION WITH ATM OPTION					
UMID CARD AS ATM CARD (BANK NAME): _____			BANK BRANCH: _____		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>I certify that the information provided are true and correct.</p> <p>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/issuance of my CRN, card production and delivery;</li> <li>further processing and coverage 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>issuance of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>I understand that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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 to the sharing of my bank account number with SSS.</p>					

## INSTRUCTIONS

- Fill out this form in one (1) copy.
- Ensure observations are not encouraged. However, if necessary, such will be limited up to two (2) instances/iterations only. Always affix initials on all assurances/observations of this form.
- Place a checkmark on the applicable box.
- Always indicate "NA" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 in = 2.54 cm 1 lb = 0.4536 kg
- List the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole at birth mark on the left cheek/forehead".
- Always indicate the following mandatory information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally
  - Home address, if applied abroad
 If card applicant cannot provide the required mobile number/address, indicate the card applicant's immediate family member's address where SSS can communicate with the card applicant.
- For all types of card replacement, pay the required fee at any SSS branch office/authorized bank/collecting agent. Write the S Receipt Number/Transaction Reference Number on the field provided and submit this form together with the req. and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data re-capture.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

## DOCUMENTARY REQUIREMENTS GUIDE

IDENTIFICATION REQUIREMENTS (Present the original)	IDENTIFICATION REQUIREMENTS (Present the original)
A. Primary ID card/documents [any one (1) of the following]:	A. For card replacement due to amendment of data/authenticating issue:
1. Valid Multi-Purpose ID Card	1. Previously issued SS agreement or UMID copy of the card
2. Valid Driver's License	2. Valid passport
3. Valid Certificate of Registration	3. Valid passport
4. Valid Voter's Certificate	4. Valid passport
5. Valid Birth Certificate	5. Valid passport
6. Valid Marriage Certificate	6. Valid passport
7. Valid Divorce Certificate	7. Valid passport
8. Valid Death Certificate	8. Valid passport
9. Valid Affidavit of Marriage	9. Valid passport
10. Valid Affidavit of Divorce	10. Valid passport
11. Valid Affidavit of Death	11. Valid passport
12. Valid Affidavit of Birth	12. Valid passport
13. Valid Affidavit of Marriage	13. Valid passport
14. Valid Affidavit of Divorce	14. Valid passport
15. Valid Affidavit of Death	15. Valid passport
16. Valid Affidavit of Birth	16. Valid passport