



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

MO0825IW202406250618 Date/Time Generated: 25 June 2024 11:07:49 PM

SS NUMBER 06-4896085-8					
NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) ANTIDO JESSEL ANN BENOLIRAO					
DATE OF BIRTH (MMDDYYYY) 05152001		PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) ALCOY CEBU PHILIPPINES		SEX FEMALE	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) ANTIDO ARMANDO		MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) BENOLIRAO JULIETA			
DEMOGRAPHIC DATA					
HOME ADDRESS (RM, FL, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)					
BARANGAY/DISTRICT/LOCALITY (CITY/MUNICIPALITY) (PROVINCE) POBLACION ALCROY CEBU		POSTAL CODE 6023		COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 163	WEIGHT (IN KILOGRAMS) 48	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0995) 321-9831	EMAIL ADDRESS antidojesselann@gmail.com		
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	ANTIDO	JAZMINE ANDREA	BENOLIRAO		Sister 04142019
2	SUNERA	PENELOPE BLAKE	OTOC		Niece 10262021
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flood Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		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					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates 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. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>					

INSTRUCTIONS

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" 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 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or 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
 - Email address, if applied abroad
 * If card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR) Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s 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 is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE	
<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. Primary ID card/document (any one (1) of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p>	<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duty notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duty notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

12. Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"tando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

REMINDERS

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 820-6401 local 5714 or email at sss_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121344755594
REGISTRATION TRACKING NO	924177987408

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ANTIDO	JESSEL ANN		BENOLIRAO	<input type="checkbox"/>
FATHER	ANTIDO	ARMANDO			<input checked="" type="checkbox"/>
MOTHER (Maiden Name)	BENOLIRAO	JULIETA			<input checked="" type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ANTIDO	JESSEL ANN		BENOLIRAO	<input type="checkbox"/>
DATE OF BIRTH 05/15/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH ALCOY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER
SEX FEMALE	HEIGHT(cm) 0 00	WEIGHT(kg) 0 00	PROMINENT DISTINGUISHING FACIAL FEATURES		
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
EMPLOYEE NUMBER For AFP/PNP Employee, Senal/Badge 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 (0995) 3219831
Subdivision		Barangay POBLACION			Business (Direct Line)
Municipality/City ALCOY		Province/State/Country CEBU, PHILIPPINES			Business (Trunk Line)
ZIP Code 6023					Email Address antidojesselann@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.	Block No.
House No.		Street Name		Phase No.	
		Subdivision		Barangay SAMBAG 1	
Municipality/City CEBU CITY		Province/State/Country CEBU, PHILIPPINES			ZIP Code 6000
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

PRESENT EMPLOYMENT DETAILS					
OCCUPATION		EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No. Floor		Building Name		Basic 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00
				Total Mo. Income 0.00	
Subdivision		Barangay		OFFICE ASSIGNMENT	
Municipality/City		Province			
State/Country (if abroad)			ZIP Code		DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
ANTIDO	ARMANDO			[]	FATHER	05/22/1972
ANTIDO	JAZMINE ANDREA		BENOLIRAO	[]	SISTER	04/14/2010

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed, (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data, (e) damages, and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012)</p>	
_____ SIGNATURE OF INFORMANT	_____ DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY _____ Signature over Printed Name	DATE JUL 01 2024
_____ Designation/Position	_____ Branch/Unit

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



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) : **12-250557325-9** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - SELF
 Sub-Category : EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
 Validity Period : N/A - N/A

ANTIDO, JESSEL ANN BENOLIRAO

POBLACION, ALCOY CEBU

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 05/15/2001
 Place of Birth : ALCOY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : +639691202875 Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A Employment Status :
 Tax Identification Number : N/A Date : N/A

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 benepisyong, 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.

Jun 02, 2023 11:15 AM

FRONT



BACK



Note: The Digital TIN ID does not require a signature. To verify the authenticity of the information of this Digital TIN ID holder, scan the QR Code using any mobile device camera or QR Code scanner with Internet connection. If your device does not have an internet connection to scan the QR Code, you may contact the BIR Customer Assistance Division (CAD) via (02) 8538-3200 to verify the taxpayer's TIN.

Digital TIN ID photo that is not compliant with the photo requirements and specifications shall not be considered valid for presentation in transactions and shall not be accepted as valid Digital TIN ID by the relying party(ies).



(Copy for OCRG)

Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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

55

REMARKS/ANNOTATION

Province Cebu City/Municipality ALCOY Registry No. 2001-190

1. NAME (First) JESSAL ANN (Middle) BENOLLEAD (Last) ARTIDO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) 15 (month) MAY (year) 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) Alcoy Cebu

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) 1ST (first, second, third, etc.) d. WEIGHT AT BIRTH 2313 grams

6. MAIDEN NAME (First) JULETA (Middle) V. (Last) BENOLLEAD

7. CITIZENSHIP FILIPINO 8. RELIGION R.C.

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 HOUSEWOMAN 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Poblacion Alcoy Cebu

13. NAME (First) ARMANDO (Middle) (Last) ARTIDO

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) February 24, 2001, St. Anne of Lima Parish, Alcoy, Cebu

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 1:30 a.m. o'clock am/pm on the date stated above.

Signature CORNELIA P. BENOLLEAD Address Title or Position MCM Date

20. INFORMANT Signature ARMANDO ARTIDO Address Relationship to the child Father Date 5/15/2001

21. PREPARED BY Signature MA. NANCY G. ROMANA Title or Position Civil Registry Clerk Date 5/15/2001 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature GERMANO EDUARDO A. MERRILL Title or Position CIVIL REGISTRAR Date 6-15-2001

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BReN 02202-B01KF02-4

Documentary Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D. National Statistician and Civil Registrar General Philippine Statistics Authority





BARANGAY SAMBAG 1

J. Alcantara St., Cebu City (beside seven eleven)

Cebu City, Philippines

Tel. No.: (032) 254-7590 / (032) 255-0552

BARANGAY CHAIRMAN

MARIA AILLEN R. GUARDO

Chairman: Committee on Peace and Order

COUNCILORS

HON. GIOVANNI AZNAR

Chairman: Committee on Livelihood
Committee on BAC

HON. MARIO TALLO

Chairman: Committee on Sanitation Clean & Green
Committee on Environmental Protection
and Waste Management
Committee on Public Works & Infrastructure

HON. JAIME LACUÑA

Chairman: Committee on Appropriation

HON. McDONALD ARQUIZA

Chairman: Committee on Health

HON. LEONA KHARLA BACALTOS

Chairman: Committee on Social Services
Committee on Women and Family Affairs

HON. JOHN CHRISTIAN D. TALLO

Chairman: Committee on Disaster

HON. ALLAN GLEN ABELLA

Chairman: Committee on Education and Culture
Committee on Laws and Ordinances

ABEGAIL D. MATULAC

Barangay Secretary

MARIA MAGNOLIA MICHELLE D. DIAO

Barangay Treasurer

RAIZA SHAINÉ ALONZO

SK Chairman: Committee on Youth Devt. & Sports



BARANGAY CLEARANCE

To whom it may concern,

This is to certify that **JESSEL ANN B. ANTIDO** a non registered voter and a resident of **MAIMAI REAL ESTATE LESSOR , 539-I P. DEL ROSARIO EXT., SITIO ADMERAL , Brgy. Sambag 1 , Cebu City.** with no record as per our blotter book of the lupon tagapamayapa.

This certification is issued upon request the above mentioned name for **EMPLOYMENT** purpose only.

Issued on this 27th day of JUNE, 2024. At Barangay Sambag 1, Cebu City.


MARIA AILLEN R. GUARDO
Barangay Chairman



Republic of the Philippines

CEBU NORMAL UNIVERSITY

Main Campus

Osmeña Boulevard, Cebu City, 6000, Philippines

University Charter: Republic Act No. 8688

Institutional Code: 7024

Accredited State University: Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACCCUP)



BACANG PILIPINAS

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

JESSEL ANN B. ANTIDO

of the College of Law, Public Governance and Safety with Student Identification Number: 20-000333

having satisfactorily completed the prescribed four-year full-time Program of Instruction, POF Level 6 per Republic Act No. 10968,

using English as medium, upon recommendation of the Academic Council of Cebu Normal University, duly confirmed

by the Board of Regents, and by the Authority of the Republic of the Philippines,

is hereby granted the degree of

BACHELOR OF SCIENCE IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT MAGNA CUM LAUDE

with all the Rights, Honors, and Privileges thereunto appertaining.

In testimony whereof the Seal of the Cebu Normal University

and the Signatures of the President, the Dean, and the Registrar are hereunto affixed

Given in Cebu City, Philippines this 27th day of May, 2024.

ATTY. LURRY ED. MARTINEZ YRARA
College Dean



JASON P. SABEQUIL, LPT
University Registrar

DANIEL A. ARIASO, SR., PhD, CESO II
University President



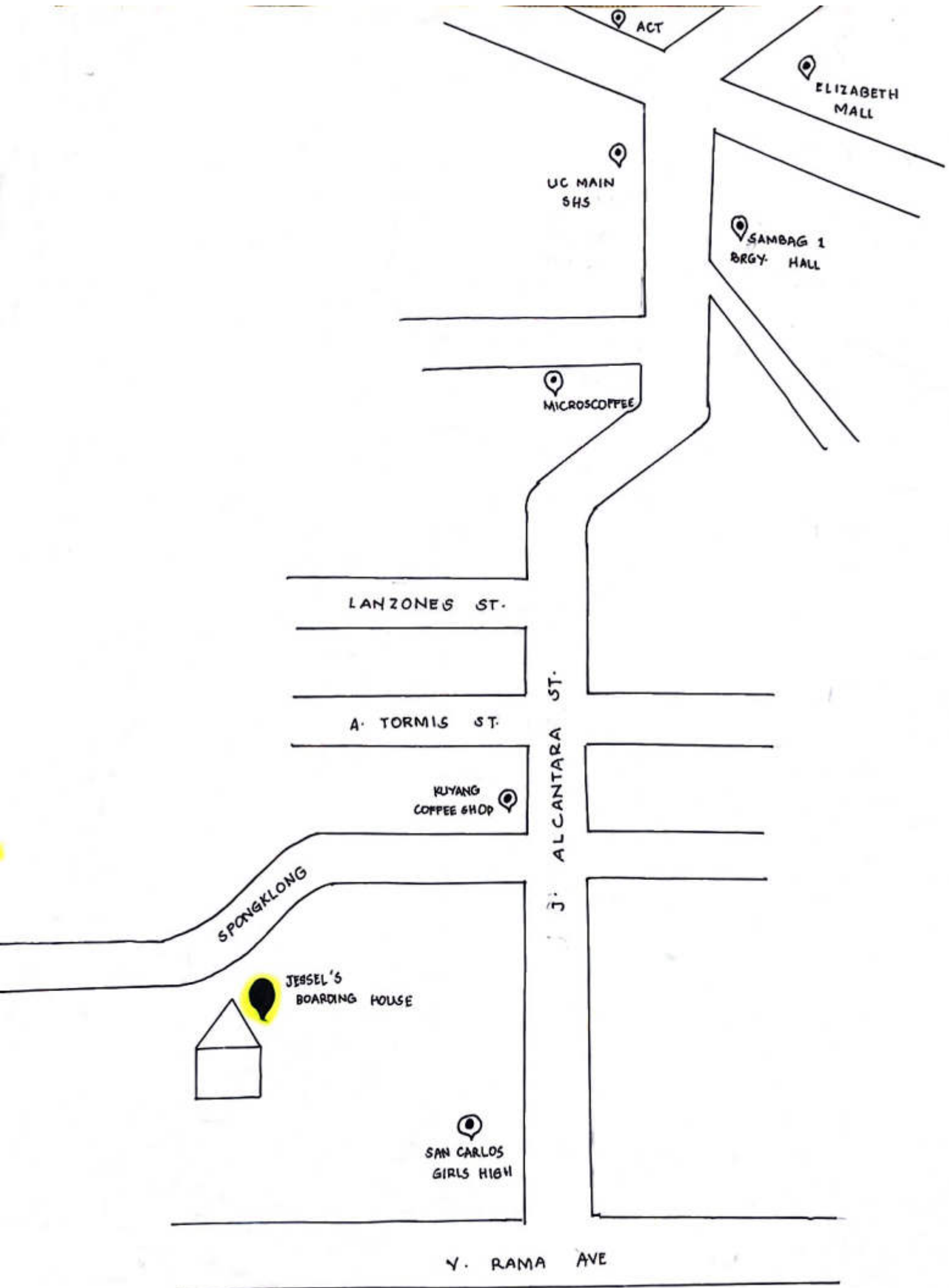
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SDF-UIRO-105-013-01



QR CODE





ACT

ELIZABETH MALL

UC MAIN SHS

SANGBAG 1 BRGY. HALL

MICROSCOPPEE

LANZONES ST.

A. TORMIS ST.

KUYANG COPPEE SHOP

SPONGKLONG

JESSEL'S BOARDING HOUSE

SAN CARLOS GIRLS HIGH

J. ALCANTARA ST.

Y. RAMA AVE



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



12-250557325-9

ANTIDO, JESSEL ANN BENOLIRAO

MAY 15, 2001 - FEMALE

POBLACION ALCOY, CEBU - 6023

J. Antido
Signature



1 2 2 5 0 5 5 7 3 2 5 9

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

A handwritten signature in black ink, appearing to read 'D. Gierran', is centered on the card.

ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (CEO)