



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



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **122509860880** PhilSys Number : :
 Member Category : **DIRECT CONTRIBUTOR - EMPLOYED PRIVATE** NHTS Coverage : **N/A**
 Validity Period : **N/A**

ARCAYA, DANIEL LUMARAN

191 B RODRIGUEZ EXTENSION SAMBAG II (POB.), CEBU CITY, CEBU - 6000

Foreign Address : **N/A** Sex : **MALE**
 Date of Birth : **10/5/2001**
 Place of Birth : **CEBU CITY, CEBU**
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **5010908/09311021603** Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : **012000022312**
 Name of Employer/Organized Group : **VCUSTOMER PHILIPPINES (CEBU) INC**
 Business Address : **6TH FLOOR EBLOC 3 GEONZON STREET CEBU IT PARK APAS, CEBU CITY CEBU**
 Telephone Number : **032 5126275** Employment Status: **EMPLOYED**
 Tax Identification Number : **007964541000** Date : **6/9/2023**

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
-----	---------	------------	-------------	-----	----------	---------------

*** NO DECLARED DEPENDENT/S ***

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

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ~~ospital~~ ^{ospital}. 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 the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required. Printed At : PRO VII Cebu City - 8/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City
 7/11/2023 4:33:10 PM 30400612 30447813 6/16/2023 / 30400612 7/11/2023



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121321407319
REGISTRATION TRACKING NO.	923164443698

OCCUPATIONAL STATUS EMPLOYED					
MEMBERSHIP CATEGORY EMPLOYED - PRIVATE Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ARCAYA	DANIEL		LUMARAN	<input type="checkbox"/>
FATHER	ARCAYA	EDUARD FRANKLIN		OCHIA	<input type="checkbox"/>
MOTHER (Maiden Name)	LUMARAN	SUSANA		LEOPARDAS	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ARCAYA	DANIEL		LUMARAN	<input type="checkbox"/>
DATE OF BIRTH 10/05/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER
SEX MALE	HEIGHT(cm) 0.00	WEIGHT(kg) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i>
					<i>For DepEd Employee, Division Code-Station Code</i>

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. 191	Street Name B RODRIGUEZ EXTENSION	Cell Phone +63 (0831) 1021604
Subdivision			Barangay SAMBAG 2		Business (Direct Line)
Municipality/City CEBU CITY			Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)
ZIP Code 6000					Email Address danielarcaya100501@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No. 191	Street Name B RODRIGUEZ EXTENSION			Subdivision Barangay SAMBAG 2	
Municipality/City CEBU CITY			Province/State/Country CEBU, PHILIPPINES		ZIP Code 6000
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		



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

MO0241IW202306081645 Date/Time Generated: 09 June 2023 01:10:11 PM

SS NUMBER							06-4598092-5								
NAME															
(LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)						
ARCAYA			DANIEL			LUMARAN									
FACTS OF BIRTH															
DATE OF BIRTH (MMDDYYYY)		PLACE OF BIRTH (CITY/MUNICIPALITY)		(PROVINCE/STATE)		(COUNTRY)		SEX							
10052001		CEBU CITY (CAPITAL)		CEBU		PHILIPPINES		MALE							
FATHER'S NAME (LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)						
ARCAYA			EDUARD FRANKLIN			OCHIA									
MOTHER'S MAIDEN NAME (LAST NAME)			(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)						
LUMARAN			SUSANA			LEOPARDAS									
DEMOGRAPHIC DATA															
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)						(STREET NAME)			(SUBDIVISION)						
191 N/A						B. RODRIGUEZ STREET			N/A						
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)			(PROVINCE)			POSTAL CODE		COUNTRY CODE				
SAMBAG II (POB.)			CEBU CITY (CAPITAL)			CEBU			6000		0063				
CIVIL STATUS		HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)		DISTINGUISHING FEATURE/S		NATIONALITY		RELIGION					
SINGLE		175.26		51				FILIPINO		CHRISTIAN					
OTHER CARD APPLICANT DATA															
TELEPHONE NUMBER (AREA CODE - TEL. NO.)				MOBILE NUMBER				EMAIL ADDRESS							
02-85010908				(0931) 102-1603				danielarcaya100501@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															
2															
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE															
SELF-EMPLOYED (SE)				OVERSEAS FILIPINO WORKER (OFW)				NON-WORKING SPOUSE (NWS)							
Profession/Business				Foreign Address				SS No./Common Reference No. of Working Spouse							
Year Prof./Business Started								<input type="text"/> <input type="text"/>							
Monthly Earnings				Monthly Earnings				Monthly Income of Working Spouse (P) _____							
				Are you applying for membership in the Flexi-Fund Program?				<input type="checkbox"/> YES <input type="checkbox"/> NO							
PURPOSE OF APPLICATION															
PURPOSE				PROFESSION/BUSINESS				ESTIMATED MONTHLY SALARY							
FOR EMPLOYMENT / PRIOR REGISTRANT															
UMID CARD APPLICATION WITH ATM OPTION															
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD				(BANK NAME)				(BANK BRANCH)							
				UNION BANK OF THE PHILIPPINES				UNIONBANK							
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION															
1. I certify that the information provided are true and correct. 2. I hereby consent to: - 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.															



BIR: Taxpayer Registration

Inbox


iris-noreply Jul 13, 2023



to me ▾

Transaction ID: 20230713TR12584129

13 July 2023

 Dear *ARCAYA, DANIEL LUMARAN* :

This is to inform you that you have successfully REGISTERED as a LOCAL EMPLOYEE - COMPENSATION INCOME EARNER ONLY (RESIDENT CITIZEN) Taxpayer with **TIN**: 629-896-236-00000 through the Document Locator Number (DLN): O23D0820738444.

You have registered the Tax type/s below:

Tax Type	Form Type
INDIVIDUAL INCOME TAX	1700 - ANNUAL INCOME TAX RETURN FOR INDIVIDUALS EARNING PURELY COMPENSATION INCOME (INCLUDING NON-BUSINESS/NON-PROFESSION INCOME)

Regards,

RDO082 - CEBU CITY SOUTH