



**PMRF**  
 PHILHEALTH MEMBER REGISTRATION FORM  
 UHC v.1 January 2020

120506413880  
 PHILHEALTH IDENTIFICATION NUMBER (PIN)

**REMINDERS:**

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents
4. Please read instructions at the back before filling-out this form.

**PURPOSE:**

REGISTRATION  UPDATING/AMENDMENT

Preferred KonSulTa Provider

**I. PERSONAL DETAILS**

	LAST NAME	FIRST NAME	MIDDLE NAME	NO. WHEELS (1-4)	NONHONYM (Check if applicable only)
MEMBER	TORMIS	PAOLO RONALD	CARPENTERO	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER'S MAIDEN NAME	CARPENTERO	PAZ	PONCE	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (if Married)				<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH 03 10 1981 <small>m m d d y y y y</small>	PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small> CEBU CITY	PHILSYS ID NUMBER (Optional)
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widower/ <input type="checkbox"/> Legally Separated	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) 256 142 013
CITIZENSHIP <input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN		

**II. ADDRESS and CONTACT DETAILS**

PERMANENT HOME ADDRESS <small>Unit/Room No./Floor Building Name Lot/Block/Phase/House Number</small> LANOS STREET	Home Phone Number
Subdivision: Poblacion Barangay: Sibonga Municipality/City: Cebu Province/State/Country (If abroad): ZIP Code: 6020	(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER) Mobile Number (Required) 09954615317
MAILING ADDRESS <input checked="" type="checkbox"/> SAME AS ABOVE <small>Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name</small>	Business (Direct Line)
Subdivision: Poblacion Barangay: Sibonga Municipality/City: Cebu Province/State/Country (If abroad): ZIP Code: 6020	E-mail Address (Required for OFW) PAOLO711823@GMAIL.COM

**III. DECLARATION OF DEPENDENTS**

(Use additional form if necessary)

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO. WHEELS (1-4)	NONHONYM	Check if with Permanent Disability
CARPIO	EJAH	EMANUEL	SON	08/23/2000	FILIPINO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. MEMBER TYPE**

<b>DIRECT CONTRIBUTOR</b> <input checked="" type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme <input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National PRA SRRV No. _____ ACR I-Card No. _____	<b>INDIRECT CONTRIBUTOR</b> <input type="checkbox"/> Listahanan <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> Senior Citizen <input type="checkbox"/> PAMANA <input type="checkbox"/> KIA/KIPO <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Private-sponsored <input type="checkbox"/> Person with Disability <input type="checkbox"/> PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization
<b>PROFESSION:</b> <small>(Except Employed, Lifetime Members and Sea-based Migrant Worker)</small> _____ <b>MONTHLY INCOME:</b> _____ <b>PROOF OF INCOME:</b> _____	<b>For PhilHealth Use only:</b> <input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable