

Employee Static Information

C.R.N.

SS Number **06-3326388-7**
 Member Name **CIANO, GIMELYN VALLESER**

Date of Birth **06-07-1993**
 Date of Coverage **12-2012**

Address & Contact Information**MEMBER DETAILS**

E-1 Flag Status :	E-1 FILED
Sex :	FEMALE
Reporting Date :	01-19-2013
Reporting ID :	03-8713932-2
Latest ER ID :	06-1802155-2
Latest ER Name :	IPLOY INC
Claim Flag Status :	NO CLAIM
SS Number Status :	SS NUMBER ACTIVE
Transferred to (New SS Number) :	
Coverage Status :	COVERED EMPLOYEE
Change in Coverage Status :	NO STATUS CHANGE
Date of Loan Disqualification :	
SS Number Withdrawal Reason :	
Record Location :	CEBU
SMB PB Enrollment Information :	<ul style="list-style-type: none"> • MEMBER NOT YET ENROLLED IN THIS PROGRAM

GIMELYN VALLESER CIANO