



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) :	142021121362	PhilSys Number :	:
Member Category :	INDIRECT CONTRIBUTOR -	NHTS Coverage :	EXISTING
Sub-Category :	LISTAHANAN	Validity Period :	1/1/2023 - 12/31/2023

MONTIMOR, RICK JOY

SAN VICENTE (POB.), SIRAWAI, ZAMBO. DEL NORTE - 7121

Foreign Address :	N/A	Sex :	MALE
		Date of Birth :	8/7/1999
		Place of Birth :	SIRAWAI, ZAMBO. DEL NORTE
Contact No. (Foreign) :	N/A	Civil Status :	SINGLE
(Local) :	/09165110603	Tax Identification Number :	

ENTITY INFORMATION

Philhealth Number (PEN/POGN) :	400060003707		
Name of Employer/Organized Group :	DEPARTMENT OF HEALTH		
Business Address :	BGY 331, SANTA CRUZ NCR, CITY OF MANILA, FIRST DISTRICT		
Telephone Number :	N/A	Employment Status:	N/A
Tax Identification Number :	N/A	Date :	N/A

DEPENDENT INFORMATION

FIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** 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~~. 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 : CEBU CITY - CEBU
8/25/2023 11:00:51 AM 0710922 30487014 10/10/2017 1 20710922 8/25/2023



Edit with WPS Office

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

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund 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
LEAL	RODNE JAY		MONTMOR	[]	BROTHER	03/09/2010

CERTIFICATION

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).

SIGNATURE OF INFORMANT

DATE

FOR Pag-IBIG FUND USE ONLY

<p>RECEIVED UNIT</p> <p><i>[Signature]</i> Over-Printed Name</p>	<p><i>CSA</i> Designation/Position</p>	<p><i>06/01/2020</i> Branch/Unit</p>	<p>DATE</p>
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DISCLAIMER

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