



### Employee Static Information

C.R.N.  
SS Number **06-3868727-7** Date of Birth **11-01-1997**  
Member Name **CUERVO, CLEOFFE ANN PANILAG** Date of Coverage

### Address & Contact Information

# MEMBER DETAILS

E-1 Flag Status : E-1 FILED  
Sex : FEMALE  
Reporting Date :  
Reporting ID :  
Latest ER ID :  
Latest ER Name :  
Claim Flag Status : NO CLAIM  
SS Number Status : SS NUMBER ACTIVE  
Transferred to (New SS Number) :  
Coverage Status : PRIOR REGISTRANT  
Change in Coverage Status : NO STATUS CHANGE  
Date of Loan Disqualification :  
SS Number Withdrawal Reason :  
Record Location : CEBU  
Address :  
SMB PB Enrollment Information : • MEMBER NOT YET ENROLLED IN THIS PROGRAM

