



PhilHealth Identification Number (PIN)

1,2,0,5 | 1,4,6,1 | 6,3,7,5

IMPORTANT REMINDERS

- Your PhilHealth Identification Number (PIN) is your unique and permanent number to be entitled to PHFI benefits.
- The issuance of the PIN does not automatically qualify you or your dependents to be entitled to PHFI benefits.
- Always use your PIN in all transactions with PhilHealth.

Please carefully read instructions at the back before accomplishing this form.

PURPOSE:

FOR ENROLLMENT FOR UPDATING

I. MEMBER INFORMATION		First Name		Name Extension (JRS/RN)		Middle Name							
Last Name		ALFREDO		LUMPOP									
MILLER													
II. MARITAL STATUS - please write FULL MAIDEN NAME													
Last Name		First Name		Name Extension (JRS/RN)		Middle Name							
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	Nationality		Tax Identification No. (TIN)							
01-01-1994	DAVAO			Philippine									
Permanent Address		Lot/Block/House/Bldg. No.		Street		Subdivision/Village							
Unit/Floor No./Floor		85A		Nasipit									
Barangay		City/Municipality		Province		Country							
Talamban		Cebu City		Philippines		Cebu							
Contact Information		Mobile Number		E-mail Address									
Landline Number (Area Code + Tel. No.)		0925076329											
2. OPERATIONAL DEPENDENTS (For members aged 18 and above)													
2.1 Spouse													
PhilHealth Identification Number (PIN)	Last Name	First Name		Name Extension (JRS/RN)	Middle Name		Date of Birth (mm-dd-yyyy)						
2.2 Children Below 18 years old (Child/Grandchild/Stepchild/Adopted child/Child-in-law) or aged 18 and above with permanent disability													
PhilHealth Identification Number (PIN)	Last Name	First Name		Name Extension (JRS/RN)	Middle Name	Marked with Disability	Date of Birth (mm-dd-yyyy)						
	MILLER	Athena Louie			Camiza	<input type="checkbox"/>	04-25-2018						
						<input type="checkbox"/>							
						<input type="checkbox"/>							
2.3 Parents (Over 18)													
PhilHealth Identification Number (PIN)	Father's Last Name	Father's First Name		Name Extension (JRS/RN)	Father's Middle Name		Date of Birth (mm-dd-yyyy)						
	MILLER	RUDY			ARMENIA		06-06-1941						
PhilHealth Identification Number (PIN)	Mother's Maiden Last Name	Mother's First Name		Name Extension (JRS/RN)	Mother's Maiden Middle Name	Marked with Disability	Date of Birth (mm-dd-yyyy)						
	LUMPOP	ELISA			POLINIO	<input type="checkbox"/>	07-29-1993						
3. MEMBERSHIP CATEGORY													
3.1 Formal Economy				3.3 Indigent									
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Contractor/Project-Based <input type="checkbox"/> Enterprise Owner <input type="checkbox"/> Household Help / Kasambahay <input type="checkbox"/> Family Driver				<input type="checkbox"/> NHTS-PR									
3.2 Informal Economy				3.4 Sponsored									
<input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land Based <input type="checkbox"/> Sea Based <input type="checkbox"/> Informal Sector (e.g. Market Vendor, Street Vendor, Pedicab/Tricycle Driver, etc.) (Please specify) _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> No Income <input type="checkbox"/> Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.) (Please specify) _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> Filipino with Dual Citizenship <input type="checkbox"/> Naturalized Filipino Citizen <input type="checkbox"/> Citizen of other countries working/residing/studying in the Philippines <input type="checkbox"/> Organized Group (Please specify) _____				<input type="checkbox"/> Local Government Unit (Please specify) _____ <input type="checkbox"/> National Government Agency (Please specify) _____ <input type="checkbox"/> Others (Please specify) _____									
				3.5 Lifetime Member									
				<input type="checkbox"/> Retiree / Pensioner <input type="checkbox"/> With 120 months contribution and has reached retirement age									
				Date/Effectivity of Retirement:									
				<input type="checkbox"/> <table border="1"> <tr> <td>mm</td> <td>dd</td> <td>yyyy</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				mm	dd	yyyy			
mm	dd	yyyy											
Under the penalty of law, I attest that the information furnished herein are true and correct to the best of my knowledge.				Please do not write on this section. For filling-out by PhilHealth Officer.									
Signature over Printed Name ALFREDO MILLER 9/6/18				Received by: SEP 2018 Evaluated by:									