

**Employee Static Information**

C.R.N.

SS Number **06-4121753-7**  
Member Name **CONSON, JEPHTHA GULLE**Date of Birth **04-22-1998**  
Date of Coverage**Address & Contact Information****MEMBER DETAILS**

E-1 Flag Status : E-1 FILED  
Sex : MALE  
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  
SMB PB Enrollment Information :  
• MEMBER NOT YET ENROLLED IN THIS PROGRAM



JEPHTHA GULLE CONSON