

Employee Static Information

C.R.N.

SS Number **08-2564740-2**

Date of Birth **03-23-1996**

Member Name **SUNOG, KEM MAISOG**

Date of Coverage

Address & Contact Information



LOG MEMBER INITIAL VISIT

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 : CAGAYAN

SMB PB Enrollment Information :

- MEMBER NOT YET ENROLLED IN THIS PROGRAM