## **Employee Static Information**

C.R.N.

06-3746562-3

SALADAGA, SARAH MAE AMPASIN

Date of Birth

Date of Coverage

03-23-1997

09-2015

## **Address & Contact Information**

## **MEMBER DETAILS**

E-1 Flag Status:

Sex:

Reporting Date:

Reporting ID:

Latest ER ID:

Latest ER Name:

Claim Flag Status:

SS Number Status:

Transferred to (New SS Number) :

Coverage Status:

Change in Coverage Status:

Date of Loan Disqualification:

SS Number Withdrawal Reason:

Record Location:

SMB PB Enrollment Information:

E-1 FILED FEMALE.

01-11-2016

08-0941460-6

08-0941460-6

MARIANITO D ALEMANIA

NO CLAIM

SS NUMBER ACTIVE

COVERED EMPLOYEE

NO STATUS CHANGE

CAGAYAN

MEMBER NOT YET ENROLLED IN THIS PROGRAM