## **Employee Static Information**

C.R.N.

SS

06-3753375-9

Number

Name

Member BULACAN, LAINEL ANN VERCIDE

Date of Birth

10-16-1996

Date of

Coverage

04-2016

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

05-18-2016

03-9148990-3

03-9148990-3

TPPH-FHCS, INC.

NO CLAIM

SS NUMBER ACTIVE

COVERED EMPLOYEE

NO STATUS CHANGE

CEBU

 MEMBER NOT YET ENROLLED IN THIS **PROGRAM** 

