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## **Employee Static Information**

C.R.N.

SS Number

06-3349136-1

Member

**CASTILLO, JUNETTE ANNE** 

Name

**GIMENA** 

Date of Birth

06-25-1992

Date of Coverage 02-2013

## 🧖 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** 

04-30-2013

03-9148990-3

06-1802155-2

IPLOY INC

NO CLAIM

SS NUMBER ACTIVE

COVERED EMPLOYEE

NO STATUS CHANGE

1.1

CEBU

MEMBER NOT YET ENROLLED IN THIS PROGRAM



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