



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office VII
 Golden Peak Hotel, Gorordo Ave., cor Escario St., Cebu City
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PMRF

PHILHEALTH MEMBER REGISTRATION FORM
 October 2010

PhilHealth Identification Number (PIN)

1 2 0 5 - 1 0 8 9 - 8 3 0 9

IMPORTANT REMINDERS

- Your PhilHealth Identification Number (PIN) is your unique and lifetime number.
- The issuance of PIN does not automatically qualify you and your dependents to be entitled to NHIP benefits.
- Always use your PIN in paying your contributions and availment of NHIP benefits.

PURPOSE:

FOR ENROLLMENT FOR UPDATING

Please read instructions at the back before accomplishing this form.

1. MEMBER INFORMATION

Last Name MANAL		Name Suffix		First Name NINO ANGELO		Middle Name QUINAL	
Date of Birth (mm-dd-yyyy) NOV. 05 1992	Place of Birth (City/Municipality, Province) CEBU CITY			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	Tax Identification Number (TIN)	Nationality FILIPINO
Residential Address							
Unit/Room No., Floor	Building Name	House/Building No. 42-6		Street LOREDA ST.		Subdivision/Village	
Barangay LOREDA SAN MIGUEL		City/Municipality CEBU CITY		Province		Zip Code 6000	
Contact Information							
Telephone No.		Cell Phone No. 09066198333		Email Address			

2. LIST OF DEPENDENTS (Please use separate sheet if necessary)

2.1 Spouse (if legally married)

Last Name	Name Suffix	First Name	Middle Name	Date of Birth (mm-dd-yyyy)	PhilHealth Identification Number (if applicable)

2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old or above with permanent disability

Last Name	Name Suffix	First Name	Middle Name	Date of Birth (mm-dd-yyyy)	Sex (M or F)	Check if w/ Permanent Disability

2.3 Parents who are 60 years old or above

Last Name	Name Suffix	First Name	Middle Name	Date of Birth (mm-dd-yyyy)	PhilHealth Identification Number (if applicable)
Father					
Mother (Maiden Name)					

3. MEMBERSHIP CATEGORY

3.1 Employed Member

- Private
 Government
 Household Help

3.2 Overseas Filipino Worker

3.3 Sponsored Member (Indicate Household ID No. if applicable)

3.5 Individually Paying Member

- Self-employed
 Professional (specify profession): _____
 Non-Professional (specify occupation): _____
 Estimated Average Monthly Family Income for the past 12 months:
 P25,000 & Below Above P25,000
 KaSAPI