



PMRF

PHILHEALTH MEMBER REGISTRATION FORM UHC v.1 January 2020

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMEMDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

PURPOSE:

REGISTRATION UPDATING/AMENDMENT

Preferred KonSulTa Provider

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)	MONONYM
MEMBER	FLORENTINO	MARVE		SUMALINOG	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER'S MAIDEN NAME	SUMALINOG	EVELYN		PEÑA	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH 09 09 1998 mm dd yyyy	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	PHILSYS ID NUMBER (Optional)
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional)
CITIZENSHIP <input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN		

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name	Home Phone Number
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code	(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)
DECA HOMES, CUBAWB, MANDALAY CITY, CEBU 6014	Mobile Number (Required)
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name	Business (Direct Line)
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code	E-mail Address (Required for OFW)

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME (Check if applicable only)	MONONYM	Check if with Permanent Disability
FLORENTINO	EVELYN		SUMALINOG	MOTHER	11/16/1968	FILIPINO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

DIRECT CONTRIBUTOR <input checked="" type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme <input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National <input type="checkbox"/> Family Driver <input type="checkbox"/> Sea-Based PRA SRRV No. _____ ACR I-Card No. _____	INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahanan <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> Senior Citizen <input type="checkbox"/> PAMANA <input type="checkbox"/> KIA/KIPO <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Private-sponsored <input type="checkbox"/> Person with Disability PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization	
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)	MONTHLY INCOME:	PROOF OF INCOME:
For PhilHealth Use only: <input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable		