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## REMINDERS:

 Your Phill-ealth Identification Number (PIN) is your unique and permanent number.

## **PMRF**

PHILHEALTH MEMBER REGISTRATION FORM
UHC v.1 January 2020

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

PURPOSE:

<ol> <li>Always use your PIN in all transactions with PhilHealth.</li> <li>For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.</li> <li>Please read instructions at the back before filling-out this form.</li> </ol>							Preferred KonSulTa Provider								
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	LAST NA	LAST NAME			FIRST NAME			ME ISION r./HI)		MIDDLE	NAME		NO MIDDLE NAME (Check I f and	MONONYM Icable enty)	
MEMBER	MICABON			ROCHEUE					(	SUPILAN-	AS				
MOTHER'S MAIDEN NAME	SUPILANAS			MERCED					SE	BLOS					
SPOUSE (If Married)															
DATE OF BIRTH    DATE OF BIRTH   City/Municipality/Province/Country)   PHILSYS ID NUMBER (Optional)												tional)			
PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name LARA 7 1  Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code											JER)				
BUANOY BALAMBAN CEBU 664  MAILING ADDRESS ZSAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name  Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Co									Business (Direct Line)						
LAST NAI	LAST NAME FIRST NAME			NAME EXTENSION (Jr./Sr.AB)	EXTENSION   MIDDLE NAM				ISHP	DATE OF BIRT H (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME	MONONY	Check F with Permanent Dispility	
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DIRECT CONTRIBUTOR INDIRECT CONTRIBUTOR															
Employed Private  Employed Government  Migrant Worker  Land-Based  Sea-Based  Lifetime Member  Individual  Sole Proprietor  Group Enrollment Scheme  Kasambahay  Higrant Worker  Land-Based  Sea-Based  Filipinos with Dual Citizenship / Living Abroa						<b>-</b>	Listahanan LGU-sponsored  4Ps/MCCT NGA-sponsored  Senior Citizen Private-sponsored  PAMANA Person with Disability  KIA/KIPO PWD ID No.  Bangsamoro/Normalization  For Phil Health Use only:								
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)  MONTHLY INCOME: PROOF OF INCOME						OME:	Point of Service (POS) Financially Incapable Financially Incapable								

Continue at the back