

## Republic of the Philippines 'SOCIAL SECURITY SYSTEM PERSONAL RECORD

|``06-4104487-8

COV-01214 (09-2015) FOR ISSUANCE OF SS NUMBER

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

	PART	the last like th	OUT BY THE REGISTR	ANT		
	(CIDOT M		(MIDDLE NAME)	CHEEN		
NAME (LAST NAME)	LORRAINE	•	EDULLANTES	(SUFFIX)	1 1 0 5	199
_	IL STATUS			TA	X IDENTIFICATION N	IUMBER (IF ANY)
	Single Married Wi		Separated			
	LIGION		IRTH (CITY/MUNICIPALITY, PRO			nilippines)
HOME ADDRESS (R	ROMAN CATHOL		OT & BLK. NO.)	(STREET NAME)	(SUBDIVIS	NOIS
(BARANGAY/DISTRICT/LOCA		Cody	730 S	ANDAYONG	ST.	ZIP CODE
		GLANILA	(PROVINCE)	TELEPHONE NUMBER	HILIPPINES	6046
0 9 4 3 4 05	0133 long	in erossurabia	@ gmail com	ፈገጛ ~	8349	
FAIRER	UNABIA	(FIRST N	I E TO	(MIDDLE NAME) PARAM	(SUF	FIX)
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST N	AME) .	(MIDDLE NAME)	(SUF	FIX)
	EDULLANTES		SELYN	ESTOR		1100
SPOUSE .	(LAST NAME)	DEPENDENT(S)/BEI (FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	eck this box if using	
,,	N.A.	,	(IIII)	(SOTTIN)	I DATE OF BIRTH (MI	1 1 1
CHILD/REN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (M	MDDYYYY)
1.	N· A.					
2.						
3.						
4.	=					
5.						111
OTHER BENEFICIARY/IES (If with (LAST NAME)	hout spouse & child and parents a	re both deceased) DLE NAME)	RELATIONS	HIP	DATE OF BIRTH (M	MDDYYYY)
1. <b>V.A.</b>	(MIL	DLE NAME)	(SUFFIX)		1 1 1 1	
2.	C FOR SELE-EMPLO	VEDIOVEDSEAS EI	 LIPINO WORKER/NON-W	ODKING SPOUSE		
SELF-EMPLOYED (SE)	OVERSEAS FILIPINO V	Name and Address of the Owner, where the Owner, while the	LIFINO WORKERMON-W	NON-WORKING	SPOUSE (NWS)	
Profession/Business	Foreign Address		·		n Reference No. of	Working Spouse
Year Prof./Business Starte				Monthly Income of	Working Spouse (P)	
		•	applying for membership		ny spouse's membe	
Monthly Earnings	Monthly Earnings		lexi-Fund Program?			
₽	Р		res 🗀 no	SIGNATURE OVE	ER PRINTED NAME OF W	ORKING SPOUSE
			IFICATION			
	ne information provided in this			Registrant is re	equired to affix fing	gerprints.
(If registrant cann	not sign, affix fingerprints in the p	resence of an SSS po	ersonnel.)			
2		- Dool				444
UNABIA, LORR	AINE ROSSE	machecadia	04 16 2018	RIGHT THUMB		
PRINTED NAM	IE SIG	NATURE	DATE	KIGHT THOMB	RIGHT	INDEX
BUSINESS CODE	WORKING SPOUSE'S MSC (FOR	PART II - TO BE F	ILLED OUT BY SSS	RECEIVED & PRO	CECCED BY	
(FOR SE)	NWS)	(REPRESENTATIVE OFFIC	E/PARTNER AGENT)	FATHMABE TO THE	CEOFFICE/FOREIGN C	)FFICE) 318 - 11:42 AM
MONTHLY SS CONTRIBUTION	p ARRESTANCE		(	Cebu Robinsons Fue		
(FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER DE	INITED MANE	SIGNATURE OF	ED DOINTED MAAF	DATE & TAKE
P	P	SIGNATURE OVER PER		E SIGNATURE OVE	ER PRINTED NAME	DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	(MSS, BRANCH SERVICE)	RMPFEAD, SMSR			
	☐ Approved ☐ Disapproved	SIGNATI	JRE OVER PRINTED NAME		DATE & TIME	



# MEMBER'S DATA FORM

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER
121222751719 REGISTRATION TRACKING NUMBER
9181- 0639-8813

(MDF	7   2   7   2   7   5   1   7   7   7   7   7   7   7   7   7	
,	INSTRUCTIONS	
. Accomplish this form in one (1) copy only. If registration is thru online should be printed back to back on one single sheet of paper.  Type or print all entries in BLOCK or CAPITAL LETTERS.  All fields marked with asterisk (*) are mandatory.  On the "OCCUPATIONAL STATUS" portion, if without employment is pre-employment or never been employed, select "UNEMPLOYED ".  The "NAME EXTENSION" shall refer to JR., II, III and the like.	certificate 7 On the "OCCUPATION" portion, indicate your job, profession, or type of work to living.  Purpose 8 On the "HEIRS" portion, the provision on the Laws on Succession, as provided in	the New yed Member's
OCCUPATIONAL STATUS DEMPLOYED	☑ UNEMPLOYED/NOT YET EMPLOYED .	

*OCCUPATIONAL STATUS	☐ EMPLOYED ☑ UNEMPLOYED/NOT YET EMPLOYED .						
		MEMBERSH	IIP CATEGORY	<b>大学</b>		100	
☐ OVERSEAS FILIPINO ☐ JOB ORDER P		VOLUNTARY  D (SE)		OFFICIAL/EMP NG SPOUSE	PLOYEE TRADE UNI  OVERSEAS ROUP OTHERS, P.	EMBER OF COOPERATIVE/ RADE UNION VERSEAS FILIPINO IMMIGRANT THERS, Please specify	
A Marin Street, Marin Street		PERSON	AL DETAILS				
NAME	NAME LAST NAME		AME NA	AME EXTENSI (e.g. Jr., II)	ION MIDDLE NAME	NO MIDDLE NAME (check if applicable only)	
*MEMBER	UNABIA	LORRAINE	ROSS		EDULIANTES [		
FATHER	UNABIA	JULIET	D		PARAMI		
*MOTHER (Maiden Name)	EDULLANTE	S ROSSLYN			ESTORCO		
*SPOUSE (If Married)	N.A.				0		
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE							
*PLACE OF BIRTH (City/Municipality (Please indicate country if born outside  CESU CITY, PHU  *SEX  Male  Female  156 (cm)	Province/Country) The Philippines) PP INES VEIGHT  (kg)	*CITIZENSHIP  FICIPINO  PROMINENT DISTINGI (Ex. Moles, Scars, etc.) N·A.	Legally Separated	FEATURES	For AFF/PNP Employee, Serial/Badge No.		
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)  Monthly Semi-Annually Quarterly Annually			For DepEd Employee, Division Code-Station Code		
*PERMANENT HOME ADDRESS Unit/Room No , Floor Building Name Subdivision Barangay UPPER UPATA *PRESENT HOME ADDRESS	H30 Municipality/C UNAO MING	ADDRESS AND  No., Phase No. House No.  Ity Province/State/Count  LANIUA CEBU	Street Name SANDAYON ry (if abroad)	G STREET ZIP Code GO4G	(Indicate country code if abroa COUNTRY + AREA CODE Home Cell Phone Business (Direct Line)		
Unit/Room No., Floor Building Name  Subdivision Barangay  4PPFR UPATA  *PREFERRED MAILING ADDRES  D Present Home Address Ø Perr	Municipality/C WNAO MING S	LANILLA CEBU	SANDAYO	ZIP Code Go46	Business (Direct Line)  Business (Trunk Line)  Email Address	Local	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
8/F, Golden Peak Tower, Gorordo Ave.,cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

### MEMBER DATA RECORD

#### MEMBER INFORMATION

PhilHealth Identification Number (PIN): 122516804651

Member Category

: FORMAL ECONOMY

**NHTS Coverage** 

Sub-Category

: PRIVATE

**Effectivity Period** 

**UNABIA, LORRAINE ROSS EDULLANTES** 

730 SANDAYONG ST UPPER LIPATA, LINAO, MINGLANILLA, CEBU 6046

Foreign Address

: N/A

Sex

: Female

Date of Birth

11/05/1999

Place of Birth

: CEBU CITY, CEBU

Contact No. (Foreign) : N/A

Civil Status

SINGLE

(Local)

: 032 2738349

Tax Identification Number:

## **EMPLOYER/ORGANIZED GROUP INFORMATION**

Philhealth Number (PEN/POGN)

Name of Employer/Organized Group:

230276000477

TPPH-FHCS INC (AEGIS PEOPLÉ SUPPORT INC)

**Business Address** 

5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT AVE, SAN

LORENZO, MAKATI CITY, FOURTH DIST.

Telephone Number

028858000

Tax Identification Number

205394448

#### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth

\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

EDWIN M. ORI?A, MD RÉGIONAL VICE PRESIDENT PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa papikaler. Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required. 1/14/2022 11:18:02 AM 20371303 30400612 / 4/16/2018



Department of France
SUREAU OF INTERNAL REVENUE
Office of the Revenue District No. 083
Tallsay City

# TIN VERIFICATION Query Results

TIN: 345 - 731 - 915-000 RDO CODE 047
NAME: LORRAINE ROSS E. UNABIA
DATE of BIRTH: 1999
ADDRESS: MINGLANICEA GEBUTE CIS
TAXPAYER
CLASSIFICATION: Local Employer
VERIFIED BY: DATE:
Any valid I.D. (Passport, Complete, L. O License, Company I.D., Philhealth)  Birth Celtificate or Marriage Cert.
Any Documents showing Name, Address &