



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 PERSONAL RECORD**  
 FOR ISSUANCE OF SS NUMBER

SS NUMBER  
**06-4104487-8**

COV-01214 (09-2015)

**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 I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME) <b>UNABIA</b>		(FIRST NAME) <b>LORRAINE ROSS</b>		(MIDDLE NAME) <b>EDULLANTES</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>11 05 19 99</b>
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others				TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY <input checked="" type="checkbox"/> <b>FILIPINO</b>	RELIGION <input checked="" type="checkbox"/> <b>ROMAN CATHOLIC</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>CEBU CITY, PHILIPPINES</b>				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.) <b>730</b>	(STREET NAME) <b>SANDAYONG ST.</b>		(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) <b>UPPER LIPATA - LINAO</b>		(CITY/MUNICIPALITY) <b>MINGLANLUA</b>	(PROVINCE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	ZIP CODE <b>6046</b>	
MOBILE/CELLPHONE NUMBER <b>09434050193</b>	E-MAIL ADDRESS <b>lorrainerossurabia@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) <b>273-8349</b>			
FATHER (LAST NAME) <b>UNABIA</b>	(FIRST NAME) <b>JULIETO</b>	(MIDDLE NAME) <b>PARAMI</b>	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) <b>EDULLANTES</b>	(FIRST NAME) <b>ROSSELYN</b>	(MIDDLE NAME) <b>ESTORCO</b>	(SUFFIX)			

**B. DEPENDENT(S)/BENEFICIARY/IES**  Check this box if using additional sheet.

SPOUSE (LAST NAME) <b>N.A.</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME) <b>N.A.</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME) <b>N.A.</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.					
2.					

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

<b>SELF-EMPLOYED (SE)</b> Profession/Business <b>N.A.</b> Year Prof./Business Started _____ Monthly Earnings P _____	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address <b>N.A.</b> Monthly Earnings P _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
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**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

<b>UNABIA, LORRAINE ROSS E.</b>		<b>04 16 2018</b>		
PRINTED NAME	SIGNATURE	DATE	RIGHT THUMB	RIGHT INDEX

**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) <b>P</b>	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) <b>FATIMA C. JORDAN</b>	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <b>FATIMA C. JORDAN</b> 04/16/2018 11:42 AM Cebu Robinsons Fuente SO
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b>P</b>	APPROVED MSC (FOR SE/OFW/NWS) <b>P</b>	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY <b>FATIMA C. JORDAN</b> (MSS, BRANCH/SERVICE OFFICE) <b>SICILY P. AMANTE</b> , SMSR	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____





## 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) : 230276000477  
 Name of Employer/Organized Group : TPPH-FHCS INC (AEGIS PEOPLE 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
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

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

**EDWIN M. ORI?A, MD**  
 REGIONAL 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 ~~ospital~~ hospital. 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



Republic of the Philippines  
 Department of Finance  
**BUREAU OF INTERNAL REVENUE**  
 Office of the Revenue District Officer  
 Revenue District No. 003  
 Talisay City

**TIN VERIFICATION**  
 Query Results

TIN: 345-731-915-006 RDO CODE 047

NAME: LORRAINE ROSS E. UNABIA

DATE OF BIRTH: NOV. 25 1999

ADDRESS: 730 SANDAYONG STR. UPPER UPATA, MINGLANIDA, GEBU

TAXPAYER CLASSIFICATION: Local Employee

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Attachment: (Any of the following)

- Any valid I.D. (Passport, Comelec, LTO License, Company I.D., Philhealth)
- Birth Certificate or Marriage Cert.
- Any Documents showing Name, Address & Birthdate of Taxpayer

