

1205
1630
9623

IMPORTANT REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. The issuance of the PIN does not automatically qualify you or your dependents to be entitled to NHIP benefits.
3. Always use your PIN in all transactions with PhilHealth.

PURPOSE:

FOR ENROLLMENT
 FOR UPDATING

Please carefully read instructions at the back before accomplishing this form.

1. MEMBER INFORMATION																			
<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Name Extension (JR/SR/III)	<input checked="" type="checkbox"/> Middle Name																
Bacalso	Marie Antonette		Calago																
If Married Female, please write FULL MAIDEN NAME:																			
<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Name Extension (JR/SR/III)	<input checked="" type="checkbox"/> Middle Name																
<input checked="" type="checkbox"/> Date of Birth (mm-dd-yyyy)	<input checked="" type="checkbox"/> Place of Birth (City/Municipality/Province)	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Civil Status	<input checked="" type="checkbox"/> Nationality	<input checked="" type="checkbox"/> Tax Identification No.(TIN)														
12/11/2000	Cebu City	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Legally Separated	Filipino															
Permanent Address																			
Unit/Room No./Floor	Building Name	Lot/Block/House/Bldg. No.	Street	Subdivision/Village															
		Block 1 Lot 5	Thyme Street	Villa Lorena Dos															
Barangay	City/Municipality	Province	Country	Zip Code															
San Vicente Yati	Liloan	Cebu City	Philippines	6002															
Contact Information																			
<input checked="" type="checkbox"/> Landline Number (Area Code + Tel. No.)		<input checked="" type="checkbox"/> Mobile Number		<input checked="" type="checkbox"/> E-mail Address															
		09561760715		antonettebacalso90@gmail.com															
2. DECLARATION OF DEPENDENTS (Use separate sheet if necessary)																			
2.1 Legal Spouse																			
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth (mm-dd-yyyy)	Sex M / F													
2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old and above with permanent disability																			
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Mark <input checked="" type="checkbox"/> if with Disability	Date of Birth (mm-dd-yyyy)													
					<input type="checkbox"/>														
					<input type="checkbox"/>														
					<input type="checkbox"/>														
2.3 Parents Details																			
PhilHealth Identification Number (PIN)	Father's Last Name	Father's First Name	Name Extension (JR/SR/III)	Father's Middle Name	Mark <input checked="" type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)													
					<input type="checkbox"/>														
PhilHealth Identification Number (PIN)	Mother's Last Name	Mother's First Name	Name Extension (JR/SR/III)	Mother's Full Middle Name	Mark <input checked="" type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)													
					<input type="checkbox"/>														
3. MEMBERSHIP CATEGORY																			
3.1 Formal Economy <input checked="" type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractor/Project-Based <input type="checkbox"/> Enterprise Owner <input type="checkbox"/> Household Help / Kasambahay <input type="checkbox"/> Family Driver			3.3 Indigent <input type="checkbox"/> NHTS-PR																
3.2 Informal Economy <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land Based <input type="checkbox"/> Sea Based <input type="checkbox"/> Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.) (Please specify): _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> No Income <input type="checkbox"/> Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.) (Please specify): _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> Filipino with Dual Citizenship <input type="checkbox"/> Naturalized Filipino Citizen <input type="checkbox"/> Citizen of other countries working/residing/studying in the Philippines <input type="checkbox"/> Organized Group (Please specify): _____			3.4 Sponsored <input type="checkbox"/> Local Government Unit (Please specify): _____ <input type="checkbox"/> National Government Agency (Please specify): _____ <input type="checkbox"/> Others (Please specify): _____																
			3.5 Lifetime Member <input type="checkbox"/> Retiree / Pensioner <input type="checkbox"/> With 120 months contribution and has reached retirement age <div style="text-align: right;">Date/Effectivity of Retirement:</div> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">mm</td> <td style="text-align: center;">dd</td> <td colspan="4" style="text-align: center;">yyyy</td> </tr> </table>											mm	dd	yyyy			
mm	dd	yyyy																	
Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.			<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Please affix right thumbmark if unable to write.																
<input checked="" type="checkbox"/> Marie Antonette C. Bacalso Signature over Printed Name			Please do not write on this portion. For filling-out by PhilHealth Officer: Received by: _____ Date: _____ Evaluated by: _____ Date: _____																
<input checked="" type="checkbox"/> _____ Date																			

INSTRUCTIONS

1. For PURPOSE, put a mark FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark FOR UPDATING if you want to update or make corrections to certain information previously submitted when you enrolled. Fill-out the appropriate portions of the form.
2. Please write in CAPITAL LETTERS.
3. ALL FIELDS in item 1 for Member Information ARE MANDATORY. The Member should fill-out all required information.
4. Write N.A. if the information is not applicable.
5. All name entries should be in the following format:

Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:

<u>Last Name</u>	<u>First Name</u>	<u>Name Extension</u>	<u>Middle Name</u>
SANTOS	JUAN ANDRES	III	DELA CRUZ

6. For the Declaration of Dependents, fill-out the names of the living spouse, children and parents in items 2.1, 2.2 and 2.3 following the same format above.

Put a mark in the box for item 2.2 if child has disability.

Put a mark in the box for item 2.3 if parent has disability.

Please indicate FULL MOTHER'S NAME for item 2.3.

7. For declared dependents with disability, please submit a Medical Certificate indicating the details and extent of disability. As defined in the Implementing Rules and Regulations of the National Health Insurance Act of 2013, the following are included as qualified dependents:
 - a. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support.
 - b. Parents with permanent disability regardless of age that renders them totally dependent on the member for subsistence.
8. For MEMBERSHIP CATEGORY, put a mark in the appropriate box and specify details as necessary.
9. The member or guardian (if member is a minor) should certify that the information provided are true and correct by affixing his/her signature over the printed name in the space provided for. If unable to write, please affix the right thumbmark in the space provided.



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE



NON-PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name

BACALSO, MARIE ANTONETTE CALAGO

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	F	2000/12/11	55	1.56

Address

**B 1 L 5 VILLA LORINA DOS SAN VICENTE YATI
LILOAN CEBU**

License No.	Expiration Date	Agency Code
G01-20-003959	2024/12/11	G01

Blood Type	Eyes Color
O+	BROWN

Restrictions	Conditions
1,2	NONE

Edgar C. Galvante
EDGAR C. GALVANTE
Assistant Secretary

Marie Antonette Calago
Signature of Licensee

III ORGAN DONATION:

I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:

NAME: JINNEFER BACALSO
ADDRESS: SAME ADDRESS
TEL. NO.: 09327281449

TO • DRIVER'S LICENSES • LTO • DRIVER'S LICENSE • LTO • TO

I. RESTRICTIONS:

1. MOTORCYCLES/MOTORIZED TRICYCLES
2. VEHICLE UP TO 4500 KGS G V W
3. VEHICLE ABOVE 4500 KGS G V W
4. AUTOMATIC CLUTCH UP TO 4500 G V W
5. AUTOMATIC CLUTCH ABOVE 4500 G V W
6. ARTICULATED VEHICLE 1600 KGS G V W AND BELOW
7. ARTICULATED VEHICLE 1601 UP TO 4500 G V W
8. ARTICULATED VEHICLE 4501 & ABOVE G V W

II. CONDITIONS:

- A. WEAR EYEGLASSES
- B. DRIVE ONLY W/SPECIAL EQPT FOR UPPER LIMBS
- C. DRIVE ONLY W/SPECIAL EQPT FOR LOWER LIMBS
- D. DAYLIGHT DRIVING ONLY
- E. ACCOMPANIED BY A PERSON W/NORMAL HEARING

Serial Number

159404599

