

## Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID (UMID) CARD APPLICATION (E-1/E-6)

MO0623IW202109169320 Date/Time Generated: 16 September 2021 04:14:21 PM

					NA	ME					
(LAST NAME)			(FIRST I	(FIRST NAME) (MIDD				DLE NAME) (SUFFIX)			
TANICA			MA.	MA. ZAIRA FER				RNANDEZ			
					ACTS C	F BIRTH					
0922200				MANDAUE CITY CEBU			(COUNTRY) PHILIPPINES				SEX FEMAL
ATHER'S N		TANICA		BE	NIGN	Security between the company of the		MIDDLE NAME)  ORAT			(SUFFIX)
MOTHER'S N	NAIDEN NAME	LAST NAME) FERNAND	EZ		L BEL			MIDDLE NAME) BINONGO			(SUFFIX)
					CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	PHIC DATA					
HOME ADDR		UNIT NO. & BLDG O OUANO		SE/LOT NO, & BLK	NO.)	(STREET NAME)		(SUI	BDIVISION	)	
BARANGAY/D	ISTRICT/LOCALITY	n (ci	ITY/MUNICIPAL IANDAUE	ITY)		(PROVINCE)		POS	FAL COD	E COU	NTRY CODE
CIVIL STATUS HEIGHT (IN CENTIME 150			NTIMETERS) W					NATIONALITY FILIPINO		RELIGION CHRISTIAN	
DINOLL		100	10		ARD A	PPLICANT DATA					
TELEPHONE	NUMBER (AREA	CODE + TEL NO.)	(0956) 7	MBER	EM/	NIL ADDRESS Iriazairatanica(	)gm	ail.com			
					NT(S)/E	BENEFICIARY/IES					
SPOUSE	(LAST NAME)		(FIRST)	NAME)		(MIDDLE NAME)		(SUFFIX)	DATE	OF BIRTH	(MMDDYYYY
CHILDREN 1	(LAST NAME)	) (FIRS		FIRST NAME)		(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYY)	
3											
4											
5	90.6						_				
	NAME)	without spouse ( (FIRST		ents are both desea (MIDDLE		(SUFFIX)	RELA	TIONSHIP	DATE	OF BIRTH (	MMDDYYYY
2							1				
		FOR SE	ELF-EMPLO	YED/OVERSEA	AS FILII	PINO WORKER/NON	I-WOF	KING SPOUSE			
SELF-EMP	LOYED (SE)		OVER	OVERSEAS FILIPINO WORKER (OFW)				NON-WORKING SPOUSE (NWS)			
Profession/Business			Fore	Foreign Address			SS No./Common Reference No. of Working Spouse				
Year Prof.	/Business Starte	d									
Monthly Earnings			Mor	Monthly Earnings Are you applying for mer the Flexi-Fund Program?			Monthly Income of Working Spouse (P)				
				PURPO	SE OF	APPLICATION					
PURPOSE			PROFI	ESSION/BUSINES	SS			ESTI	MATED I	MONTHLY	SALARY
FOR EM	PLOYMEN'	I	1								
UMID CAR	D AS ATM CAR	D (BANK NAMI		MID CARD APP	PLICAT	ION WITH ATM OPT (BA)	TON NK BRAI	VCH)			
			CERTIFICAT	TION DATA PP	WACY	CONSENT AND AU	THOP	IZATION			
			WELL STOP	TOTAL DATA PR	LAMA	OVINGERS MINU AU	THUN	IEST TOTAL			



## **MEMBER'S DATA FORM** (MDF)

HQP-PFF-0 (V08, 11/20;

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orm	6.	Indi	cate	the

- INSTRUCTIONS

  1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.

  2. Type or print all entries in BLOCK or CAPITAL LETTERS.

  3. All fields entries in BLOCK or CAPITAL LETTERS.

  4. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a livin on the "HERS" portion, the provision on the Laws on Succession, under the New Civil Cod shall be observed.

  4. On the "OCCUPATIONAL STATUSEmportion, if not employed or purpose is pre-employment, select "UNEAPIL DEMENDATY YET EMPLOYED".

  5. The "NAME EXTENSION" shall refer 10-1R., II, III and the status of the status of

*OCCUPATIONAL STATUS	☐ EMPLOYED	- 12	UNEMPLOYED/NOT YET	FMPLOYED			
	E Emi LOTED		CHECK THIS BOX IF FIF				
		*MEMBERSHI	CONTRACTOR STATE OF THE PROPERTY OF THE PROPER				
MANDATORY			VOLUNTARY				
☐ EMPLOYED (PRIVATE)	☐ SELF-EMPLOYE	D.	☐ EMPLOYED (FOREIC	CN COVERNMENT) IT MEMBER	OF COOPERATIVE/		
☐ EMPLOYED (GOVERNMENT)		AL/BUSSINESS OWNER					
☐ EMPLOYED PRIVATE HOUSEHOLD			☐ NON-WORKING SPC	- Carlotte C	AS FILIPINO IMMIGRA		
OVERSEAS FILIPINO	OTHER EARN	ING GROUP (OEGs)	☐ MEMBER OF RELIGI	IOUS GROUP	, Please specify		
WORKER (OFW)			☐ PENSIONER/INVEST	TOR/LESSOR	on the respective of the country of the		
		PERSONAL	DETAILS				
NAME	LAST NAME	FIRST NA	AME NAME EX		NO MIDDLE NAI (check if applicable or		
*MEMBER	TANICA	MAZA	IRA	FER NANDE Z			
FATHER	TANICA	BENIGNI	D	ORAT			
*MOTHER (Maiden Name)	FERNANDEZ	MA. BEI	-LA	GINONGO			
*SPOUSE (If Married)			*				
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE			-				
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICA	TION NUMBER (TIN		
0 9 2 2 2 0 0 m m d d y y y	2	<ul><li>✓ Single/Unmarried □ V</li><li>□ Married □ L</li></ul>	Vidow/er ☐ Annulled egally Separated				
*PLACE OF BIRTH (City/Municipality/Pri	ovince/Country)	*CITIZENSHIP		SSS/GSIS NUMBER			
(Please indicate country if born outside the	Philippines)						
*SEX HEIGHT	WEIGHT	DECMINENT DISTINGU	IISHING FACIAL FEATUR	EMPLOYEE NUMBER			
□ Male		(Ex. Moles, Scars, etc.)	ISI III O PAGIAL PEATON				
☐ Female(cm)	(kg)			For AFP/PNP Employee, S	erial/Badge No.		
COMMON REFERENCE NUMBER (C	CRN)		MBERSHIP SAVINGS (M				
(If Available)			MS is not thru payroli deduction Semi-Annually	on) For DepEd Employee, Divi	sion Code-Station Cod		
			Annually				
		ADDRESS AND CO	NTACT DETAILS				
*PERMANENT HOME ADDRESS				(Indicate country code if abro			
Unit/Room No., Floor Building Name	Lot No., Block No.		Street Name	COUNTRY + AREA CODE	TELEPHONE NUMBER		
M12 MARIO GUANO Subdivision Barangay	Municipality/City	Province/State/Country (if	OUANO ST abroad) ZIP Code	Home			
UMAPAD		CEBU		Cell Phone			
	MANDAVE CITY	2004	6014		£ (0)		
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name	Lat No., Black No.	, Phase No. House No S	Street Name	Business (Direct Line)			
MIZ MARIO OVANO	_3,1101, 2000, 140.		G. OUANO ST				
Subdivision Barangay	Municipality/City	Province/State/Country (if		Business (Trunk Line)	Local		
UMAPAD	MANDAVE CITY	(EBO	6014				
OWNERD	1			Email Address			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION 8/F, Golden Peak Tower, Gorordo Ave., eor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

24 September 2021

Member Name

TANICA, MA ZAIRA FERNANDEZ

Member Address : M12 OUANO APARTMENT UMAPAD, MANDAUE CITY, CEBU 6014

Member Category : INFORMAL ECONOMY INFORMAL SECTOR

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is:

1225-2782-1795

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

EDWIN M. ORIÑA, MD REGIONAL VICE PRESIDENT PRO - VII Cebu City

This is a system generated document, signature is not required