Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre Building, 709 Shaw Boulevard, Pasig City Lighthiline 441-7444 www.philhealth.gov.ph

PMRF

PHILHEALTH MEMBER REGISTRATION FORM (October 2013)

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	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.	\$\$\$\$\$```\$\`\\`\\\\\\\\\\\\\\\\\\\\\\\\
5.	All name entries should be in the following format:
	Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:
	Last Name First Name Name Extension Middle Name 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. 9.	and the information provided and the information provided are true and