PLEASE READ INSTRUCTION AT BACK BEFORE ACCOMPLISHING THIS FORM

PHILHEALTH
REPORT OF EMPLOYEE-MEMBERS

(CHECK APPLICABLE BOX)

☐ INITIAL LIST (Attach to PhilHealth Form Er1)

☐ SUBSEQUENT LIST

Er2

EMPLOYER NO.:

NAME OF EMPLOYER/FIRM:

E-MAIL ADDRESS:

ADDRESS:

PHILHEALTH SSS/GSIS NUMBER	NAME OF EMPLOYEE	POSITION	SALARY	DATE OF EMPLOYMENT	(DO NOT FILL) EFF. DATE OF COVERAGE	PREVIOUS EMPLOYER (IF ANY)

TOTAL NO. LISTED ABOVE: _____

PLS. ARRANGE NAMES OF EMPLOYEES IN ALPHABETICAL ORDER

PAGE ___ OF ___ SHEETS

CERTIFIED CORRECT:

ROSALINDA N. DIONIO
Administrative Officer V

SIGNATURE OVER PRINTED NAME *OF HEAD OF AGENCY*
OR AUTHORIZED REPRESENTATIVE **AND DESIGNATION**