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PHILHEALTH MEMBER REGISTRATION FORM UHC v.1 January 2020										
PHILHEALTH IDENTIFICATION NUMBER (PIN)										
JRPOS	E:									

**PMRF** 

REMINDERS:													
Your PhilHealth Identification Number (PIN) is your unique and permanent number.     Always use your PIN in all transactions with PhilHealth.     For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.     Please read instructions at the back before filling-out this form.					□R	PHILHEALTH IDENTIFICATION NUMBER (PIN) PURPOSE: REGISTRATION UPDATING/AMENDMENT Preferred KonSulTa Provider							
				I. PERS	SONAL DETAILS	5							
	LAST NAME			FIRST NAME			ION III)	MIDDLE NAME			NO MIDDLE NAME (Check if ap	MONONYM	
MEMBER													
MOTHER'S MAIDEN NAME													
SPOUSE (If Married)													
m m d d y y y y  SEX CIVIL STATUS  Male Single Annulled FILIPINO FOREIGN NATIONAL  Married Widow/er  FILIPINO FOREIGN NATIONAL							C PAYER IDENTIFICATION NUMBER (TIN) (Optional)						
∐Le	DUAL CITIZEN    Legally Separated   DUAL CITIZEN   Legally Separated   DUAL CITIZEN   Legally Separated   DUAL CITIZEN   Legally Separated   Legal												
MAILING ADDRESS SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name  Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code  E-m						Mobile Numbe	UNTRY CODE + AREA CODE + TELEPHONE NUMBER) bile Number (Required) siness (Direct Line) mail Address (Required for OFW) (Use additional form if necessary)						
LAST NAME FIRST NAME				NAME EXTENSION MIDDLE NAME			RELATIONS	DATE OF BIRT H	CITIZENSHIP	NO MIDDLE		Check if with	
LASTINAI	""	TINOT WANTE	•	(Jr./Sr./III)	WIIDDEE NAM		RELATIONS	(mm-dd-yyyy	) CITIZENGIIII	(Check if ap	op li cable only		
										П			
				IV. N	EMBER TYPE								
DIRECT CONTRIBUTOR  Employed Private						- -	☐ KIA/KIPO PWD ID No ☐ Bangsamoro/Normalization  For PhilHealth Use only:						
						Financially Inc	apable						

Continue at the back

V. UPDATING/AMENDMENT							
Please check:	FROM	то					
Change/Correction of Name (Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)							
Correction of Date of Birth							
Correction of Sex							
Change of Civil Status							
Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address							
Under penalty of law, I hereby attest that the have attached to this form, are true and accu	PECEIVED BY:						
authorize PhilHealth for the subsequent val purposes only under the following circumstance	, 112021125 51.						
<ul> <li>As necessary for the proper executio declared purpose;</li> </ul>	Full Name:						
The use or disclosure is reasonably neclaw; and,							
Adequate security measures are employ	PRO/LHIO/Branch:						
		Date & Time:					
Member's Signature over Printed Name	Please affix right thumbmark if unable to wr	ite					

## **INSTRUCTIONS**

- 1. All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
- 2. All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
- 3. A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.
- 4. On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.
- 5. Indicate preferred KonSulTa provider near the place of work or residence.
- 6. For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

LAST NAMEFIRST NAMENAME EXTENSION (Jr./Sr./III)MIDDLE NAMESANTOSJUAN ANDRESIIIDELA CRUZ

- 7. Indicate registrant's/member's name as it appears in the birth certificate.
- 8. The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
- 9. Indicate the full name of spouse if registrant/member is married.
- 10. Indicate the complete permanent and mailing addresses and contact numbers.
- 11. For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
- 12. For MEMBER TYPE, check the appropriate box which best describes your current membership status.
- 13. For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
- 14. For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
- 15. In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.
- 16. Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).
- 17. The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.