

V. UPDATING/AMENDMENT

| Please check: | FROM | TO |
|--|------|----|
| <input type="checkbox"/> Change/Correction of Name <small>(Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)</small> | | |
| <input type="checkbox"/> Correction of Date of Birth | | |
| <input type="checkbox"/> Correction of Sex | | |
| <input type="checkbox"/> Change of Civil Status | | |
| <input type="checkbox"/> Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address | | |

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.

_____ **Member's Signature over Printed Name** _____ **Date**



Please affix right thumbmark if unable to write

| FOR PHILHEALTH USE ONLY |
|---------------------------|
| RECEIVED BY: |
| Full Name: _____ |
| PRO/LHIO/Branch: _____ |
| Date & Time: _____ |

INSTRUCTIONS

- All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
 - All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
 - 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.
 - On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.
 - Indicate preferred KonSulTa provider near the place of work or residence.
 - 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 NAME | FIRST NAME | NAME EXTENSION (Jr./Sr./III) | MIDDLE NAME |
| SANTOS | JUAN ANDRES | III | DELA CRUZ |
- Indicate registrant's/member's name as it appears in the birth certificate.
 - The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
 - Indicate the full name of spouse if registrant/member is married.
 - Indicate the complete permanent and mailing addresses and contact numbers.
 - For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
 - For MEMBER TYPE, check the appropriate box which best describes your current membership status.
 - For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
 - For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
 - 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.
 - 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).
 - 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.