

LASTEST PAYMENT: DATE: \_\_\_\_\_

1. OWWA MEMBERSHIP: \_\_\_\_\_

2. PHILHEALTH/ MEDICARE: \_\_\_\_\_

PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION  
OVERSEAS WORKERS WELFARE ADMINISTRATION  
PHILIPPINE HEALTH INSURANCE CORPORATION

**DO NOT WRITE ON THIS SPACE**  
(For POEA, OWWA, Philhealth Use Only)

CG No: \_\_\_\_\_  
RFP No: \_\_\_\_\_  
Assessment No: \_\_\_\_\_  
Assessed Amount : \_\_\_\_\_  
POEA: \_\_\_\_\_  
OWWA: \_\_\_\_\_  
PHILHEALTH: \_\_\_\_\_

OFW E-Card / ID No: \_\_\_\_\_

**FM-POEA O2-GP-07**  
Effectivity date : April 8, 2005

## OFW INFORMATION SHEET

### PERSONAL DATA

Change/s (if any)

Name \_\_\_\_\_  
Family Name (Apelyido) \_\_\_\_\_ First Name (Pangalan) \_\_\_\_\_ Middle Name (G. Apelyido) \_\_\_\_\_  
Address in the Phils (Tirahan): \_\_\_\_\_  
Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F Civil Status:  Single  Widowed  
MM DD YYYY  Married  Separated  
Passport No: \_\_\_\_\_ Highest Educational Attainment: \_\_\_\_\_  
Name of Spouse (if married): \_\_\_\_\_ Mother's Full Maiden Name: \_\_\_\_\_

### Legal Beneficiaries (Mga tatanggap ng benepisyo sa OWWA) :

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

### ALLOTTEE (Itinalaga na padadalhan ng bahagi ng sahod ng OFW):

### CONTRACT PARTICULARS OF OFW

Change/s (if any)

Name of Principal / Company / Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Jobsite/Country of Destination: \_\_\_\_\_ Tel No: \_\_\_\_\_  
Position of OFW: \_\_\_\_\_ Fax No / Email address: \_\_\_\_\_  
Contract Duration \_\_\_\_\_ months Monthly Salary: \_\_\_\_\_ Currency: \_\_\_\_\_  
Last date of arrival of vacationing worker in the Phils: \_\_\_\_\_  
Date of scheduled departure / Return of OFW to the jobsite: \_\_\_\_\_  
Name of Agency (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of Worker /  
Thumbmark

\_\_\_\_\_  
Approval of Authorized Agency  
Representative ( if agency-hired)

### (To be filled in by OFW – for PHILHEALTH RECORD)

Name of Worker: \_\_\_\_\_  
Family Name (Apelyido) \_\_\_\_\_ First Name (Pangalan) \_\_\_\_\_ Middle Name (G. Apelyido) \_\_\_\_\_  
Address in the Philippines (Tirahan) : \_\_\_\_\_ Tel No: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_  
MM DD YYYY  
Sex:  M  F Civil Status:  Single  Married  Widowed  Separated

### Dependents (Mga makikinabang):

20 years old and below for child/ren, 60 years old and above for parents, and Unemployed spouse.

Name of Children/Parent/Spouse	Sex	Relationship of OFW to dependent/s	Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above statements are true and correct. (Ako ay nagpapatunay na ang nasa itaas na pahayag ay totoo at tama).

\_\_\_\_\_  
Signature of Worker