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

PMRF

PHILHEALTH MEMBER REGISTRATION FORM
(October 2013)

PhilHealth Identification Number (PIN)

IMPORTANT REMINDERS:
1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. The issuance of the PIN does not automatically qualify you or your dependents to be entitled to NHIP benefits.
3. Always use your PIN in all transactions with PhilHealth.

PURPOSE:
☐ FOR ENROLLMENT ☐ FOR UPDATING

Please carefully read instructions at the back before accomplishing this form.

1. MEMBER INFORMATION

Last Name	First Name	Name Extension (JR/SR/III)	Middle Name

If Married Female, please write FULL MAIDEN NAME:

Last Name	First Name	Name Extension (JR/SR/III)	Middle Name

Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)	Sex	Civil Status	Nationality	Tax Identification No.(TIN)
		☐ Male ☐ Female	☐ Single ☐ Widow(er) ☐ Married ☐ Legally Separated		

Permanent Address

Unit/Room No./Floor	Building Name	Lot/Block/House/Bldg. No.	Street	Subdivision/Village

Barangay	City/Municipality	Province	Country	Zip Code

Contact Information

Landline Number (Area Code + Tel. No.)	Mobile Number	E-mail Address

2. DECLARATION OF DEPENDENTS (Use separate sheet if necessary)

2.1 Legal Spouse

PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth mm-dd-yyyy	Sex M / F

2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old and above with permanent disability

PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Mark ✓ if with Disability	Date of Birth mm-dd-yyyy	Sex M / F
					☐		
					☐		
					☐		

2.3 ParentsôDetails

PhilHealth Identification Number (PIN)	Fatherôs Last Name	Fatherôs First Name	Name Extension (JR/SR/III)	Fatherôs Middle Name	Mark ✓ if with Permanent Disability	Date of Birth (mm-dd-yyyy)
					☐	

PhilHealth Identification Number (PIN)	Motherôs Last Name	Motherôs First Name	Name Extension (JR/SR/III)	Motherôs Full Middle Name	Mark ✓ if with Permanent Disability	Date of Birth (mm-dd-yyyy)
					☐	

3. MEMBERSHIP CATEGORY

3. 1 Formal Economy
- ☐ Private ☐ Government
  - ☐ Permanent/Regular ☐ Casual ☐ Contractor/Project-Based
- ☐ Enterprise Owner
- ☐ Household Help / Kasambahay
- ☐ Family Driver

3.2 Informal Economy
- ☐ Migrant Worker
  - ☐ Land Based ☐ Sea Based
- ☐ Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.)
  (Please specify): _____
  Estimated Monthly Income: Php _____
  - ☐ No Income
- ☐ Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.)
  (Please specify): _____
  Estimated Monthly Income: Php _____
- ☐ Filipino with Dual Citizenship
- ☐ Naturalized Filipino Citizen
- ☐ Citizen of other countries working/residing/studying in the Philippines
- ☐ Organized Group (Please specify): _____

3. 3 Indigent
- ☐ NHTS-PR

3.4 Sponsored
- ☐ Local Government Unit (Please specify): _____
- ☐ National Government Agency (Please specify): _____
- ☐ Others (Please specify): _____

3.5 Lifetime Member
- ☐ Retiree / Pensioner
- ☐ With 120 months contribution and has reached retirement age

Date/Effectivity of Retirement:
mm dd yyyy

Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.

_____ _____
Signature over Printed Name Date

Please affix right thumbmark if unable to write.

Please do not write on this portion. For filling-out by PhilHealth Officer:

Received by: _____ Date: _____

Evaluated by: _____ Date: _____