



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)

Grid for entering the 12-digit PhilHealth Identification Number (PIN).

**PURPOSE:**

FOR ENROLLMENT  FOR UPDATING

**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.

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

**1. MEMBER INFORMATION**

Member Information fields: Last Name, First Name, Name Extension (JR/SR/III), Middle Name

**If Married Female, please write FULL MAIDEN NAME:**

Married Female fields: Last Name, First Name, Name Extension (JR/SR/III), Middle Name

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

**Permanent Address**

Permanent Address fields: Unit/Room No./Floor, Building Name, Lot/Block/House/Bldg. No., Street, Subdivision/Village

Permanent Address fields: Barangay, City/Municipality, Province, Country, Zip Code

**Contact Information**

Contact Information fields: Landline Number (Area Code + Tel. No.), Mobile Number, E-mail Address

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

**2.1 Legal Spouse**

Legal Spouse fields: 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**

Children fields: 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 Parents Details**

Parents fields: PhilHealth Identification Number (PIN), Father's Last Name, Father's First Name, Name Extension (JR/SR/III), Father's Middle Name, Mark if with Permanent Disability, Date of Birth (mm-dd-yyyy); Mother's Last Name, Mother's First Name, Name Extension (JR/SR/III), Mother's Full Middle Name, Mark if with Permanent Disability, Date of Birth (mm-dd-yyyy)

**3. MEMBERSHIP CATEGORY**

Membership Category options: 3.1 Formal Economy (Private/Government, Enterprise Owner, Household Help, Family Driver), 3.2 Informal Economy (Migrant Worker, Informal Sector, Self-Earning Individual), 3.3 Indigent (NHTS-PR), 3.4 Sponsored (Local Government Unit, National Government Agency, Others), 3.5 Lifetime Member (Retiree/Pensioner, With 120 months contribution and has reached retirement age)

Declaration: 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, and PhilHealth Officer's signature/evaluation fields.

## INSTRUCTIONS

1. For PURPOSE, put a mark  FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark  FOR UPDATING if you want to update or make corrections to certain information previously submitted when you enrolled. Fill-out the appropriate portions of the form.
2. Please write in CAPITAL LETTERS.
3. ALL FIELDS in item 1 for Member Information ARE MANDATORY. The Member should fill-out all required information.
4. Write N.A. if the information is not applicable.
5. All name entries should be in the following format:

Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:

<u>Last Name</u>	<u>First Name</u>	<u>Name Extension</u>	<u>Middle Name</u>
SANTOS	JUAN ANDRES	III	DELA CRUZ

6. For the Declaration of Dependents, fill-out the names of the living spouse, children and parents in items 2.1, 2.2 and 2.3 following the same format above.

Put a mark  in the box for item 2.2 if child has disability.

Put a mark  in the box for item 2.3 if parent has disability.

Please indicate FULL MOTHER'S NAME for item 2.3.

7. For declared dependents with disability, please submit a Medical Certificate indicating the details and extent of disability. As defined in the Implementing Rules and Regulations of the National Health Insurance Act of 2013, the following are included as qualified dependents:
  - a. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support.
  - b. Parents with permanent disability regardless of age that renders them totally dependent on the member for subsistence.
8. For MEMBERSHIP CATEGORY, put a mark  in the appropriate box and specify details as necessary.
9. The member or guardian (if member is a minor) should certify that the information provided are true and correct by affixing his/her signature over the printed name in the space provided for. If unable to write, please affix the right thumbmark in the space provided.