

Republic of the Philippines DEPARTMENT OF EDUCATION Region XI SCHOOLS DIVISION OF DIGOS CITY Digos City



Office of the City Schools Division Superintendent

Telefax No.: 0825538396; 0825538376

Division Memorandum No. 014, s. 2017

TO:

PUBLIC SHOOLS DISTRICT SUPERVISORS

ALL SCHOOL HEADS (Elementary and Secondary Level)

DIVISION OFFICE PERSONNEL

FROM:

For and in the absence of the Schools Division Superintendent:

EMMANUEL P. HUGO

Chief Education Supervisor And Schools Governance and Operations Division

SUBJECT:

UPDATE OF MEMBERSHIP FOR PHILIPPINE HEALTH

INSURANCE CORPORATION OF ALL DEPED - SCHOOLS

DIVISION OF DIGOS EMPLOYEES.

DATE:

January 9, 2017

To assist the Philippine Health Insurance Corporation (PhilHealth) on the proper posting of contributions, we are requesting all employees of DepEd – Schools Division of Digos City to update their membership by accomplishing the Philhealth Member Registration Form (PMRF). School heads are requested to prepare the Report of Employee – Members (Er2) after the accomplishment of PMRFs and submit the accomplished PMRFs and Er2 to the Accounting Section. Deadline for submission will be on or before January 16, 2017 to comply with the deadline given by PhilHealth.

Attached is the machine copy of the PMRF and Er2.

Please be guided accordingly.

JepEd Schools Division of Digo:

PLEASE READ INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM

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PHILHEALTH

EPORT OF EMPLOYEE-MEMBERS

INITIAL LIST (Attach to PhilHealth Form Er1)	SUBSEQUENT LIST
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(CHECK APPLICABLE BOX)	

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NAME OF EMPLOYER / FIRM:	R / FIRM:			Philhealth Employer No.	omeconomism market mercental	
COMPLETE ADDRESS:			TELEPHONE:	ERAIL A	EMAIL ADORESS:	
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Note: THIS FORM	Note: THIS FORM CAN BE REPRODUCED BUT IS NOT FOR SALE <u>and</u> IS TO BE ACCOMPLISHED IN DUPLICATE.	IS TO BE ACCOMPLISHED IN	DUPLICATE.			

Signature over Printed Name

PHILHEALTH MEMBER REGISTRATION FORM

Citystate Centre Buildir Healthline 441-7444 v	ng. 709 Shaw Boulevard, Pasig City				PhilHe	October 2) alth Identification	013) on Number (PIN)		
IMPORTANT REMINDERS	S:								
1 Your PhilHealth Identific	ration Number (PIN) is your union does not automatically qualify	que and permanent number	r. he entitled to NHIP t	penefits.					
The issuance of the PIN Always use your PIN in	does not automatically quality all transactions with PhilHealth.	you or your dependents to	De citadea to will	PU	RPOSE:				
Please carefully re	ad instructions at the t	ack before accomp	lishing this for	m. L	FOR E	ROLLMENT	FOR UPDA	TING	
1. MEMBER INFORMA	The state of the s				D////	Mid	dle Name		
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Date of Birth (mm-dd-yyyy) Place of Birth (City/Municipality/Province) Sex			Civil Stat	tun	Natio	nality T	ax Identification	vo.(TIN)	
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		Female	☐ Married ☐ Legally Separat		ated				
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Unit/Room No./Floor	Building Name	Lot/Block/House/Bk	dg. No.	Street		Su	bdivision/village		
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Barangay	City/Mur	nicipality	Province	Province Country Zip Code					
Contact Information									
	Area Code + Tel. No.)	' Mobile Nu	mber			E-mail Addres	S		
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☐ Enterprise Own									
☐ Household Help	o / Kasambahay								
3.2 Informal Economy		ena eranna seri han eranna, producela lilandi delatari erapa hannada harran karannadal delata	3.4 Sponsor	ed			Papello A Sarrengo A Hamilyoda Sil Allahari Padalahari Madalahari da dinasarran da di	~ ·······	
☐ Migrant Worker				Local Government Unit (Please specify):					
	☐ Sea Based		☐ Nationa	☐ National Government Agency (Please specify):					
Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.) (Please specify):			Others (Please specify):						
	nthly income: Php					THE RESIDENCE AND THE PROPERTY SHAPES AND THE PERSON OF			
☐ No Income	9		3.5 Lifetime	Member		Date/Eff	ectivity of Retir	ement:	
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(Please specify): Estimated Mor	-	With 120 months contribution and has reached retirement age							
☐ Filipino with Du	and has	reached retire	ment age						
☐ Naturalized Filip	pino Citizen								
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and accurate to t	the best of my knowledge	e.	Received by:			Date:			