VISAYAS STATE UNIVERSITY

Office of the Vice President for Administration and Finance
Visca, Baybay City, Leyte 6521-A
Philippines
Phone/Fax: +63 53 563 7108
Email: ovpaf@vsu.edu.ph
Website: www.vsu.edu.ph

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MEMORANDUM NO. 06
Series of 2017

T O : ALL VSU EMPLOYEES

R E : PhilHealth's Implementation of Electronic Claims Processing System

Please be informed that PhilHealth is implementing the electronic claims (e-claims) processing system. Consequently, there is a need for employers to ensure that all employees have updated and accurate records.

In view of this, all employees are required to submit two copies of duly-filled PhilHealth Members Registration Form (PMRF) to the Accounting Office not later than May 22, 2017 to give ample time for preparation of the list. The final list will be submitted to PhilHealth on May 24, 2017.

Attached is a copy of the PMRF which you can reproduce.

For strict compliance.

REMBERTO A. PATINDOL
Vice President for Administration and Finance

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)

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

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 Parents' Details

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)
					☐	

PhilHealth Identification Number (PIN)	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

3. 1 Formal Economy

☐ Private ☐ Government
☐ Permanent/Regular ☐ Casual ☐ Contractor/Project-Based
☐ Enterprise Owner
☐ Household Help / Kasambahay
☐ Family Driver

3. 3 Indigent

☐ NHTS-PR

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): _____

3.4 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: _____

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:

Last Name	First Name	Name Extension	Middle Name
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.