



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

CityState Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 www.philhealth.gov.ph

November 10, 2004

PHILHEALTH CIRCULAR

No. 24 s-2004

TO:

: INDIVIDUALLY-PAYING MEMBERS
ACCREDITED COLLECTING BANKS /AGENTS
PHILHEALTH REGIONAL OFFICES
SERVICE OFFICES
PHILHEALTH MEMBERS' ASSISTANCE CENTER

SUBJECT

: USE OF ME-5 FORMS BY INDIVIDUALLY-PAYING MEMBERS

With the limited inventory of ME-5 forms available, all Individually-Paying Members may use the ME-5 forms which are being used by the employed sector.

The following step by step procedures is prepared for the guidance of all Individually-Paying Members:

- Step 1: Secure ME-5 form from any Accredited Collecting Agents or PhilHealth Regional Offices/Service Offices/Desk Offices
- Step 2: Fill-out the ME-5 form as follows:
- **Employer's Name** - Indicate on the box your complete name (Surname, First Name, Middle Initial)
 - **PhilHealth Employer No. (PEN)** - Indicate on the box your PhilHealth Identification No. (PIN)
 - **Member Reference** - Check the box "Others" and specify in the blank if you are self-employed, voluntary or OFW
 - **Mailing Address** - Indicate on the box your current mailing address
 - **Form of Payment** - Place a check if your payment is cash or check (if check payment, fill-in the Bank/Check No./Date)
 - **Applicable Period** - Specify the calendar quarter, semi-annual or annual in the Month column and the corresponding year in the Year column
 - **Total Amount Remitted (in words)** - Indicate the amount to be paid in words
 - **Amount** - Indicate the amount to be paid in numbers
 - **Total Remittance (in figure)** - Indicate the amount to be paid in numbers
 - **Certified Correct** - Affix on the box your signature
- Step 3: Tender your payment to the cashiers/tellers of any Accredited Collecting Agents or PhilHealth Regional Offices/Service Offices

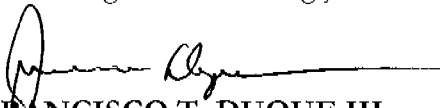
Shown here is a sample of duly accomplished ME-5 form by an IPM:

ME-5	EMPLOYED SECTOR	PHILIPPINE HEALTH INSURANCE CORPORATION		1	PAYOR'S COPY
EMPLOYER'S NAME Mr. Juan dela Cruz Jr.		PHILHEALTH EMPLOYER NUMBER (PEN) 19-025371211-6		MEMBER REFERENCE <input type="checkbox"/> GOVERNMENT SECTOR <input type="checkbox"/> PRIVATE SECTOR <input type="checkbox"/> HOUSEHOLD EMPLOYER <input type="checkbox"/> OTHERS Self-employed	
MAILING ADDRESS AND EMPLOYEE'S ADDRESS 123 P. Gomez St., Sta. Mesa, Manila		TELEPHONE NO.			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> SUBJECT TO PENALTY PENALTY REFERENCE NO. & DATE:		MONTH YEAR 4th Qtr. 2004		AMOUNT 300.00	
TOTAL AMOUNT REMITTED (IN WORDS) Three Hundred Pesos Only		TOTAL RE-ITTANCE 300.00			
IDENTIFIED CORRECT Juandelacruz		CHECKS IF YOU JR. RECEIPT WHEN VALUE DATED: <input type="checkbox"/> LACK OF PAYMENT <input type="checkbox"/> PENALTY <input type="checkbox"/> OTHER PAYMENT			
RECEIVED BY NAME SIGNATURE DATE 20 1234567					

The temporary use of ME-5 shall be discontinued once the MI-5 forms are available.

This circular shall take effect immediately.

Please be guided accordingly.


FRANCISCO T. DUQUE III
 Secretary
 President and CEO