



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

CityState Centre, 709 Shaw Boulevard, Pasig City

Healthline 637-0000 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

08 March, 2005

**PHILHEALTH CIRCULAR**

No. 09,s-2005

TO

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

SUBJECT

: Amendment of PhilHealth Circular 24 s. 2004 Re: Use of ME-5 Forms By Individually Paying Members

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This Circular is being issued to amend PhilHealth Circular No.24 s.2004 re: Use of ME-5 forms by Individually Paying Members.

With the sufficient inventory of MI-5 forms, all Individually Paying Members shall discontinue using the ME-5 and instead use the appropriate MI-5 form when making payments at any of our PhilHealth offices and accredited collecting agents.

This Circular shall take effect immediately.

**FRANCISCO T. DUQUE III**

Secretary

President and CEO



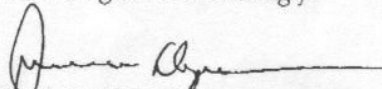
Shown here is a sample of duly accomplished ME-5 form by an IPM:

<b>ME-5 EMPLOYED SECTOR</b>		<small>Republic of the Philippines</small> <b>PHILIPPINE HEALTH INSURANCE CORPORATION</b> <b>CONTRIBUTIONS PAYMENT RETURN</b>		<b>1 PAYOR'S COPY</b>	
EMPLOYER'S NAME <b>Mr. Juan dela Cruz Jr.</b>			PHILHEALTH EMPLOYER NUMBER (PEN) <b>19-025371211-6</b>		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 EMPLOYER'S OFFICE <b>123 P. Gomez St., Sta. Mesa, Manila</b>			TELEPHONE NO.		
MONTHLY PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> OTHER <input type="checkbox"/> SUBJECT TO PENALTY    PENALTY REFERENCE NO. DATE:			ADDITIONAL PAYMENT MONTHLY    YEAR		AMOUNT
TOTAL AMOUNT PAID IN WORDS <b>Three Hundred Pesos Only</b>			4th Qtr.    2004		300.00
CERTIFIED CORRECT <i>Juandelacruz</i>			UNLESS PAYMENT RECEIPT INTEREST COST PAYMENT		
TO BE FILED BY EMPLOYEE			TOTAL REMITTANCE		300.00
THIS FORM MUST BE MAINTAINED FOR 10 YEARS BY THE EMPLOYEE. IN THE EVENT OF ANY DISPUTE, THE EMPLOYEE MUST PRODUCE THIS FORM TO THE PHILHEALTH OFFICE. THIS FORM MUST BE FILED IN THE EMPLOYEE'S FILE. THE EMPLOYEE MUST SIGN AND DATE THIS FORM AT THE BOTTOM. THE EMPLOYEE MUST SIGN AND DATE THIS FORM AT THE BOTTOM. THE EMPLOYEE MUST SIGN AND DATE THIS FORM AT THE BOTTOM.			THIS IS YOUR RECEIPT WHEN VALIDATED.		
RECONCILIATION NO.    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

