Please read instructions at the back before accomplishing this form.

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
CityState Centre Building
708 Shaw Boulevard, Pasig City

Member's PhilHealth Identification Number (if any):

M1c

MEMBER DATA RECORD
FOR NON-PAYING MEMBERS
(PARA SA MGA MIYEMBRONG HINDI NA NAGBABAYAD)
June 2001

1X1
ID PHOTO

1a. Surname (Apelyido) | Given Name (Pangalan) | Middle Name (G. Apelyido)

2. Permanent Address (Tirahan)

Number & Street (Numero at Kalye) | Barangay | Town/City (Bayan/Lungsod)

Province(Lalawigan) | Zip Code | Telephone Number

2b. Civil Status (Katayuang Sibil)
- ☐ Single (Walang Asawa)
- ☐ Married (May Asawa)
- ☐ Widowed (Balo)
- ☐ Separated (Hiwalay)

3. Sex (Kasarian)
- ☐ Male (Lalaki)
- ☐ Female (Babae)

3b. Date of Birth (Kapanganakan) m m d d y y y y

3c. Place of Birth (Lugar ng Kapanganakan) — Town/City | Province

4a. Existing SSS/GSIS No.

4b. Name and Address of last employer

4c. Date/effectivity of retirement (Petsa/bisa ng pagretiro)

5. Type of Non-Paying Member:

- ☐ Old-age Retirees and Pensioners of the GSIS (also includes non-uniformed members of the AFP, PNP, BJMP and BFP; uniformed members of the AFP, PNP, BFP and BJMP who have reached the compulsory age of retirement before June 24, 1997) & PD 408 retirees
- ☐ GSIS Disability Pensioners prior to March 4, 1995
- ☐ Retirees who are members of Constitutional Commissions and other constitutional offices
- ☐ Retirees and pensioners who are members of the Judiciary
- ☐ SSS Pensioners prior to March 4, 1995
  - ☐ SSS Permanent Disability Pensioners
  - ☐ SSS Death/Survivorship Pensioners
- ☐ SSS Old-age Retirees/Pensioners
- ☐ Former employees from the gov't and/or private sectors who have accumulated/paid at least 120 monthly contributions as provided for by the law but separated from employment before reaching sixty (60) years old & thereafter have reached age sixty (60)
- ☐ Uniformed members of the AFP, PNP, BFP and BJMP who have reached the compulsory age of retirement on or after June 24, 1997, being the effectivity date of RA 8291 which excluded said individuals in the compulsory membership of the GSIS
- ☐ Former employees from the gov't &/or private sectors who separated from employment w/o completing 120 monthly contributions but continued to pay their contributions as IPM until completing the required 120 monthly contributions and have reached age 60 as provided for by law
- ☐ Individually-Paying members who have reached age sixty (60) and have paid at least 120 monthly contributions

D E P E N D E N T S (MGA MAKIKINABANG)

Use back page for additional dependent(s), if necessary. (Gamitin ang kabilang pahina para sa dagdag na makikinabang, kung kinakailangan.)

PhilHealth Number (To be filled up by PhilHealth)	Name of Dependents (Pangalan ng Makikinabang) Last Name, First Name M.I.	SEX (M) or (F)	Relationship of Dependents to Member (Relasyon ng Makikinabang sa Miyembro)	Date of Birth (Kapanganakan) mm-dd-yyyy

If child has congenital disability acquired before age 21, please attach a copy of Medical Certificate
(Kung ang anak ay nagkaroon ng kapansanan bago sumapit sa gulang na 21, ilakip ang medical certificate)

I hereby certify that the above statements are true and correct and further declare that the above-named dependents have not been declared by my spouse/brother/sister.

(Ako ay nagpapatunay na ang nasa itaas na mga pahayag ay totoo at tama at dagdag kong inihahayag na ang nasabing makikinabang sa itaas ay hindi inihayag ng aking asawa o kapatid.)

Signature (Lagda) | LEFT THUMBMARK | RIGHT THUMBMARK

THIS PORTION IS TO FILLED UP BY PHILHEALTH

Date Received: | Evaluated by: Name and Signature | Date of Evaluation:

To be accomplished in duplicate.

Note: This form can be reproduced but is not for sale.

REMINDERS *(Mga Paalaala)*

Qualified dependents of a member under RA 7875 are: ***(Ang mga karapatdapat na makikinabang ng isang miyembro/kasapi alinsunod sa R.A. 7875 ay ang mga sumusunod:)***

(1) the legitimate spouse who is not a member of PhilHealth;
(tunay na asawa na hindi kasapi ng PhilHealth);

(2) the unmarried and unemployed legitimate, legitimated, acknowledged and illegitimate children as appearing in the Birth Certificate; legally adopted or stepchildren below twenty-one (21) years of age;
(walang asawa at walang trabaho na anak, anak sa tunay na asawa (legitimate o legitimated), kinikilalang anak na nakasaad sa Birth Certificate, ampon ayon sa batas o kaya'y anak sa unang asawa na ang edad/gulang ay mababa sa 21);

(3) children who are twenty-one years old or above but suffering from congenital disability, either physical or mental, or any disability acquired before the age of 21 that renders them totally dependent on the member for support;
(mga anak na ang edad/gulang ay 21 o pataas subalit may likas na kapansanan pangkatawan o pangkaisipan o ano pa mang uri ng kapansanan na natamo bago sumapit sa edad na 21 na maglalagay sa kanila para lubusang umasa sa kasapi para sa kanyang ikabubuhay);

(4) the parents who are sixty (60) years old or above who are not enrolled members of PhilHealth, whose monthly income is not more than One Thousand Pesos (P1,000.00).
(mga magulang na ang edad/gulang ay 60 o pataas at hindi kasapi ng PhilHealth na ang buwanang kita ay hindi hihigit sa Isang Libong Piso [P1,000.00]).

GUIDELINES AND INSTRUCTIONS IN FILLING-UP THE MEMBER DATA RECORD
(Mga Patnubay at Kautusan sa Pagpuno ng Member Data Record)

1. Fill in all the data needed. Use block/printed letters or use a typewriter. Write N.A. if the blanks are not applicable.
(Isulat ang lahat ng kailangang impormasyon. Isulat sa malalaking letra o kaya ay gumamit ng makinilya. Isulat ang N.A. kung ang mga kailangang impormasyon ay hindi akma.)
2. For Box 5, check appropriate box for your type of non-paying member.
(Para sa Box No. 5, lagyan ng tsek ang nararapat na kahon ng inyong uri ng miyembrong hindi na magbabayad.)
3. Declaration of dependents written in Box No. 6 shall continue to be valid unless amended by the member.
(Ang paghayag ng mga makikinabang sa Box No. 6 ay magpapatuloy na may bisa maliban na lang kung babaguhin ng kasapi.)
4. Submit certified true copy of Birth Certificate; if none, any two of the following:
(Maglakip ng Sertipiko ng Kapanganakan; kung wala, dalawa sa alin mang sumusunod:)
   - Certified true copy of Baptismal Certificate;
   - Certified true copy of Marriage Certificate/Contract, if married;
   - Passport;
   - Driver's License;
   - SSS Member ID;
   - Alien Certificate of Registration (ACR);
   - Service Record(s);
   - Employee ID;
   - School Records;
   - Voter's Identification Card;
   - A duly notarized joint affidavit of two (2) disinterested persons attesting to the fact of birth of the registrant.

LIST OF ADDITIONAL DEPENDENT(S) *(LISTAHAN NG DAGDAG NA MAKIKINABANG)*

5. PhilHealth Number (To be filled up by PhilHealth)	Name of Dependents (Pangalan ng Makikinabang) Last Name, First Name M.I.	SEX M/F	Relationship of Dependents to Member (Relasyon ng makikinabang sa Miyembro)	Date of Birth (Kapanganakan) mm - dd - yyyy