



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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 PhilHealthOfficial teamphilhealth

**SWORN DECLARATION/IDENTIFICATION OF RELATIVES IN PHILHEALTH
 (Pursuant to Corporate Policy on Nepotism and Hiring of Next-of-Kin)**

I, Mr./Ms. _____ of legal age, presently residing at _____

- do hereby declare that I do not have any relatives
- do hereby declare/identify the following as my relative/s or member/s of my family within the third degree either of consanguinity or of affinity who is/are connected/employed with PhilHealth as either employee/job order contractor:

NAME	RELATIONSHIP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

It is hereby understood that “relative” or “family member” within the third degree either of consanguinity or of affinity refers to the following:

Consanguinity (includes individuals related by blood)			Affinity (includes the individuals Spouse and Related to the Spouse)		
First Degree	Second Degree	Third Degree	First Degree	Second Degree	Third Degree
Father and Mother	Brother and Sister	Uncle and Aunt	Spouse	Brother-in-Law and Sister-in-law	Uncle-in-law and Aunt-in-law
Son and Daughter	Grandfather and Grandmother	Nephew and Niece	Father-in-law and Mother-in-law	Grandfather-in-law and Grandmother-in-law	Nephew-in-law and Niece-in-law
	Grandson and Granddaughter		Son-in-law or Daughter-in-law	Grandson-in-law and Granddaughter-in-law	

Also, I declare that:

- do not have a relative previously employed in PhilHealth that has retired, died or became incapacitated (permanent or total disability).
- I am a relative of _____ (name of PhilHealth employee) who has (retired/died/became incapacitated) *Please underline.*
 I am his/her (spouse/son/daughter/brother/sister) *Please underline.*

I declare under oath that this document has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws and corporate rules and regulations. I also authorize the agency head/authorized representative to verify/validate the contents stated herein. I trust that this information shall remain confidential.

Signed at _____ City on _____ (date)



Printed Name and Signature