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PhilHealth Agents' Receipt and PhilHealth Premium Payment Slip

Effective July 1, 2010, the Contribution Payment Return Forms ME-5 for employers; MI-5 for Individually Paying Members; and Min-5 for Sponsored Members shall be replaced by the **PhilHealth Agents' Receipt (PAR)** as proof of payment of contributions.

In addition, before making premium payments, employers and members shall be asked by Accredited Collecting Agents (ACAs) to fill out the **PhilHealth Premium Payment Slip (PPPS)** which should contain key details such as the PhilHealth Employer Number (PEN) or PhilHealth Identification Number (PIN); complete business name or member's name; applicable period; and amount to be paid.

However, premium payments made through ACAs with electronic facilities shall be acknowledged by an electronic receipt or payment slip as approved by PhilHealth, whichever is applicable. Below are samples of the PAR and PPPS:

Republic of the Philippines Philippine Health Insurance Corporation PHILHEALTH AGENTS RECEIPT (PAR)	
PAYOR'S COPY	
PAR NUMBER 301381300	
NAME	DATE
AMOUNT RECEIVED	AGENT'S SIGNATURE
VALIDATION BOX	
PIN/PEN NAME MEMBER TYPE APPLICABLE PERIOD AMOUNT VALIDATION DATE	
(Reproducing, Modifying, Distributing or Selling is Prohibited)	

PHILHEALTH PREMIUM PAYMENT SLIP	
PhilHealth Your Partner in Health	
PIN/PEN/PIN: <input type="text"/> - <input type="text"/> - <input type="text"/>	
BUSINESS/AGENCY NAME: _____	
MEMBER'S NAME: _____ (FAMILY NAME) (MIDDLE NAME) (INDIVIDUAL NAME)	
MEMBER TYPE: <input type="checkbox"/> Voluntary <input type="checkbox"/> OPW <input type="checkbox"/> Sponsored <input type="checkbox"/> Private <input type="checkbox"/> Government	
APPLICABLE PERIOD: FROM <input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>	
AMOUNT PAID: <input type="text"/>	

The PAR shall be issued in four copies as follows:

Copy	Color	Recipient and use
Original	White	Employer/member's copy
2nd copy	Pink	ACA's file copy
3rd copy	Green	For ACA's collection reporting to PhilHealth
4th copy	Yellow	For employer's monthly remittance reporting; For member's submission to PhilHealth

For inquiries, please contact the PCA Accre Com Secretariat at (02) 634-0239 or e-mail at bankrem@philhealth.gov.ph.

This advisory is based on Circular No. 6, series of 2010.

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President and CEO