



## Z Benefit Commitment Form

For all regional offices with reference/contracted hospitals, in line with the three (3) year lock-in membership as required in PhilHealth Circular No. 29, s. 2012, all members except sponsored and lifetime members shall be required to sign a Z Benefit Commitment Form once pre-authorization is approved by Benefit Administration Section (BAS).

The Z Benefit form is available at the PRO-BAS office and shall be given to the reference/contracted hospital along with the approved pre-authorization form for the member to fill-out and sign accordingly. The signed commitment form shall be required as one of the attachments for processing the claims for the first tranche.

The signed commitment form signifies that the members shall commit to pay their premiums to continuously avail of the benefit as needed within the standards of the compiled protocols/pathways.

### Z Benefit Commitment Form

	<p><small>Republic of the Philippines</small> <b>PHILIPPINE HEALTH INSURANCE CORPORATION</b> <small>Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline 441-7444 <a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a></small></p>	 <small>Saadong Pilipinas Saadong Pilipinas Saadong Pilipinas</small>		
<p><b>Z BENEFIT COMMITMENT FORM</b> (For all members except non-sponsored and lifetime members)</p>				
<p>I, Mr./Ms./Mrs. _____ a member of the <span style="margin-left: 150px;"><i>(name of member)</i></span> Philippine Health Insurance Corporation (PhilHealth) with PIN _____ <span style="margin-left: 350px;"><i>(PhilHealth Identification Number)</i></span> undertakes to continue my membership for the next three (3) years in order for me and/or my dependent to continuously avail of the Case Type Z Benefit Package.</p> <p>Should there be a need to change my membership category to other non-sponsored membership categories of the National Health Insurance Program (i.e. employed, individually paying, and overseas worker), I hereby undertake to pay the corresponding applicable rate of premium contributions to PhilHealth in order for me and/or my dependents to continuously avail of the Case Type Z benefit.</p> <p>This undertaking is being issued this ____ day of _____, 20__.</p> <table style="width: 100%;"><tr><td style="width: 50%; border-top: 1px solid black; text-align: center;">Printed name and signature of Member</td><td style="width: 50%; border-top: 1px solid black; text-align: center;">Date</td></tr></table>			Printed name and signature of Member	Date
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<p><small>This portion to be filled out by PhilHealth</small></p>				
<p>Received by:</p> <table style="width: 100%;"><tr><td style="width: 50%; border-top: 1px solid black; text-align: center;">Printed name and signature of BAS Head</td><td style="width: 50%; border-top: 1px solid black; text-align: center;">Date</td></tr></table>			Printed name and signature of BAS Head	Date
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**ALEXANDER A. PADILLA**  
Executive Vice President/  
Chief Operating Officer