



November 10, 2004

**PHILHEALTH CIRCULAR**

No. 24 s-2004

**TO :** INDIVIDUALLY-PAYING MEMBERS  
ACCREDITED COLLECTING BANKS /AGENTS  
PHILHEALTH REGIONAL OFFICES  
SERVICE OFFICES  
PHILHEALTH MEMBERS' ASSISTANCE CENTER

**SUBJECT :** USE OF ME-5 FORMS BY INDIVIDUALLY-PAYING MEMBERS

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With the limited inventory of MI-5 forms available, all Individually-Paying Members may use the ME-5 forms which are being used by the employed sector.

The following step by step procedures is prepared for the guidance of all Individually-Paying Members:

- Step 1: Secure ME-5 form from any Accredited Collecting Agents or PhilHealth Regional Offices/Service Offices/Desk Offices
- Step 2: Fill-out the ME-5 form as follows:
- **Employer's Name** - Indicate on the box your complete name (Surname, First Name, Middle Initial)
  - **PhilHealth Employer No. (PEN)** - Indicate on the box your PhilHealth Identification No. (PIN)
  - **Member Reference** - Check the box "Others" and specify in the blank if you are self-employed, voluntary or OFW
  - **Mailing Address** - Indicate on the box your current mailing address
  - **Form of Payment** - Place a check if your payment is cash or check (if check payment, fill-in the Bank/Check No./Date)
  - **Applicable Period** - Specify the calendar quarter, semi-annual or annual in the Month column and the corresponding year in the Year column
  - **Total Amount Remitted (in words)** - Indicate the amount to be paid in words
  - **Amount** - Indicate the amount to be paid in numbers
  - **Total Remittance (in figure)** - Indicate the amount to be paid in numbers
  - **Certified Correct** - Affix on the box your signature
- Step 3: Tender your payment to the cashiers/tellers of any Accredited Collecting Agents or PhilHealth Regional Offices/Service Offices

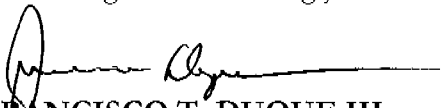
Shown here is a sample of duly accomplished ME-5 form by an IPM:

ME-5 EMPLOYED SECTOR		PHILIPPINE HEALTH INSURANCE CORPORATION CONTRIBUTIONS PAYMENT RETURN		1 PAYOR'S COPY	
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 (FOR CHECK ONLY) <b>123 P. Gomez St., Sta. Mesa, Manila</b>			TELEPHONE NO.		
NO. OF EMPLOYEES <input type="checkbox"/> 0-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 500+			APPROPRIATE PERIOD QUARTER	YEAR	AMOUNT
<input type="checkbox"/> SUBJECT TO PENALTY    PENALTY REFERENCE NO. & DATE: TOTAL AMOUNT REMITTED (IN WORDS): <b>Three Hundred Pesos Only</b>			4 <sup>th</sup> Qtr.	2004	300.00
IDENTIFIED CORRECT <b>Juandelacruz</b>			LARGE PAYMENT		
POSTAL CODE			SMALL PAYMENT		
SIGNATURE			TOTAL RE-ITTANCE		300.00
THIS RECEIPT MUST BE MACHINE VALIDATED TO BE CONSIDERED AN OFFICIAL RECEIPT. IN THE ABSENCE OF SUCH VALIDATION, THE PAYOR SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE CONTRIBUTION. CONTRIBUTION CANNOT BE CREDITED, BUT SAME MUST BE PAID BY EMPLOYER TO THE PAYMENT CENTER, SUBJECT TO THE PAYMENT CENTER'S RECEIPT. THE FOLLOWING DATA MUST BE FILLED UP:			OTHER RECEIPT WHEN VALIDATED		
RECORDATION NO. <b>20 1234567</b>					

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