



08 March, 2005

**PHILHEALTH CIRCULAR**

No. 09,s-2005

TO

: INDIVIDUALLY PAYING MEMBERS  
ACCREDITED COLLECTING BANKS/AGENTS  
PHILHEALTH REGIONAL OFFICES  
SERVICE OFFICES  
PHILHEALTH MEMBER'S ASSISTANCE CENTER

SUBJECT

: Amendment of PhilHealth Circular 24 s. 2004 Re: Use of ME-5 Forms By Individually Paying Members

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This Circular is being issued to amend PhilHealth Circular No.24 s.2004 re: Use of ME-5 forms by Individually Paying Members.

With the sufficient inventory of MI-5 forms, all Individually Paying Members shall discontinue using the ME-5 and instead use the appropriate MI-5 form when making payments at any of our PhilHealth offices and accredited collecting agents.

This Circular shall take effect immediately.

**FRANCISCO T. DUQUE III**

Secretary  
President and CEO



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

<b>ME-5 EMPLOYED SECTOR</b>		<b>PHILIPPINE HEALTH INSURANCE CORPORATION CONTRIBUTIONS PAYMENT RETURN</b>		<b>1 PAVOR'S COPY</b>	
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 AND ZIP CODE <b>123 P. Gomez St., Sta. Mesa, Manila</b>			ATTACHING PERIOD MONTH YEAR		AMOUNT
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> OTHER <input type="checkbox"/> SUBJECT TO PENALTY (PENALTY REFERENCE NO. & DATE)			4th Qtr. 2004		300.00
TOTAL AMOUNT RECEIVED (IN WORDS) <b>Three Hundred Pesos Only</b>			TOTAL REIMBURSEMENT		300.00
RECEIVED CONTACT <b>Juandelacruz</b>			TOTAL REIMBURSEMENT		300.00
FOR REFILES (BY EMPLOYER) YEAR			TOTAL REIMBURSEMENT		300.00
THIS FORM MUST BE MAINTAINED IN THE EMPLOYER'S OFFICE FOR AT LEAST TWO (2) YEARS FROM THE DATE OF THE CONTRIBUTION PAYMENT RETURN. THIS FORM MUST BE FILED IN THE EMPLOYER'S OFFICE WITHIN 30 DAYS OF THE DATE OF THE CONTRIBUTION PAYMENT RETURN. THIS FORM MUST BE FILED IN THE EMPLOYER'S OFFICE WITHIN 30 DAYS OF THE DATE OF THE CONTRIBUTION PAYMENT RETURN.			(THIS IS YOUR RECEIPT WHEN VALIDATED)		
SIGNATURE <b>Francisco T. Duque III</b>			RECORD NUMBER <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*  
**FRANCISCO T. DUQUE III**  
 Secretary  
 President and CEO

