



PHILHEALTH CIRCULAR
 No. 09, s-2006

TO : ALL NHIP MEMBERS INCLUDING OVERSEAS FILIPINO WORKERS, ACCREDITED HEALTH CARE PROVIDERS AND ALL CONCERNED

SUBJECT : Guidelines for all the members of NHIP including Overseas Filipino Workers (OFWs) who cannot personally transact business with the Corporation

Further to PhilHealth Circular No. 11 s-2004 entitled Authorized Signatory in PhilHealth Claim Form 1 in the Absence of the Member and to effectively process the transactions of members of the NHIP including OFWs and in consideration of the instances that he/she is not available personally to transact business with the Corporation, the following individuals are authorized to act and sign any PhilHealth document (i.e. Claim Form 1, M1b, M2 and any other related documents excluding receipt of benefit payment for reimbursement unless authorized by the member) in behalf of the member:

| PARTICULARS | DOCUMENTARY REQUIREMENTS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>In order of priorities:</i></p> <ul style="list-style-type: none"> • Legitimate Spouse • Children (18 years old and above) • Parents (Adoptive Parent/biological Parent/Step Parent) • Brothers/Sisters (18 years old and above) • Other individuals as duly Authorized Representative | <ul style="list-style-type: none"> • authorization letter from the member: <ul style="list-style-type: none"> - stating the reason for signing in behalf of the member; - including full name, complete address and contact number of the authorized representative; and • photocopy of any document proving that the member is an active OFW if applicable; <i>and</i> • photocopy of the Identification Card (ID) of the duly authorized representative. |

In addition, the witness who will affix his/her thumbmark in Claim Form 1 should also be the same person who will sign in behalf of the member.

For your information and guidance.

(Sgd.) LORNA O. FAJARDO, CESO III
 Officer-in-charge
 Office of the President and CEO

Date Signed: March 1, 2006