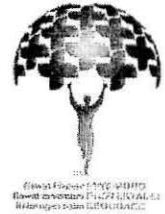




Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
 Call Center 441 7442 : Trunkline 441-7444  
 www.philhealth.gov.ph



**PHILHEALTH CIRCULAR**

No. 0028 s.2013

*Handwritten mark*

**TO : ALL CONCERNED**

**Subject : The New PhilHealth Member Registration Form (PMRF)**

In support of PhilHealth's vision to attain Universal Health Care and the Corporation's objective of simplifying the enrollment and updating procedures, all prospective and existing members of the National Health Insurance Program shall now use the attached PhilHealth Member Registration Form (PMRF). This PMRF is consistent with the new membership categories as stated in Section 5 of the Implementing Rules and Regulations (IRR) of the National Health Insurance Act of 2013.

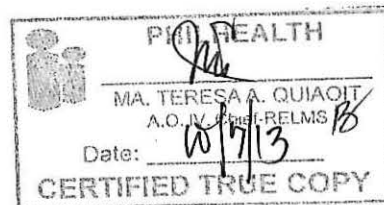
Related thereto, Section 9 of the same IRR, a properly accomplished PMRF, which includes the information of the declared qualified legal dependents, will be sufficient for registration of prospective members and updating of existing members, regardless of their membership. The PMRF shall be duly certified by the member as to the truthfulness and accuracy of the information provided. However, if warranted, the Corporation may require submission of supporting documents.

This Circular shall take effect fifteen (15) days after publication in the Official Gazette or in any newspaper of general circulation and deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

By authority of the President and CEO:

*Handwritten signature*  
**RAMON F. ARISTOZA JR.**  
 OIC, Office of the President and CEO

Date signed: 10-3-13





PhilHealth Identification Number (PIN)

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**IMPORTANT REMINDERS:**

- Your PhilHealth Identification Number (PIN) is your unique and permanent number.
- The issuance of the PIN does not automatically qualify you or your dependents to be entitled to NHIP benefits.
- Always use your PIN in all transactions with PhilHealth.

**PURPOSE:**

FOR ENROLLMENT  FOR UPDATING

Please carefully read instructions at the back before accomplishing this form.

**1. MEMBER INFORMATION**

Last Name	First Name	Name Extension (JR/SR/III)	Middle Name
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**If Married Female, please write FULL MAIDEN NAME:**

Last Name	First Name	Name Extension (JR/SR/III)	Middle Name
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Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	Nationality	Tax Identification No.(TIN)
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**Permanent Address**

Unit/Room No./Floor	Building Name	Lot/Block/House/Bldg. No.	Street	Subdivision/Village
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Barangay	City/Municipality	Province	Country	Zip Code
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**Contact Information**

Landline Number (Area Code + Tel. No.)	Mobile Number	E-mail Address
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**2. DECLARATION OF DEPENDENTS (Use separate sheet if necessary)**

**2.1 Legal Spouse**

PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth mm-dd-yyyy	Sex M / F

**2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old and above with permanent disability**

PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Mark <input type="checkbox"/> if with Disability	Date of Birth mm-dd-yyyy	Sex M / F
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

**2.3 Parents' Details**

PhilHealth Identification Number (PIN)	Father's Last Name	Father's First Name	Name Extension (JR/SR/III)	Father's Middle Name	Mark <input type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)
					<input type="checkbox"/>	
PhilHealth Identification Number (PIN)	Mother's Maiden Last Name	Mother's First Name	Name Extension (JR/SR/III)	Mother's Maiden Middle Name	Mark <input type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)
					<input type="checkbox"/>	

**3. MEMBERSHIP CATEGORY**

**3.1 Formal Economy**

- Private  Government  
 Permanent/Regular  Casual  Contractor/Project-Based  
 Enterprise Owner  
 Household Help / Kasambahay  
 Family Driver

**3.2 Informal Economy**

- Migrant Worker  
 Land Based  Sea Based  
 Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.)  
 (Please specify): \_\_\_\_\_  
 Estimated Monthly Income: Php \_\_\_\_\_  
 No Income  
 Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.)  
 (Please specify): \_\_\_\_\_  
 Estimated Monthly Income: Php \_\_\_\_\_  
 Filipino with Dual Citizenship  
 Naturalized Filipino Citizen  
 Citizen of other countries working/residing/studying in the Philippines  
 Organized Group (Please specify): \_\_\_\_\_

**3.3 Indigent**

- NHTS-PR

**3.4 Sponsored**

- Local Government Unit (Please specify): \_\_\_\_\_  
 National Government Agency (Please specify): \_\_\_\_\_  
 Others (Please specify): \_\_\_\_\_

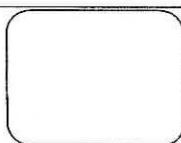
**3.5 Lifetime Member**

- Retiree / Pensioner  
 With 120 months contribution and has reached retirement age

**Date/Effectivity of Retirement:**

mm	dd	yyyy					

Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.



Signature over Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Please affix right thumbmark if unable to write.

Please do not write on this portion. For filling-out by PhilHealth Officer:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

1. For PURPOSE, put a mark  FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark  FOR UPDATING if you want to update or make corrections to certain information previously submitted when you enrolled. Fill-out the appropriate portions of the form.
2. Please write in CAPITAL LETTERS.
3. ALL FIELDS in item 1 for Member Information ARE MANDATORY. The Member should fill-out all required information.
4. Write N.A. if the information is not applicable.
5. All name entries should be in the following format:

Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:

<u>Last Name</u>	<u>First Name</u>	<u>Name Extension</u>	<u>Middle Name</u>
SANTOS	JUAN ANDRES	III	DELA CRUZ

6. For the Declaration of Dependents, fill-out the names of the living spouse, children and parents in items 2.1, 2.2 and 2.3 following the same format above.

Put a mark  in the box for item 2.2 if child has disability.

Put a mark  in the box for item 2.3 if parent has disability.

Please indicate FULL MOTHER'S MAIDEN NAME for item 2.3.

7. For declared dependents with disability, please submit a Medical Certificate indicating the details and extent of disability. As defined in the Implementing Rules and Regulations of the National Health Insurance Act of 2013, the following are included as qualified dependents:
  - a. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support.
  - b. Parents with permanent disability regardless of age that renders them totally dependent on the member for subsistence.
8. For MEMBERSHIP CATEGORY, put a mark  in the appropriate box and specify details as necessary.
9. The member or guardian (if member is a minor) should certify that the information provided are true and correct by affixing his/her signature over the printed name in the space provided for. If unable to write, please affix the right thumbmark in the space provided.