



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 016-2015

TO : ALL HOUSEHOLD EMPLOYERS AND THEIR DOMESTIC WORKERS (KASAMBAHAYS) AND ALL OTHERS CONCERNED

SUBJECT : Registration of Household Employers and Coverage of Domestic Workers (Kasambahays) in the National Health Insurance Program (NHIP)

I. LEGAL BASIS

Rule V, Section 3 of the Implementing Rules and Regulations (IRR) of Republic Act 10361, entitled: "An Act Instituting Policies for the Protection and Welfare of Domestic Workers" categorically mandates that – "as employer of the Kasambahay, he/she shall register himself/herself with, and enroll the latter as his/her employee to the SSS, PhilHealth, and Pag-IBIG."

Moreover, to ensure that PhilHealth membership of the household help or Kasambahay is sustained, employers are required to register their Kasambahays with PhilHealth and pay the corresponding PhilHealth Premium contributions for the rendered services until the date of separation (Section 21, Rule IV of the IRR of Republic Act 7875, as amended, otherwise known as the National Health Insurance Act of 2013).

II. COVERAGE

This Circular shall apply to all Household Employers and their Kasambahays as defined under R.A. 10361 and its IRR.

III. POLICY AND PROCEDURAL GUIDELINES

A. Duties of the Household Employer

1. Household Employers are mandated to:
 - (a) Register their Kasambahays and their qualified dependents with PhilHealth;
 - (b) Report their Kasambahays within thirty (30) calendar days upon employment, and/or give notice also within the said grace period upon separation of the Kasambahay; and
 - (c) Pay the corresponding PhilHealth premium contributions for the rendered services until the date of their separation.
2. The Household Employer shall pay and remit the prescribed monthly premium contribution of the Kasambahay on or before the prescribed due date.



3. Failure to remit the required premium contributions shall make the Household Employer liable for reimbursement of payment for a properly filed claim in case the Kasambahay or his/her dependent/s avail of PhilHealth benefits, without prejudice to the imposition of other penalties.

B. Registration Procedures

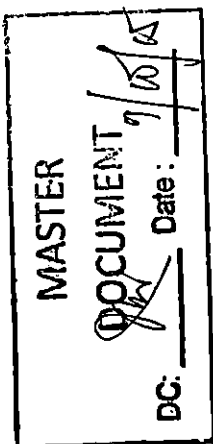
1. All individuals engaging the services of Kasambahay/s shall register with PhilHealth as a Household Employer by submitting the following duly accomplished forms to any Local Health Insurance Office (LHIO) of PhilHealth or to any service office of Pag-IBIG and SSS:
 - a) Household Employer Unified Registration Form or PPS-HEUR1 (See Annex "A");
 - b) Household Employer Unified Report Form or PPS-HEUR2 (See Annex "B"); and
 - c) Kasambahay Unified Registration Form or PPS-KURF (See Annex "C") if the Kasambahay is not yet enrolled with PhilHealth, SSS or in Pag-IBIG Fund (to be attached to the accomplished PPS-HEUR2).

The above-mentioned forms are in accordance to the PhilHealth-Pag-IBIG-SSS Joint Memorandum Order 001, s.2013 implementing the Kasambahay Unified Registration System (KURS).

2. To properly accomplish the PPS-HEUR1, the Household Employer must fill-out the following mandatory fields:
 - a) Last Name, First Name, Suffix (Sr./Jr.), Middle Name of Household Employer;
 - b) Date of Birth; Sex; and Tax Identification Number, if available;
 - c) Address; Contact Number (Landline and/or Mobile/Cellphone); email address; and
 - d) Signature of Household Employer certifying the correctness of the supplied information.

No supporting document will be required if submitted personally by the Household Employer. If submitted through an authorized representative, submission of the following shall be required:

- a) Letter of Authorization from the Household Employer;
 - b) Valid ID of the Household Employer;
 - c) Valid ID of the Authorized Representative
3. Upon registration, PhilHealth shall assign a unique and permanent PhilHealth Employer Number (PEN) to the Household Employer which is linked to his/her own PhilHealth Identification Number (PIN).
4. Household Employer shall register and/or report his/her Kasambahays by submitting duly accomplished PPS-KURF to be attached to the PPS-HEUR2.



5. No supporting documents is required for the registration of the Kasambahays and his/her qualified dependents, unless warranted by PhilHealth.
6. Once registered and reported by the Household Employers, Kasambahays shall be issued their unique and permanent PIN, PhilHealth ID Card, and Member Data Record (MDR) as members under the Formal Economy.
7. The Household Employer shall likewise be provided with the Employer Data Record (EDR) and a Master List of the Kasambahay/s under his/her employ.
8. Within thirty (30) days from date of separation of the Kasambahay, the Household Employer shall submit a duly accomplished PPS-HEUR2 to PhilHealth indicating therein the date of separation, among others.
9. To update the record of the Household Employer such as changes in address or contact information, a duly accomplished PPS-HEUR1 must be submitted by the Household Employer to any PhilHealth Office.

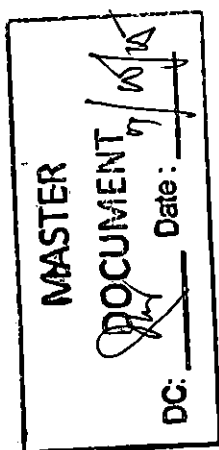
C. Premium Contribution

In accordance with RA 10361, the premium contributions of the Kasambahay/s shall be shouldered solely by the Household Employer. However, if the Kasambahay is receiving a monthly salary of five thousand pesos (Php5,000.00) or above, he/she shall pay the proportionate share.

The following is the premium contribution schedule for the Kasambahay based on the latest PhilHealth issuance on premium contributions schedule for the Employed Sector under the Formal Economy:

Salary Bracket	Personal Share	Employer Share	Total Monthly Premium
0 - 4,999.99	<u>None</u>	200.00	200.00
5,000.00 – 8,999.99	100.00	100.00	200.00
9,000.00 – 9,999.99	112.50	112.50	225.00
10,000.00 – 10,999.99	125.00	125.00	250.00
11,000.00 – 11,999.99	137.50	137.50	275.00
12,000.00 - 12,999.99	150.00	150.00	300.00
13,000.00 – 13,999.99	162.50	162.50	325.00
14,000.00 – 14,999.99	175.00	175.00	350.00
15,000.00 – 15,999.99	187.50	187.50	375.00
xxx xxx xxx	xxx xxx xxx	xxx xxx xxx	xxx xxx xxx
35,000.00 – and up	437.50	437.50	875.00

*** Pursuant to PhilHealth Circular No. 027 s.2013**



D. Payment of Premium Contributions

1. The Household Employer shall pay or remit the premium contributions of the Kasambahay/s on or before the twenty-fifth (25th) calendar day of the month following the applicable month for which the payment is due and applicable.

In case the deadline for the payment of premium contribution falls on a Saturday or Sunday, or has been declared a regular/special or a non-working holiday, payment shall be made on the next working day.

2. The Household Employer may opt to pay the monthly premium contributions in advance but not to exceed two (2) calendar years. PhilHealth shall only accept payment in CASH and in Philippine currency.
3. Premium contributions for Kasambahays shall be paid or remitted at any LHIO through the “**Individual Kasambahay Payment Scheme**” whereby the Household Employer must fill-out and submit to the cashier a duly accomplished PhilHealth Payment Slip (PPS) (See Annex “D”) for each Kasambahay/s under his/her employ, detailing therein the following required information:
 - a) PIN and name of the Kasambahay;
 - b) PEN and name of the Household Employer;
 - c) Applicable period or month/s being paid for; and
 - d) Amount to be paid;

The PPS shall be signed by the Household Employer certifying therein the correctness of the above-mentioned details.

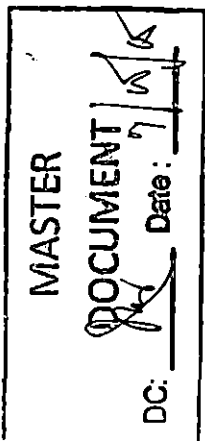
4. The premium contributions payment shall be acknowledged through the issuance of a PhilHealth Official Receipt (POR) under the name and PIN of the Kasambahay. The PEN and the name of the Household Employer shall also appear on the POR marked with “Paid for by ‘name of Household Employer/ PEN.’” (See Annex “E”)

e.g. “Paid for by Juan Dela Cruz with PEN: xx-xxxxxxxxxxx-x”

E. Benefits and Entitlements of Kasambahays

As members of PhilHealth, Kasambahays and their qualified dependents are entitled to in-patient hospital care benefits including all case rate packages and catastrophic illnesses in the Case Type Z Benefit Package, out-patient and other special benefit packages under the NHIP. They are also entitled to the No Balance Billing (NBB) privilege provided that they are admitted in an accredited government health care institution (HCI), or in an accredited private HCI for selected cases, in accordance with PhilHealth Circular No. 003, s.2014.

Moreover, in line with the Expanded Seniors Citizens Act of 2014 and in conformity with the rules and regulations of the Corporation, all PhilHealth registered Kasambahays who are sixty (60) years old and above are also eligible to avail of the “Tamang Serbisyo para sa Kalusugan ng Pamilya” or TSeKaP, a primary care benefit package which include consultations with primary care doctors, preventive and promotive services, selected diagnostic tests upon the recommendation of physicians, and select medicines for specific primary illnesses.



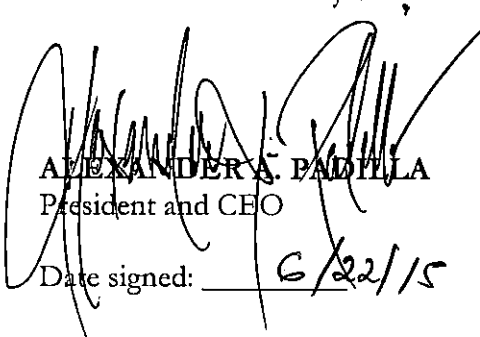
The coverage of Kasambahays and their dependents shall start from the time of enrollment and payment of premium contributions, and is valid for as long as premium contributions are regularly paid.

IV. REPEALING CLAUSE

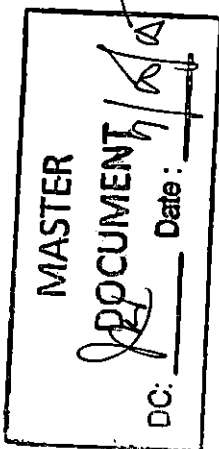
All other issuances inconsistent herewith are deemed repealed, amended or modified accordingly.

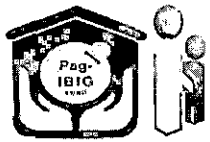
V. EFFECTIVITY CLAUSE

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


ALEXANDER S. PADILLA
President and CEO

Date signed: 6/22/15





PhilHealth
Your Partner in Health

Republic of the Philippines
**HOUSEHOLD EMPLOYER
UNIFIED REGISTRATION FORM**
(Pursuant to R.A. 10361 or the "Batas Kasambahay")



PLEASE READ THE INSTRUCTIONS BELOW BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY. (Basahin ang mga Instructions sa ibaba ng Form bago ito sulatan. Isulat ang lahat ng impormasyon sa MALALAKING TITIK at gumamit lamang ng ITIM o ASUL na tinta.)

PART I - PLEASE INDICATE YOUR EMPLOYER / MEMBERSHIP NUMBER IF ALREADY REGISTERED

(Paki lagay ang inyong numero sa Pag-IBIG, PhilHealth or SSS kung mayembro na)

Pag-IBIG HOUSEHOLD EMPLOYER NUMBER/
REGISTRATION TRACKING NUMBER (RTN) PHILHEALTH EMPLOYER NUMBER (PEN) SSS HOUSEHOLD EMPLOYER ID NUMBER

PART II - A. PERSONAL INFORMATION

NAME LAST NAME (Apelyido) FIRST NAME (Pangalan) NAME EXTENSION (Ex. Jr. / II) MIDDLE NAME (Gitnang Pangalan) CHECK IF NO MIDDLE NAME (I-tsek ang kahon kung walang gitnang pangalan)

DATE OF BIRTH (Araw ng Kapanganakan) SEX (Kasarian) TAX IDENTIFICATION NUMBER (IF ANY)
Month Day Year MALE (Lalake) FEMALE (Babae)

ADDRESS UNIT/RM./FLR. NO. (Bilang ng Yunit at Palapag) BUILDING NAME (Pangalan ng Cusali) LOT/BLK./HOUSE NO. (Bilang ng Lote, Bloke, Bahay) STREET NAME (Kalye) SUBDIVISION (Subdibisyon)

BARANGAY/DISTRICT (Barangay/Distrito) MUNICIPALITY/CITY (Munisipyo/Syudad) PROVINCE/REGION (Probinsya/Rehiyon) ZIP CODE

TELEPHONE NUMBER (AREA CODE+TEL. NO.) MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS NUMBER OF KASAMBAHAY/S (Bilang ng Kasambahay)

PART II - B. CERTIFICATION

I hereby certify that the information supplied above are true and correct for the purpose of my registration in the three (3) social security agencies of the Philippine Government, namely, Pag-IBIG, PhilHealth & SSS, as Household Employer:

(Ako ay nagpapatunay na ang aking mga isinaad sa itaas ay totoo at tama na nararapat para ako ay ma-registro bilang Household Employer sa programa ng Pag-IBIG, PhilHealth at SSS.)

SIGNATURE OVER PRINTED NAME OF HOUSEHOLD EMPLOYER

DATE

PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS

RECEIVED BY Pag-IBIG PHILHEALTH SSS EVALUATED BY FOR PHILHEALTH USE

SIGNATURE OVER PRINTED NAME

DATE & TIME

BRANCH

SIGNATURE OVER PRINTED NAME

DATE & TIME

PART IV - CERTIFICATION BY RECEIVING AGENCY (If filed through an Authorized Representative)

This is to certify that a Letter of Authorization from the Household Employer was presented and that the signature was verified based on the valid ID presented.

SIGNATURE OVER PRINTED NAME OF
AUTHORIZED OFFICER OF RECEIVING AGENCY

DATE / TIME

INSTRUCTIONS

1. If filed/submitted personally by the Household Employer, no supporting document is required to be submitted.
2. If duly accomplished Form is filed/submitted through an Authorized Representative of the Household Employer, presentation of the following is required:
 - Letter of Authorization from Household Employer
 - Valid ID of the Household Employer
 - Valid ID of the Authorized Representative
3. Update/s or Change/s in the Employer Information should be submitted to each of the 3 Agencies - Pag-IBIG, PhilHealth and SSS.

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE



Republic of the Philippines
HOUSEHOLD EMPLOYMENT UNIFIED REPORT FORM

(Pursuant to R.A. 10361 or the "Batas Kasambahay")

ANNEX "B"

PPS-HEUR2 FORM (V.1)



SOCIAL SECURITY SYSTEM

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - EMPLOYER INFORMATION

Pag-IBIG Household Employer ID Number	PHILHEALTH Employer Number (PEN)	SSS Household Employer ID Number	TYPE OF REPORT	<input type="checkbox"/> INITIAL LIST (ATTACH WITH HOUSEHOLD EMPLOYER UNIFIED REGISTRATION FORM (PPS-HEUR1))
			<input type="checkbox"/> SUBSEQUENT LIST	
EMPLOYER NAME	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gitnang Pangalan)
<input type="checkbox"/> CHECK IF NO MIDDLE NAME (I-tsek ang kahon kung walang gitnang pangalan)				

PART II - KASAMBAHAY INFORMATION

Pag-IBIG MID NO./RTN	PHILHEALTH IDENTIFICATION NO. (PIN)	SOCIAL SECURITY (SS) NO.	1. KASAMBAHAY NAME (Pangalan ng Kasambahay)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gitnang Pangalan)	CHECK IF NO MIDDLE NAME <input type="checkbox"/>
DATE OF BIRTH (MM-DD-YYYY)	DATE OF EMPLOYMENT (MM-DD-YYYY)	DATE OF SEPARATION (MM-DD-YYYY)	MONTHLY WAGE/SALARY/ EARNINGS (Buwanang Sweldo)	RELATIONSHIP TO HOUSEHOLD EMPLOYER (Relasyon sa Household Employer)				
Pag-IBIG MID NO./RTN	PHILHEALTH IDENTIFICATION NO. (PIN)	SOCIAL SECURITY (SS) NO.	2. KASAMBAHAY NAME (Pangalan ng Kasambahay)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gitnang Pangalan)	CHECK IF NO MIDDLE NAME <input type="checkbox"/>
DATE OF BIRTH (MM-DD-YYYY)	DATE OF EMPLOYMENT (MM-DD-YYYY)	DATE OF SEPARATION (MM-DD-YYYY)	MONTHLY WAGE/SALARY/ EARNINGS (Buwanang Sweldo)	RELATIONSHIP TO HOUSEHOLD EMPLOYER (Relasyon sa Household Employer)				
Pag-IBIG MID NO./RTN	PHILHEALTH IDENTIFICATION NO. (PIN)	SOCIAL SECURITY (SS) NO.	3. KASAMBAHAY NAME (Pangalan ng Kasambahay)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gitnang Pangalan)	CHECK IF NO MIDDLE NAME <input type="checkbox"/>
DATE OF BIRTH (MM-DD-YYYY)	DATE OF EMPLOYMENT (MM-DD-YYYY)	DATE OF SEPARATION (MM-DD-YYYY)	MONTHLY WAGE/SALARY/ EARNINGS (Buwanang Sweldo)	RELATIONSHIP TO HOUSEHOLD EMPLOYER (Relasyon sa Household Employer)				

TOTAL NUMBER OF KASAMBAHAY/S FOR THIS REPORT	<input type="text"/>	I certify that the information provided in this form are true and correct.		PAGE ____ OF ____ PAGE/S (Use extra sheet if necessary)
		SIGNATURE OF HOUSEHOLD EMPLOYER	DATE	

PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS

RECEIVED BY	<input type="checkbox"/> Pag-IBIG	<input type="checkbox"/> PHILHEALTH	<input type="checkbox"/> SSS
SIGNATURE OVER PRINTED NAME	DATE & TIME	BRANCH	

PART IV - CERTIFICATION (If filed through an Authorized Representative)

This is to certify that a Letter of Authorization from the Household Employer was presented and that the signature was verified based on the valid ID presented.

PRINTED NAME OF AUTHORIZED OFFICER
OF RECEIVING AGENCY

SIGNATURE

DATE & TIME

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

INSTRUCTIONS

1. This form is not applicable for reporting of Family Driver.
2. A household employer who is not yet registered with any of the agencies must submit this form in triplicate (3) copies together with the Household Employer Unified Registration Form (HEUR1), in 3 copies also, to any service office of Pag-IBIG, PhilHealth or SSS.
3. An employer already registered with Pag-IBIG, SSS and PhilHealth will submit this form in triplicate (3) copies to any office of the said agencies to report (a) newly hired employee/s or (b) to report a separated/terminated employee/s.
4. ALL FIELDS SHALL BE FILLED-OUT CORRECTLY BY THE HOUSEHOLD EMPLOYER, except Part III & IV.
5. If duly accomplished Form is filed/submitted through an Authorized Representative of the Household Employer, presentation of the following is required:
 - Letter of Authorization from Household Employer
 - Valid ID of the Household Employer
 - Valid ID of the Authorized Representative
6. For SSS purposes only:
 - (a) Household Employer should submit to SSS the Specimen Signature Card (SSS Form L-501) which is available at all SSS Branches and Service Offices or may be downloaded from the SSS website (www.sss.gov.ph). The SSS Form L-501 contains the Authorized Signatories of the Household Employer.
 - (b) In case the Date of Employment of the Kasambahay is earlier than the date of submission of this Form, the basis of the Effective Date of Coverage is the Date of Employment and the start of the Household Employer's obligation to remit the contributions of the Kasambahay . The Household Employer should proceed to any SSS Branch or Service Office.
7. For Pag-IBIG purposes only:
 - (a) Household Employer should submit Specimen Signature Form (SSF, HQP-PFF-003) which is available at all Pag-IBIG NCR/Regional Branches or may be downloaded from Pag-IBIG Fund website at www.pagibigfund.gov.ph.



PhilHealth
Your Partner in Health

Republic of the Philippines
KASAMBAHAY
UNIFIED REGISTRATION FORM
(Pursuant to R.A. 10361 or the "Batas Kasambahay")

ANN

C"

PPS-KUR FORM (v.1)



PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY. (Basahin ang mga Instructions sa likod ng Form bago ito sulatan. Isulat ang lahat ng impormasyon sa MALALAKING TITIK at gumamit lamang ng ITIM o ASUL na tinta.)

PART I - PLEASE INDICATE YOUR MEMBERSHIP NUMBER IF ALREADY REGISTERED

(Paki lagay ang inyong numero sa Pag-IBIG, PhilHealth or SSS kung mayembro na)

Pag-IBIG MID Number/RTN	PHILHEALTH Identification Number (PIN)	SOCIAL SECURITY (SS) Number
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PART II - A. PERSONAL INFORMATION

NAME LAST NAME (Apelyido)		FIRST NAME (Pangalan)		NAME EXTENSION (Ex. Jr. / II)		MIDDLE NAME (Gilnang Pangalan)		CHECK IF NO MIDDLE NAME (I-tsek ang kahon kung walang gitnang pangalan)		
DATE OF BIRTH (MMDDYYYY) (Araw ng Kapanganakan)		SEX (Kasarian) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS (Sibil na Katayuan) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> LEGALLY SEPARATED						
PLACE OF BIRTH (CITY, PROVINCE, COUNTRY) (Lugar ng Kapanganakan)				RELIGION (Relihiyon)		UMID COMMON REFERENCE NUMBER (IF AVAILABLE)				
MOTHER'S MAIDEN NAME (Pangalan ng ina noong dalaga)		LAST NAME (Apelyido)		FIRST NAME (Pangalan)		NAME EXTENSION (Ex. Jr. / II)		MIDDLE NAME (Gilnang Pangalan)		CHECK IF NO MIDDLE NAME (I-tsek ang kahon kung walang gitnang pangalan)
PRESENT ADDRESS (Kasalukuyang Tirahan)		UNIT/RM./FLR. NO. (Bilang ng Yunit at Palapag)		BUILDING NAME (Pangalan ng Gusali)		LOT/BLK./HOUSE NO. (Bilang ng Lote, Bloke, Bahay)		STREET NAME (Kalye)		
SUBDIVISION (Subdibisyon)		BARANGAY/DISTRICT (Barangay/Districto)		MUNICIPALITY/CITY (Munisipyo/Syudad)		PROVINCE/REGION (Probinsya/Rehiyon)		ZIP CODE		
PERMANENT ADDRESS (Permanenteng Tirahan)		UNIT/RM./FLR. NO. (Bilang ng Yunit at Palapag)		BUILDING NAME (Pangalan ng Gusali)		LOT/BLK./HOUSE NO. (Bilang ng Lote, Bloke, Bahay)		STREET NAME (Kalye)		
SUBDIVISION (Subdibisyon)		BARANGAY/DISTRICT (Barangay/Districto)		MUNICIPALITY/CITY (Munisipyo/Syudad)		PROVINCE/REGION (Probinsya/Rehiyon)		ZIP CODE		
TELEPHONE NUMBER (AREA CODE + TEL. NO.)			MOBILE/CELLPHONE NUMBER			E-MAIL ADDRESS				

PART II - B. DEPENDENT/S OR BENEFICIARY/IES

Spouse (Asawa)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gilnang Pangalan)	Check if NO Middle Name <input type="checkbox"/>	SEX (Kasarian) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MMDDYYYY) (Araw ng Kapanganakan)
CHILD/REN (Anak)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gilnang Pangalan)	Check if NO Middle Name <input type="checkbox"/>	CHECK IF W/ DISABILITY <input type="checkbox"/>	DATE OF BIRTH (MMDDYYYY) (Araw ng Kapanganakan)
1.					<input type="checkbox"/>	<input type="checkbox"/>	
2.					<input type="checkbox"/>	<input type="checkbox"/>	
3.					<input type="checkbox"/>	<input type="checkbox"/>	
4.					<input type="checkbox"/>	<input type="checkbox"/>	
5.					<input type="checkbox"/>	<input type="checkbox"/>	
(Use another sheet if necessary)							
FATHER (Ama)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gilnang Pangalan)	Check if NO Middle Name <input type="checkbox"/>	CHECK IF W/ PERMANENT DISABILITY <input type="checkbox"/>	DATE OF BIRTH (MMDDYYYY) (Araw ng Kapanganakan)
MOTHER (Ina)	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gilnang Pangalan)	Check if NO Middle Name <input type="checkbox"/>	CHECK IF W/ PERMANENT DISABILITY <input type="checkbox"/>	DATE OF BIRTH (MMDDYYYY) (Araw ng Kapanganakan)
OTHER BENEFICIARY/IES	LAST NAME (Apelyido)	FIRST NAME (Pangalan)	NAME EXTENSION (Ex. Jr. / II)	MIDDLE NAME (Gilnang Pangalan)	Check if NO Middle Name <input type="checkbox"/>	RELATIONSHIP TO REGISTRANT	DATE OF BIRTH (MMDDYYYY) (Araw ng Kapanganakan)
1.					<input type="checkbox"/>		
2.					<input type="checkbox"/>		

PART II - C. CERTIFICATION

I hereby certify that the information supplied above are true and correct for the purpose of my registration in the three (3) social security agencies of the Philippine Government, namely, Pag-IBIG, PhilHealth & SSS.

(Ako ay nagpapatunay na ang akting mga isinagad sa itaas ay totoo at tama na nararapat para ako ay ma-rehistro bilang miyembro ng Pag-IBIG, PhilHealth at SSS.)

SIGNATURE OVER PRINTED NAME OF REGISTRANT

If registrant cannot sign, affix fingerprints to be witnessed by two (2) persons.
Below are the witnesses to fingerprinting:

1)	PRINTED NAME	SIGNATURE	DATE
2)	PRINTED NAME	SIGNATURE	DATE

DATE

RIGHT THUMB	RIGHT INDEX
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PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS

RECEIVED BY <input type="checkbox"/> Pag-IBIG <input type="checkbox"/> PHILHEALTH <input type="checkbox"/> SSS	EVALUATED BY FOR PHILHEALTH USE
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE & TIME	DATE & TIME
THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE	

INSTRUCTIONS

A. Register to any of the Agencies (Pag-IBIG/PhilHealth/SSS).

B. Submission of Documentary Requirements

- * Not yet needed at the time of registration for the issuance of Pag-IBIG/PhilHealth/SSS Numbers.
- * If not available at the time of registration, registrant will still be provided the corresponding numbers. However, availments of any benefits shall only be allowed upon submission of documents to prove his/her identity and payment of required premium contributions.

C. List of Acceptable Documents and Conditionalities:

For SSS Only

1. Primary Documents

Submit photocopy & present original/certified true copy of any of the ff:

- * Birth Certificate
- * Baptismal Certificate
- * Drivers License
- * Passport
- * Professional Regulation Commission (PRC) Card
- * Seaman's Book

2. Secondary Documents

In the absence of Primary Documents, submit photo copy and present original/certified true copy of TWO (2) of the following, BOTH should bear the name and at least ONE (1) should indicate the Date of Birth:

- * ATM Card
- * Bank Account Passbook
- * Birth/Baptismal Certificate of Children
- * Marriage Contract
- * NBI Clearance
- * Police Clearance
- * Postal ID Card
- * Voter's ID/Affidavit
- * School Records
- * ID Card issued by Local Government Units (e.g. Barangay, Municipal/City)

If the required supporting document/s is/are not available at the time of registration, or if registration is done at Pag-IBIG/PhilHealth, or if the Registrant is unavailable to sign the document, SS Number shall still be issued, subject to the following conditions:

- * Membership Status of Kasambahay is "Temporary".
- * The SS Number issued can only be used for contribution payment and employee reporting (by the Household Employer).
- * Submission of Primary or Secondary document/s and/or signature in the Form is required for conversion of Membership Status to Permanent, thru Member's Data Amendment Form (SSS Form E-4)
- * Availment of SSS Benefits and Loans is only allowed for Permanent Membership Status, subject to qualifying conditions.

D. Updating/Change in Personal Information, Dependents/Beneficiaries should be submitted to each agency (Pag-IBIG/PhilHealth/SSS).

E. This form is not applicable for Family Driver. Registration of Family Driver should be done in each agency (Pag-IBIG/PhilHealth/SSS).

PhilHealth-SOP-__-F__

PHILHEALTH PAYMENT SLIP (HOUSEHOLD)
(For Payment Use Only in the Local Health Insurance Office (LHIO) of PhilHealth)



PIN OF KASAMBAHAY / FAMILY DRIVER:

□□-□□□□□□□□-□

NAME OF KASAMBAHAY / FAMILY DRIVER :

PEN of HOUSEHOLD EMPLOYER:

□□-□□□□□□□□-□

NAME OF HOUSEHOLD EMPLOYER:

APPLICABLE PERIOD:

FROM : □□□□ TO : □□□□
M M Y Y M M Y Y

AMOUNT PAID ➔ PHP

CERTIFIED CORRECT:

Printed Name and Signature of Household Employer

PhilHealth-SOP-__-F__

PHILHEALTH PAYMENT SLIP (HOUSEHOLD)
(For Payment Use Only in the Local Health Insurance Office (LHIO) of PhilHealth)



PIN OF KASAMBAHAY / FAMILY DRIVER:

□□-□□□□□□□□-□

NAME OF KASAMBAHAY / FAMILY DRIVER :

PEN of HOUSEHOLD EMPLOYER:

□□-□□□□□□□□-□

NAME OF HOUSEHOLD EMPLOYER:

APPLICABLE PERIOD:

FROM : □□□□ TO : □□□□
M M Y Y M M Y Y

AMOUNT PAID ➔ PHP

CERTIFIED CORRECT:

Printed Name and Signature of Household Employer

PhilHealth-SOP-__-F__

PHILHEALTH PAYMENT SLIP (HOUSEHOLD)
(For Payment Use Only in the Local Health Insurance Office (LHIO) of PhilHealth)



PIN OF KASAMBAHAY / FAMILY DRIVER:

□□-□□□□□□□□-□

NAME OF KASAMBAHAY / FAMILY DRIVER :

PEN of HOUSEHOLD EMPLOYER:

□□-□□□□□□□□-□

NAME OF HOUSEHOLD EMPLOYER:

APPLICABLE PERIOD:

FROM : □□□□ TO : □□□□
M M Y Y M M Y Y

AMOUNT PAID ➔ PHP

CERTIFIED CORRECT:

Printed Name and Signature of Household Employer

PhilHealth-SOP-__-F__

PHILHEALTH PAYMENT SLIP (HOUSEHOLD)
(For Payment Use Only in the Local Health Insurance Office (LHIO) of PhilHealth)



PIN OF KASAMBAHAY / FAMILY DRIVER:

□□-□□□□□□□□-□

NAME OF KASAMBAHAY / FAMILY DRIVER :

PEN of HOUSEHOLD EMPLOYER:

□□-□□□□□□□□-□

NAME OF HOUSEHOLD EMPLOYER:

APPLICABLE PERIOD:

FROM : □□□□ TO : □□□□
M M Y Y M M Y Y

AMOUNT PAID ➔ PHP

CERTIFIED CORRECT:

Printed Name and Signature of Household Employer



PHILHEALTH
OFFICIAL RECEIPT
 Republic of the Philippines
 Philippine Health Insurance Corporation



Annex "E"

DATE: 01-20-2015 NO. 4392939

Name and PIN of Kasambahay will show the PEN and Name of HH Employer culled from MCIS. (see below)

Received from: Ma. Cherry Pie S. Katindig
 PIN: xx-xxxxxxxx-x
 Reference: Household / Kasambahay
 Zip Code: _____ Tel. No.: _____

This info shall be auto populated from MCIS (no manual data entry from cashier)

NATURE OF COLLECTION	AMOUNT
Payment for Applicable Period: January 2015 to April 2015 Paid for by Juan Dela Cruz PEN: xx xxxxxxxx x	PIN: xx-xxxxxxxx-x 30
TOTAL P	800.00
AMOUNT IN WORDS: Eight Hundred pesos	

CENTRUM INTERNATIONAL CORPORATION • TEL: 715-5612

<input checked="" type="checkbox"/> Cash	Drawer Bank	Number	Date
<input type="checkbox"/> Check			
<input type="checkbox"/> Money Order			
Premium Invoice No.	Received the Amount Stated Above		
Billing Statement No.	LEZLE FIGUEROA		
Billing Date	CASHIER		
	COLLECTING OFFICER		

OF 43929391 022601 1906130522600072144906301412-042142906032
 PRO-NCR C.O. - CASHIER

PAYOR'S COPY