



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](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**

No. 026-2015

**TO :** ALL EMPLOYERS IN THE GOVERNMENT AND PRIVATE SECTORS AND ALL OTHERS CONCERNED

**SUBJECT :** Strengthening of Engagement with Employers through the PhilHealth Employer Engagement Representatives (PEERs) (Revision 1)

**1. RATIONALE AND OBJECTIVES**

Title III, Rule I, Section 6(f) of the Implementing Rules and Regulations of Republic Act 7875 as amended mandates PhilHealth to establish and maintain an updated membership and contribution database.

*To fulfill this mandate, we are further strengthening our engagement with the employers through the PhilHealth Employer Engagement Representatives (PEERs) who shall be assigned and authorized by their respective employers to serve as official point persons/ account officers.*

*The PEERs will help the employers to ensure that the membership and contribution records of their agency/company, among others, are updated with PhilHealth. The PEERs will also serve as the link between the employer and PhilHealth in the effective dissemination of pertinent information regarding the latest PhilHealth issuances concerning the Formal Sector.*

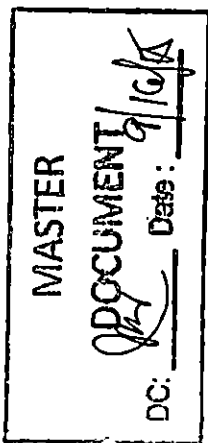
**2. FUNCTIONS OF PEERs**

PEERs shall be responsible for the following:

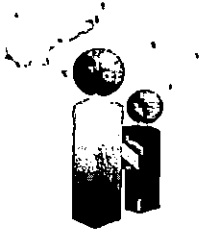
- Manage the *registration* and updating of membership records of employees, and premium remittance and reporting using the Electronic Premium Reporting System (EPRS).
- Facilitate the empowerment of employee-members on their rights and benefits as PhilHealth members *by organizing orientation, seminar, information, education and communication activities in coordination with their respective PhilHealth Accounts Information Management Specialist (PAIMS).*

**3. PRIVILEGES**

- 3.1 Direct link and easy access to PhilHealth through the PAIMS assigned to the employer.
- 3.2 *Priority for the facilitation of registration/ updating of employee-members.*



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- 3.3 Priority to available training courses on Social Health Insurance (SHI) and the National Health Insurance Program (NHIP), and other related activities of PhilHealth.
- 3.4 Other privileges as may be deemed appropriate by the Corporation.

4. **REGISTRATION**

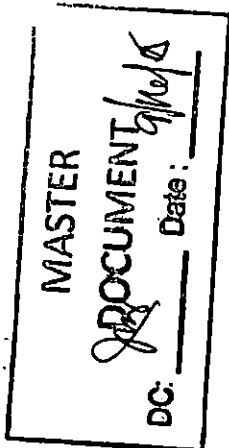
- 4.1 The PEER shall fill-out and submit the PEER Information Sheet. (Annex A)
- 4.2 *They will be given a certification stating their rights and responsibilities as PEER of their employer.*
- 4.3 All PEERs shall be required to execute the necessary 'Non-Disclosure Agreement' (NDA) in favor of PhilHealth as a pre-requisite to engagement by the former. (Annex B)

5. **EFFECTIVITY**

This Circular shall take effect 15 days after its publication in any newspaper of general circulation and shall be deposited at the National Administrative Register at the University of the Philippines Law Center.

  
ALEXANDER A. PATULLA  
President and CEO

Date signed 09/15/15



# PHILHEALTH EMPLOYERS' ENGAGEMENT REPRESENTATIVE (PEER)

No.

## INFORMATION SHEET

Name	(Family)	(First Name)	(Middle Name)	(Suffix)
Mailing Address				
Email Address			Celphone No.:	
Date of Birth			Telephone No.:	
(Month) (Day) (Year)				
Position Title:			Fax No.:	
PhilHealth Identification Number (PIN):				

### EMPLOYER INFORMATION

Name of Company/Agency				
Head of Office/Owner				
Mailing Address				
Email Address		Telephone No.:	Fax No.:	
PhilHealth Employer Number (PEN)				

### ADDITIONAL ID INFORMATION

In case of emergency, contact:	
Relationship:	Contact Numbers:

1 X 1 ID Picture

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p style="text-align: center; font-size: small; margin: 0;">(Signature over Printed Name)</p>
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**PHILHEALTH**

MA. SAA. QUIAOIT  
CINEL-REILMS 18

Date: 05/14

COPY

**MASTER DOCUMENT**

DC: Lee Date: 05/14/15

**NON-DISCLOSURE AGREEMENT**

Should you be identified as a *PhilHealth Employer's Engagement Representative (PEER)*, please be informed that:

Employer and employee-member information from any source and in any form (i.e. written, verbal or electronic) is confidential. Access to these pieces of information is allowed **ONLY** if it is needed for you to effectively and efficiently perform your tasks as a PEER.

In the course of the performance of your tasks as a PEER, you may come across confidential information about:

- EMPLOYER (registration records, premium remittance records, billing, and the like)
- EMPLOYEE-MEMBERS (past and current hospital records, conversations, billing information, contact information, salaries, employment records, complaints, benefit availment, and the like)
- OTHER PHILHEALTH DATA (summons, filed cases, survey results, reports, and the like)

Do you agree to:

- ✓ PROTECT the privacy of your employer, employee-members and other stakeholders at all times?
- ✓ ONLY access the information needed to effectively and efficiently discharge your tasks as a PEER?
- ✓ NOT misuse or be imprudent with confidential information?
- ✓ ENSURE that documents containing confidential information are disposed, if needed, properly in the manner that will preclude others from knowing such confidential information?
- ✓ KEEP your *username* and *password* secret and not share these pieces of information to anyone?
- ✓ NOT use *username* and *password* other than my own in accessing any PhilHealth Information System?
- ✓ Be RESPONSIBLE for the use or misuse of confidential information?
- ✓ NOT make any unauthorized copies of PhilHealth's data, statistics, and other related information?
- ✓ NOT share any confidential information even if you are no longer connected with the employer who identified you as its PEER?
- ✓ REPORT any unauthorized use or disclosure of confidential health information?

YES  NO

I fully understand the concepts regarding confidentiality and privacy of confidential health information. In addition, I also know and agree that my failure to fulfill any of the agreements set forth in this Agreement and/or my violations of any terms of this Agreement shall result in my being subject to appropriate disciplinary and/or legal action.

Signature:	Date Signed:
Full name in print:	
Name of Agency/Corporation:	
Name and Signature of Immediate Superior:	Date signed:

In triplicate:  
 PhilHealth Regional Office  
 PhilHealth Employer's Engagement Representative (PEER)  
 Immediate Superior of the PEER

PHILHEALTH

M. RESA A. QUIAOIT

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DATE: \_\_\_\_\_

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