



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**PHILHEALTH CIRCULAR**

No. 2016 - 0023

**TO : ALL PHILHEALTH ACCREDITED COLLECTING AGENTS, MEMBERS, REGIONAL OFFICES, AND ALL OTHERS CONCERNED**

**SUBJECT : Revised PhilHealth Premium Payment Slip (PPPS)**

With the implementation of Electronic Premium Remittance System (EPRS) among employers for the generation of the Statement of Premium Account (SPA) to be presented upon payment of premium contribution, the PhilHealth Premium Payment Slip (PPPS) was revised to exclude the employers from the Private and Government Sectors on the use of PPPS and include other members paying their premium contribution to PhilHealth Accredited Collecting Agents (ACAs).

The revised PPPS (see Annex "A") should be completely and properly filled-out by the member/payor whose member type is specified therein. Below are the member types indicated in the revised PPPS:

1. Informal Sector
2. Self-Earning Individual
3. Migrant Worker (OFW)
4. Organized Group
5. Household Help/Kasambahay  
 - Must submit remittance report "RF1" to PhilHealth after payment
6. Sponsored


Further, all remaining stock of PPPS should be replaced by the revised PPPS on **August 01, 2016**. The revised PPPS is a non-accountable form and can be reproduced. It can be downloaded from the PhilHealth website or requested from PhilHealth by the ACAs to be available in their counters.

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

**ALEXANDER A. PABILLA**  
 President and CEO  
 Date signed: 7/27/16

**MASTER DOCUMENT**  
 DC: 16/0023 Date: 7/28/16

ANNEX "A"

<b>PHILHEALTH PREMIUM PAYMENT SLIP</b>		 <b>PhilHealth</b> <i>Your Partner in Health</i>
PIN/POGN/PEN/PSN : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
MEMBER'S NAME: _____ <small>(SURNAME) (GIVEN NAME) (MIDDLE NAME)</small>		
HOUSEHOLD EMPLOYER/ SPONSOR/AGENCY NAME : _____		
MEMBER TYPE: <input type="checkbox"/> Informal Sector - V <input type="checkbox"/> Self-Earning Individual - S <input type="checkbox"/> OFW - F <input type="checkbox"/> Organized Group - K <input type="checkbox"/> Household Help/Kasambahay - H <input type="checkbox"/> Sponsored - L		
<i>For Formal Economy (Private-P/Government-G Employer), Statement of Premium Account or SPA should be presented instead of PPPS</i>		
APPLICABLE PERIOD: FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>M M Y Y M M Y Y</small>		MEMBER CONTACT NO./EMAIL ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
AMOUNT PAID ▶	<div style="border: 1px solid black; padding: 2px;">Php</div>	<b>NOTE:</b> For Household Help employer, please submit your Remittance Report (RF1) to PhilHealth after payment.

**MASTER  
DOCUMENT**

DC: 6471 Date: 7/28/16