



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
 Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**

No. 2017 - 0003

**TO : FOREIGN CITIZENS IN THE PHILIPPINES, MEMBERS OF THE INFORMAL ECONOMY, ACCREDITED HEALTH CARE PROVIDERS, ACCREDITED COLLECTING AGENTS, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED**

**SUBJECT : Enrollment of Foreign Nationals under the Informal Economy Program of the NHIP**

**I. RATIONALE**

Pursuant to Section 5 of the Revised Implementing Rules and Regulations of the National Health Insurance Act of 2013 or RA 7875 as amended by RA 9241 and 10606, "Citizens of other countries working and/or residing in the Philippines shall form under the Members in the Informal Economy provided they are holders of valid working permits and/or Alien Certificate of Registrations (ACRs)".

Parallel to this, the Philippine Retirement Authority (PRA), an attached agency of the Department of Tourism by virtue of Republic Act No. 9593, is mandated to attract foreign nationals and former Filipino citizens to retire in the Philippines with the end-in-view of accelerating the socio-economic development of the country, contributing to the foreign currency reserves of the economy and by providing them the best quality of life with the most attractive package available.

Cognizant of their respective mandates, PhilHealth and PRA have entered into a Memorandum of Understanding (MOU) for the coverage of foreign nationals and former Filipino nationals who elect to retire in the Philippines and ensure that they are eligible to avail of healthcare services provided by PhilHealth. Likewise, other foreign citizens working and/or residing in the Philippines not registered in PRA may enroll under the Informal Economy Program.

Thus, pursuant to PhilHealth Board Resolution No. 2093, s-2016, the Board approves specific mechanisms and applicable premium for the coverage of foreign retirees and other foreign citizens under the Informal Economy Program of the NHIP.

**OBJECTIVE**

To provide the implementing guidelines on the enrollment and coverage of retirees who are foreign nationals or former Filipinos, and other foreign citizens working and/or

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residing in the Philippines in accordance with the provisions of the Revised Implementing Rules and Regulations (RIRR) of Republic Act (RA) No. 7875, as further amended by RA No. 10606.

### III. COVERAGE

1. Foreign retirees or former Filipino nationals and their qualified dependents, who are holders of Special Resident Retiree's Visa (SRRV) and granted permanent residency status pursuant to Section 9 (d) of Executive Order No. 1037 dated July 4, 1985.
2. Citizens of other countries working and/or residing in the Philippines and holders of valid Alien Certificate of Registration Identity Card (ACR I-Card).

### IV. EXCLUSION

Foreign Citizens with formal contract whose premium contributions are equally shared by the employees and the employer.

### V. DEFINITION OF TERMS

1. Foreign retiree – refers to any foreign national or former Filipino at least 35 years old, who chose to retire and live in the Philippines and qualified holder of SRRV.
2. Special Resident Retiree's Visa (SRRV) – is a special non-immigrant visa issued by the Bureau of Immigration (BI) through the Retirement Program of the PRA. It entitles the holder to multiple indefinite entry privileges with the right to stay permanently in the Philippines.
3. Alien Certificate of Registration Identity Card (ACR I-Card) - is a microchip based, credit card-sized, identification card issued to all registered aliens whose stay in the Philippines has exceeded fifty-nine (59) days. This includes foreign nationals under immigrant and non-immigrant visas and holders of Temporary Visitor's Visa.

### VI. JOINT PHILHEALTH-PRA UNDERTAKING FOR THE COVERAGE OF RETIREES

1. PhilHealth and PRA shall issue corresponding issuances to its respective regional/satellite offices to disseminate appropriate information and ensure standard approach in the implementation of the program;
2. PRA shall provide PhilHealth necessary information for database build-up of their target clients for purposes of profiling, enrollment, tagging and monitoring;
3. PRA, with assistance from PhilHealth Local Health Insurance Offices (LHIOs), shall facilitate enrollment of qualified foreign retirees or former Filipinos under the Informal Economy component of the National Health Insurance Program (NHIP);

4. PhilHealth LHIOs and PRA shall collaborate in the conduct of regular Information and Education Campaign (IEC) and other information dissemination activities to encourage target foreign retirees to enroll to NHIP;
5. Both agencies shall assign point person/s who shall coordinate regularly and handle all issues and concerns pertaining to the implementation of the partnership program;
6. Through mutual collaboration, both agencies shall continuously strive to improve their systems and procedures accordingly by enhancing, developing and modifying their policies to be more responsive to the needs of foreign and former Filipino nationals.

## VII. IMPLEMENTING MECHANISMS

Below are the mechanisms for the coverage of PRA foreign retirees and other foreign citizens under the Informal Economy Program of the NHIP:

	<b>PRA FOREIGN RETIREES</b>	<b>OTHER FOREIGN CITIZENS working and/or residing in the Philippines</b>
<b>Member Registration Requirements</b>	<ol style="list-style-type: none"> <li>1. Valid SRRV or PRA issued ID Card</li> <li>2. Submit properly accomplished PhilHealth Member Registration Form for Foreign Nationals (Annex A) to PRA Head Office or to any of its satellite offices</li> </ol>	<ol style="list-style-type: none"> <li>1. Valid ACR I-Card issued by the Bureau of Immigration</li> <li>2. Fill out PMRF for Foreign Nationals and submit to the nearest LHIO.</li> </ol>
<b>Annual Premium Contribution Rate</b>	Fifteen Thousand Pesos <b>Php 15,000.00</b>	Seventeen Thousand Pesos <b>Php 17,000.00</b>
<b>Mode of Payment</b>	Quarterly, Semi-Annually or Annually	
<b>Qualified Dependents</b>	<ul style="list-style-type: none"> <li>• Filipino spouse and children below 21 years old who is not covered under the NHIP; or</li> <li>• Either the foreign spouse or one (1) of their children below 21 years old who is not a Filipino citizen</li> </ul>	
<b>Benefits</b>	Members and their qualified dependents shall be entitled to the prescribed NHIP benefits accorded to the Members in the Informal Economy in accredited health care facilities <b>except</b> for: <ol style="list-style-type: none"> <li>a. Z Benefit Package</li> <li>b. Special privileges of Women About To Give Birth (WATGB)</li> <li>c. Reimbursement for all confinements abroad</li> </ol>	
<b>Eligibility Requirement</b>	Premium contribution has been paid for at least three (3) months within the six (6) months prior to the first day of confinement and with sufficient regularity of premium contributions. The qualifying three months is inclusive of the confinement month.	

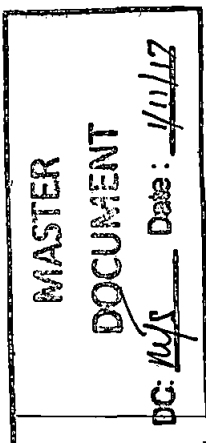
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## VIII. SPECIFIC PROVISIONS

1. Foreign nationals are required to enroll as member and shall not be covered as dependent by their Filipino Spouse.
2. All foreign nationals are qualified to be covered under the Lifetime Member Program of the NHIP once they have reached the age of 60 and have made 120 monthly contributions. However, they are not qualified for the mandatory PhilHealth coverage as provided under the expanded Senior Citizens Act.
3. In case of death of covered foreign nationals, the qualified dependent/s shall continue to avail of PhilHealth benefits for the remaining unexpired portion of the coverage.

## IX. OTHER PROVISIONS

1. Upon registration to LHIO, new member-foreign national will be issued with the following:
  - a. PhilHealth Identification Number (PIN)
  - b. Member Data Record (MDR)
  - c. PhilHealth ID Card
2. Initial payment of premium contribution shall be made to the nearest LHIO while succeeding payments may be made at any PhilHealth accredited collecting agents (ACAs) or banks nationwide.
3. In case of changes in personal information or declaration of additional dependents, the member shall be required to proceed to the nearest LHIO and submit the previously issued MDR reflecting the necessary data adjustment together with the attached proof/ supporting document/s. Once updated thru the PhilHealth system application, a new MDR shall be printed and issued to the member.
4. In the availment of benefits, the patient shall be checked for eligibility through the PhilHealth Enhanced Health Care Institution (HCI) Portal. Those with qualifying contributions will be entitled to benefits and shall be issued with PhilHealth Benefit Eligibility Form (PBEF).
5. In case the membership and coverage of foreign nationals have not been reflected/updated thru the PhilHealth HCI Portal, the MDR and PhilHealth Official Receipt (POR)/ PhilHealth Agent's Receipt (PAR)/ Certificate of Premium Payment (CPP)/ Bill Payment Receipt (for non-banks) may be presented to the accredited health care facility as proof of benefit entitlement.
6. The PhilHealth Customer Assistance, Relationship and Empowerment Staff (CARES), currently deployed in various accredited hospitals nationwide, shall be required to provide the necessary assistance to the members in the availment of benefits.

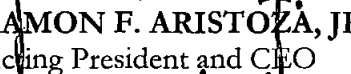


**X. REPEALING CLAUSE**

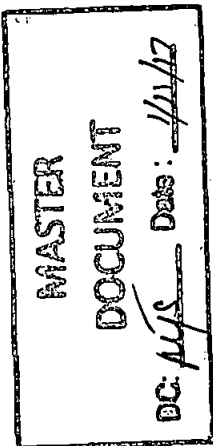
All existing related issuances with provisions inconsistent herewith are hereby repealed and modified accordingly. Other provisions consistent with the foregoing shall remain valid and in full force.

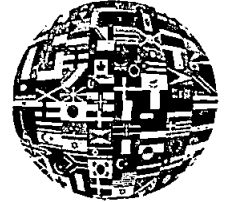
**XI. EFFECTIVITY**

This circular shall take effect on July 1, 2017.

  
RAMON F. ARISTOZA, JR.  
Acting President and CEO

Date Signed: 1/10/17





# PHILHEALTH MEMBER REGISTRATION FORM for FOREIGN NATIONALS

## MEMBER'S PROFILE

PhilHealth Number : \_\_\_\_\_

Passport Number: \_\_\_\_\_

PRA SRRV Number: \_\_\_\_\_ (For PRA-registered Foreign Retiree)

\_\_\_\_\_ Last Name First Name Middle name

Sex :  Male  Female

Nationality : \_\_\_\_\_

Date of Birth : \_\_\_\_\_  
Month Day Year

Civil Status : \_\_\_\_\_

Philippine Address : \_\_\_\_\_  
\_\_\_\_\_

Contact/Phone No. : \_\_\_\_\_ Email Address : \_\_\_\_\_

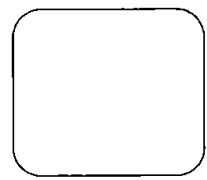
## DEPENDENT INFORMATION

Last Name	First Name	Middle Name	Sex (M/F)	Relationship	Date of Birth (mm/dd/yyyy)	Nationality
1 _____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____	_____

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.

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