



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
 KALIGUGAN AT PANGKAPALAYAN SA TAPAT

PHILHEALTH CIRCULAR
 No. 2020- 0001

FOR : ALL CONCERNED
SUBJECT : The Revised PhilHealth Member Registration Form (PMRF)

I. RATIONALE

The passage of the Universal Health Care (UHC) Law on February 20, 2019 afforded “automatic membership and coverage” for all Filipinos. It also means that all Filipinos shall be registered and issued a unique and permanent PhilHealth Identification Number (PIN). All systems and procedures shall be aligned with the new focus and directions of the UHC including membership registration. Consequently, the PhilHealth Member Registration Form (PMRF) is hereby revised to simplify registration and updating procedures.

II. OBJECTIVE

This Circular aims to facilitate registration of all Filipinos and ensure an accurate database consistent with the UHC provisions on new Membership Types such as Direct and Indirect Contributors by using the revised PMRF (**Annex A**).

III. SCOPE

The revised PMRF shall be used for the registration of new members and to update and/or amend the member data record of existing members in the PhilHealth membership database in accordance with the Implementing Rules and Regulations of Republic Act No. 11223 (Universal Health Care Act).

IV. DEFINITION OF TERMS

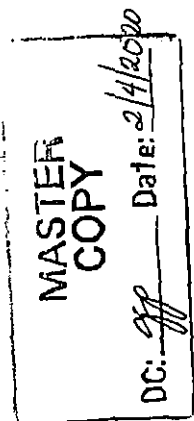
A. Direct Contributors – refer to those who have the capacity to pay premiums, are gainfully employed and are bound by an employer-employee relationship, or are self-earning, professional practitioners, migrant workers and lifetime members including their qualified dependents, and shall be composed of, but not limited to, the following:

1. Employees with formal employment characterized by the existence of an employer-employee relationship which includes workers in the government and private sector, whether regular, casual, or contractual, are occupying either an elective or appointive position, regardless of the status of appointment, whose premium contribution payments are equally shared by the employee and the employer;
2. Kasambahays as defined in RA 10361 (Domestic Workers Act) and Family Drivers;
3. All other workers who are not covered by formal contracts or agreements or no employee-employer relationship, whose premium contributions are self-paid, and with capacity to pay premiums, such as the following:

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- a. Self-Earning Individuals; and
 - b. Professional Practitioners
4. Overseas Filipino Workers, as defined in RA 10022 (Migrant Workers Act) and RA 10801 (OWWA Act) such as but not limited to:
- a. Sea-based Filipino Workers or Seafarers; and
 - b. Land-based Overseas Filipino Workers
5. Filipinos living abroad;
6. Filipinos with Dual Citizenship;
7. Lifetime Members as defined in RA 10606 (National Health Insurance Act); and
8. All Filipinos aged 21 years and above who have the capacity to pay premiums.
- B. **Foster Care** – refers to the provision of planned temporary substitute parental care to a child by a foster parent or a foster family.
- C. **Foster Child** – refers to a child placed under Foster Care.
- D. **Foster Parent** – refers to a person duly licensed by the DSWD to provide Foster Care.
- E. **Foster Family Care License** – refers to the document issued by the DSWD authorizing the foster parent(s) to provide Foster Care.
- F. **Foster Placement Authority (FPA)** – refers to the document issued by the DSWD authorizing the placement of a particular Foster Child with a Foster Parent(s).
- G. **Indirect Contributors** – refer to all others not included as direct contributors, as well as their qualified dependents, whose premium shall be subsidized by the national government including those who are subsidized as a result of special laws and shall be composed of, but not limited to, the following:
1. Indigents identified by the DSWD;
 2. Beneficiaries of the Pantawid Pamilyang Pilipino Program/Modified Conditional Cash Transfer (4Ps/MCCT);
 3. Senior Citizens who are not currently covered by the Program;
 4. Persons with disability, as defined in RA 10754 (An Act Expanding the Benefits and Privileges of Persons with Disability);
 5. All Filipinos aged 21 years old and above without the capacity to pay premiums;
 6. Those covered under special laws; and,
 7. Those previously identified at point-of-service (POS) or during registration, members previously sponsored by LGUs or private entities and those who are not yet in the PhilHealth database and are financially incapable to pay premiums.
- H. **Killed in Action (KIA)** – refers to AFP personnel killed in the line of duty in a legitimate combat operation, disaster response/search, and rescue activities and/or related military action in support of police operations, and thus whose dependents are eligible for the government's Comprehensive Social Benefit Program.



- I. **Killed in Police Operation (KIPO)** – refers to PNP personnel killed in legitimate police operation, or in the performance of other police functions or by reason of his/her function, and thus whose dependents are eligible for the government's Comprehensive Social Benefit Program.
- J. **PhilHealth Member Registration Form (PMRF)** – refers to the form used by the Corporation for the registration of new members or updating/amendment of personal information of existing PhilHealth members.
- K. **Point of Service (POS)** – a program provided in the General Appropriations Act for the current year, to cover all Filipinos under the National Health Insurance Program, including the unregistered and inactive registered members especially those who are financially incapable.

V. POLICY STATEMENTS/GENERAL GUIDELINES

- A. All new registrants and existing PhilHealth members are required to accomplish and submit to PhilHealth the revised PMRF for the issuance of a unique and permanent PIN and/or to update their membership profile/information. Previous registration, updating or amendment using the old PMRF submitted prior to the effectivity of this Circular shall still be processed.
- B. A properly accomplished PMRF shall be accompanied by at least one (1) valid proof of identity for first time registrants and supporting documents to establish relationship between member and dependent/s for updating or amendment. Documentary requirements are herein identified in **Annex B**.

By affixing his/her signature, the member certifies to the truthfulness and accuracy of all the information provided.

- C. Proof of income shall be required for all Direct Contributors except employees with formal employment as defined in Item IV.A.1 with no other sources of income, Sea-based Filipino workers and Lifetime members. Gross income (a member's income before taxes and other deductibles) shall be declared.
 - 1. For Kasambahays, Family Drivers and Self-earning individuals, a duly-attested PMRF is sufficient provided a self-declared income is indicated.
 - 2. For Practicing Professionals, Sole Proprietors, Self-Earning Service and Sales Workers/Craft related Trade Workers/Plant and Machine Operations/Elementary Occupations defined in the 2012 Philippine Standard of Occupational Classification, additional documents may be requested as necessary to validate the declared income in the PMRF.
 - 3. Direct contributors deriving mixed income (e.g. practicing professionals who are also employed) shall be required to report income from all sources. Additional documents may also be requested as necessary.
- D. Representatives who are transacting on behalf of the member must present an authorization letter signed by the member together with one (1) valid government issued Identification Card (ID) with photo of both the member and his/her representative.

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VI. CONFIDENTIALITY CLAUSE

PhilHealth is committed to protecting the personal information of all its members from loss, misuse, and unauthorized processing activities, and will take all reasonable precaution to safeguard its security and confidentiality.

VII. REPEALING CLAUSE

PhilHealth Circular No. 29, s. 2010 and PhilHealth Circular No. 28, s. 2013 are hereby repealed. All issuances inconsistent herewith are deemed repealed or modified accordingly.

VIII. DATE OF EFFECTIVITY

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



BGEN. RICARDO C. MORALES, AFP (RET) FICD
President and Chief Executive Officer (CEO)

Date signed: 11/29/2020

Subject: The Revised PhilHealth Member Registration Form (PMRF)

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PMRF

PHILHEALTH MEMBER REGISTRATION FORM

UHC v.1 January 2020

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMINDERS:

- Your PhilHealth Identification Number (PIN) is your unique and permanent number.
- Always use your PIN in all transactions with PhilHealth.
- For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
- Please read instructions at the back before filing-out this form.

PURPOSE:

REGISTRATION UPDATING/AMENDMENT

Preferred KonSu/Ta Provider

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./At)	MIDDLE NAME	NO. MIDDLE NAME <small>(Check/Augmentate only)</small>	MONONYM
MEMBER					<input type="checkbox"/>	<input type="checkbox"/>
MOTHER'S MAIDEN NAME					<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH

[]	[]	[]	[]	[]	[]	[]	[]
m	m	d	d	y	y	y	y

PLACE OF BIRTH (City/Municipality/Province/Country)
(Please indicate country if born outside the Philippines)

PHILSYS ID NUMBER (Optional)

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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SEX

Male Female

CIVIL STATUS

Single Annulled
 Married Widower
 Legally Separated

CITIZENSHIP

FILIPINO FOREIGN NATIONAL
 DUAL CITIZEN

TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional)

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

II. ADDRESS and CONTACT DETAILS

<p>PERMANENT HOME ADDRESS</p> <p>Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name</p>	<p>Home Phone Number</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><small>(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)</small></p>
<p>Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code</p>	<p>Mobile Number (Required)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE</p> <p>Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name</p>	<p>Business (Direct Line)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code</p>	<p>E-mail Address (Required for OFW)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

III. DECLARATION OF DEPENDENTS (Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./At)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO. MIDDLE NAME <small>(Check if applicable only)</small>	MONONYM	Check if with Permanent Disability
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

<p>DIRECT CONTRIBUTOR</p> <p><input type="checkbox"/> Employed Private <input type="checkbox"/> Kasambahay <input type="checkbox"/> Family Driver <input type="checkbox"/> Employed Government <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Group Enrollment Scheme <input type="checkbox"/> Foreign National PRA SRRV No. _____ ACR I-Card No. _____</p>	<p>INDIRECT CONTRIBUTOR</p> <p><input type="checkbox"/> Listahanan <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Private-sponsored <input type="checkbox"/> PAMANA <input type="checkbox"/> Person with Disability <input type="checkbox"/> KIA/KIPO PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization</p>
<p>PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Workers)</p>	
<p>MONTHLY INCOME:</p>	<p>PROOF OF INCOME:</p>
<p>For PhilHealth Use only:</p> <p><input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable</p>	

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V. UPDATING/AMENDMENT

Please check:	FROM	TO
<input type="checkbox"/> Change/Correction of Name <small>(Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)</small>		
<input type="checkbox"/> Correction of Date of Birth		
<input type="checkbox"/> Correction of Sex		
<input type="checkbox"/> Change of Civil Status		
<input type="checkbox"/> Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address		

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.



Member's Signature over Printed Name Date

Please affix right thumbmark if unable to write

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RECEIVED BY:

Full Name: _____

PRO/LHIO/Branch: _____

Date & Time: _____

INSTRUCTIONS

1. All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
2. All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
3. A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.
4. On the PURPOSE, check the appropriate box if for Registration or for Updating/Amendment of information.
5. Indicate preferred KonSulTa provider near the place of work or residence.
6. For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME
SANTOS	JUAN ANDRES	III	DELA CRUZ

7. Indicate registrant's/member's name as it appears in the birth certificate.
8. The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
9. Indicate the full name of spouse if registrant/member is married.
10. Indicate the complete permanent and mailing addresses and contact numbers.
11. For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
12. For MEMBER TYPE, check the appropriate box which best describes your current membership status.
13. For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
14. For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
15. In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.
16. Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).
17. The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.

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DOCUMENTARY REQUIREMENTS

REGISTRATION/AMENDMENT	PROOF OF IDENTITY/RELATIONSHIP
<p>Member</p>	<ul style="list-style-type: none"> • Birth/Baptismal Certificate with registry number or any valid government issued Identification Card (ID) with date of birth such as, but not limited to: <ul style="list-style-type: none"> - Passport - Driver's License - Professional Regulations Commission (PRC) ID - Integrated Bar of the Philippines ID - National Bureau of Investigation (NBI) Clearance - Police Clearance - Postal ID - Voter's ID - GSIS e-Card or SSS UMID Card - Senior Citizen ID - OWWA ID - OFW ID - TIN ID - DSWD ID - Government Office and Government Owned & Controlled Corporation (GOCC) ID, e.g. AFP ID, HDMF ID, PhilHealth ID - Company IDs issued by private entities or institutions registered with or supervised or regulated either by the Banko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC) - Alien Certification of Registration/Immigrant Certification of Registration
Dependents	
<p>Legal Spouse who is not an active member</p>	<ul style="list-style-type: none"> • Marriage Certificate/Contract with registry number • For Muslim spouse, Affidavit of Marriage issued by the National Commission on Muslim Filipinos, shall pass through the Shari'a Court and must be registered/authenticated in the PSA
Children	
<p>Unmarried and unemployed legitimate, illegitimate children below 21 years of age</p>	<ul style="list-style-type: none"> • Birth or Baptismal Certificate with registry number or in its absence, a notarized affidavit of two disinterested persons attesting to the date of birth; or • A copy of duly accomplished Certificate of Live Birth with the signature of attendant at birth, the informant and the hospital staff who prepared the Certificate of Live Birth.
<p>Legally adopted children below 21 years of age</p>	<ul style="list-style-type: none"> • Court Decree of Adoption

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REGISTRATION/AMENDMENT	PROOF OF IDENTITY/RELATIONSHIP
Stepchildren below 21 years of age	<ul style="list-style-type: none"> • Marriage Certificate with registry number between the biological parents and stepmother/stepfather; and, • Birth Certificate/s with registry number of the stepchildren
Mentally or physically disabled children who are 21 years or above	<ul style="list-style-type: none"> • Birth Certificate with registry number and Medical Certificate issued by the attending physician stating and describing the extent of disability
Foster Children as defined in RA 10165 (Foster Care Act of 2012)	<ul style="list-style-type: none"> • Birth Certificate with registry number/ Foundling Certificate/Child Profile; and, • Foster Family Care License and Foster Placement Authority (FPA)
Minor Registrant	<ul style="list-style-type: none"> • Birth Certificate with registry number of the minor-registrant.
PROOF OF INCOME	
<p>Any of the following:</p> <ul style="list-style-type: none"> • Duly signed PMRF • Latest BIR-received Income Tax Return (ITR) or Certificate of No Income • Latest Pay Slip (or Certificate of Separation from Employment) • Latest Financial Statement • Overseas Employment Contract • Certificate of Financial Assessment • Certificate of Income from LGUs/ Authorized Organization • Certificate of Membership with Monthly Income issued by association of vendors and drivers and other affiliated organizations • Other documents as may be determined by the Corporation 	

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