

PHILHEALTH CIRCULAR

No. 2026-0003

TO : ALL EMPLOYERS IN THE GOVERNMENT AND PRIVATE SECTORS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Issuance of the Certificate of Good Payment Standing (CGPS)

I. RATIONALE

Article 8, Section 52 of Republic Act No. 12009, otherwise known as the "New Government Procurement Act," states that "The documents submitted to support the issuance of the Philippine Government Electronic Procurement System (PhilGEPS) Certificate of Registration and Membership shall be subject to validation by the Bids and Awards Committee (BAC) during post-qualification."

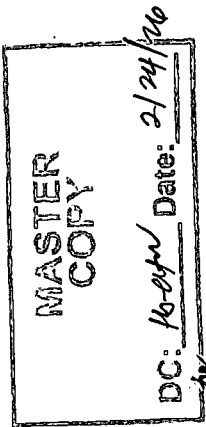
Furthermore, as provided in Governance Commission for Government-Owned or Controlled Corporation (GCG) Memorandum Circular No. 2021-02 on the Good Governance Conditions (GGCs) and Other Conditions and Requirements (OCRs) for the Grant of Interim Performance-Based Bonus (PBB), under Section 4.2.1 thereof, all GOCCs shall satisfy 100% of the GGCs, which includes the fulfillment of statutory liabilities of remitting mandatory contributions as certified/validated by concerned agencies including PhilHealth.

Section 56 of Republic Act 7875 as amended, otherwise known as the National Health Insurance Act of 2013 states that "Notwithstanding any law to contrary, all government agencies issuing professional or business license or permit, shall require all applicants to submit certificate or proof of payment of PhilHealth premium contributions, prior to the issuance or renewal of such license or permit."

In view thereof, these guidelines are issued to fulfill the above-mentioned mandates and timely adhere with the prescribed processing time mandated by RA. No. 11032, or the Ease of Doing Business and Efficient Government Delivery Act of 2018 under its Citizen's Charter requirement.

II. OBJECTIVES

This PhilHealth Circular aims to provide a uniform policy for the issuance of the Certificate of Good Payment Standing (CGPS) to requesting employers for such



purposes, but not limited to, the granting of the Performance Based-Bonus, Bids and Awards Committee requirements or renewal of business licenses.

III. SCOPE

This PhilHealth Circular applies to all employers requesting for the issuance of the Certificate of Good Payment Standing and establishes the framework for the use of Certificate of Good Payment Standing (CGPS) in various official transactions, such as but not limited to, (1) verification by the Bids and Awards Committee (BAC) during bidding process, (2) compliance with the requirements for the grant of the Performance-Based Bonus (PBB), and (3) those business requirements for renewal and other legitimate uses as determined by PhilHealth's Regional Office/s or Local Health Insurance Office/s.

IV. DEFINITION OF TERMS

- A. **Bids and Awards Committee (BAC)** - the Committee established in accordance with Article V of Republic Act No. 12009 or The New Government Procurement Act;
- B. **Contributions Database** - the database of paid and posted premium contributions of all PhilHealth members including the paid and posted interest, surcharges and penalties of employers.
- C. **Employer** - a natural or juridical person who employs the services of an employee.
- D. **Fiscal year** - a twelve-month (12) period which can start and end at any point during the year.
- E. **Good Payment Standing** - the status of an employer who has no gaps, underpayment and/or unposted payment within one (1) fiscal year coverage.
- F. **Governance Commission for Government-Owned or -Controlled Corporation (GCG)** - created under Republic Act No. 10149 (RA No. 10149), otherwise known as the "GOCC Governance Act of 2011", as the central policy-making and regulatory body mandated to safeguard the State's ownership rights and ensure that the operations of GOCCs are transparent and responsive to the needs of the public.
- G. **Government-Owned or Controlled Corporation (GOCC)** - any agency organized as a stock or nonstock corporation, vested with functions relating to public needs whether governmental or proprietary in nature, and owned by the Government of the Republic of the Philippines directly or through its instrumentalities either wholly or, where applicable as in the case of stock corporations, to the extent of at least a majority of its outstanding capital stock.

MASTER
COPY
DC: 10049 Date: 2/24/2010

H. Philippine Government Electronic Procurement System (PhilGEPS) - the electronic system that serves as the primary and definitive source of information on government procurement.

V. POLICY STATEMENTS

A. Issuance of Certificate of Good Payment Standing (CGPS)

1. All employers requesting for the issuance of the Certificate of Good Payment Standing (CGPS) shall visit the nearest Local Health Insurance Office and submit a duly accomplished "Request for Certificate of Good Payment Standing Form" (Annex A).

Alternatively, the employer may submit their request digitally by sending the accomplished form directly to the concerned PhilHealth Accounts Information Management Specialist (PAIMS), which shall trigger the initial validation process.

- a. If the request shall be filed through a representative, an Authorization Letter from the employer shall be provided together with one (1) photocopy of the employer's government-issued identification card (ID) and one (1) photocopy of the representative's government-issued ID;
 - b. Only complete documents as prescribed herein shall be received and processed.
2. CGPS requests shall be endorsed to the concerned PAIMS to validate the accuracy, regularity and completeness of paid and posted premium payments and reports for the requested applicable period/s of the employer from the contribution database prior to the preparation of the CGPS and approval of the concerned LHIO Head or his/her duly authorized representative.
 3. The issued CGPS shall only be considered valid if it is affixed with the corresponding dry seal.
 4. Preparation and approval of the CGPS (Annex B) shall be completed within five (5) working days upon receipt of the request.
 5. Issuance of CGPS shall be on a PhilHealth Employer Number (PEN) basis.
 6. Employers with arrearages or unposted reports shall be advised to settle deficiencies immediately prior to the issuance of a certification. Non-compliant employers shall be notified through a "Letter of Payment Discrepancies" (Annex C), signed by the concerned LHIO Head or his/her duly authorized representative within five (5) working days.
 7. Arrearages or deficiencies incurred prior to the applicable months within the fiscal year being requested shall be treated and dealt with separately in accordance with the provisions of PhilHealth Circular No. 2021-0010 (Handling

MASTER COPY
DC: *1601* Date: *2/24/26*

of Employer Requests to Compromise, Waive or Release, in Whole or in Part, Interests and/or Surcharges and Payment of Premium Arrears through Installment Arrangements).

8. Any further inquiries regarding the request shall be directly coordinated with the issuing Office.

B. Monitoring and Evaluation

1. PhilHealth shall monitor the implementation of this PhilHealth Circular following the current monitoring rules and guidelines of the Corporation.
2. PhilHealth shall establish strict control mechanisms to prevent non-compliance with the existing rules and introduce enhancement of this policy as necessary.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with the pertinent provisions of Republic Act No. 7875, as amended by Republic Act No. 9241 and Republic Act No. 10606 (National Health Insurance Act of 2013), Republic Act No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations, including the PhilHealth Rules on Administrative Cases (PROAC).

VII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared invalid by any court of law or competent authority, provisions not affected by such declaration shall remain in full force and effect.

VIII. REPEALING CLAUSE

This PhilHealth Circular repeals the following issuances:

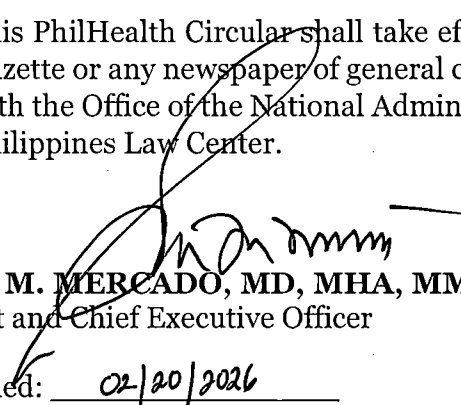
- A. PhilHealth Circular No. 0092, s-2005 re: Guidelines on the Issuance of Certificate of Good Payment Standing
- B. PhilHealth Circular No. 2015-039 re: Compliance to PhilHealth Remittance and Reporting Requirements Prior to Issuance/Renewal of Business License or Mayor's Permit

All other PhilHealth Circulars, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

MASTER COPY
DC: *hpap* Date: *2/24/20*

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately upon publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.


EDWIN M. MERCADO, MD, MHA, MMSc
President and Chief Executive Officer

Date signed: 02/20/2026

MASTER COPY
DC: 16049 Date: 2/24/2026

Issuance of the Certificate of Good Payment Standing (CGPS)

Handwritten notes:
2/24/2026
16049

Annex A: Request for Certificate of Good Payment Standing Form



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 (02) 8662-2588 www.philhealth.gov.ph
 PhilHealthOfficial teamphilhealth

REQUEST FOR CERTIFICATE OF GOOD PAYMENT STANDING FORM

Important Reminder: Please provide all required information in this form. Forms with incomplete information shall not be processed.

PhilHealth Employer Number (PEN):	
Name of Agency/Office/Department (for Government Sector)/Business/Firm/Employer (for Private Sector):	
Address of Agency/Office/Department/Business/Firm/Employer:	
Contact Person:	
E-mail Address	Contact Number:
Fiscal Year Coverage (Must be twelve-month period):	
Purpose of the request: <input type="checkbox"/> Bids and Award Committee (BAC) post-qualification proceedings. <input type="checkbox"/> GCG Evaluation for the purpose of granting the PBB. <input type="checkbox"/> Other reason (specify) _____	
Name and Signature of the Employer/ Authorized Representative	

For PHILHEALTH Use only		
Received by:	PRO/LHIO:	Date Received:

MASTER COPY
 DC: *Asst* Date: *2/24/20*



Annex B: Certificate of Good Payment Standing (CGPS)



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

Control No. **CGPS-PRO** ___ - (Year) - 0000

CERTIFICATE OF GOOD PAYMENT STANDING

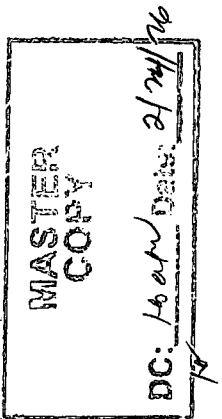
This is to certify that **(NAME OF ENTITY)** with PhilHealth Employer Number **(PEN)** and principal business address at **(Address)** has remitted the NHIP Premium Contribution in behalf of all its declared employees and submitted the corresponding reports for the period _____.

This Certification is issued upon the request of the entity for legal or official purposes, including but not limited to compliance with government regulations, procurement requirements, or other administrative needs.

Issued this ___ day of _____ (month/year) at _____.

Signature Over Printed Name
LHIO Head
Local Health Insurance Office

Dry Seal



Annex C: Letter of Discrepancies



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 (02) 8662-2588 www.philhealth.gov.ph
 PhilHealthOfficial X teamphilhealth

Date

NAME
 Title/Position
 REGISTERED EMPLOYER NAME
 REGISTERED ADDRESS

Dear Mr./Ms. _____,

Please be informed that per our contribution database, your company has not remitted the PhilHealth contributions for and in behalf of your declared employees for the following month/s:

APPLICABLE PERIOD (MM-YYYY)	AMOUNT DUE	TYPE OF PAYMENT DEFICIENCY (Under-remittance/Non-remittance/Non-reporting)
TOTAL AMOUNT DUE		

Per PhilHealth Circular No. 2026-0003 re: Issuance of Certificate of Good Payment Standing (CGPS), the requesting employer shall have no gaps, underpayment, and/or unposted payment within one (1) fiscal year coverage.

In view thereof, we regret to inform you that the Corporation is inclined to deny your request for the issuance of CGPS due to the above cited provision.

For any clarification or queries, you may directly coordinate with the assigned Accounts Officer.

Thank you.

Very truly yours,

(Signature over Printed Name)
 LHIO Head

MASTER COPY
 DC: barn Date: 2/24/26

