

TITLE	ISSUANCE OF THE CERTIFICATE OF GOOD PAYMENT STANDING (CGPS)
PC NUMBER	2026-0003

FOR ALL EMPLOYERS REQUESTING FOR CGPS**1 What is the Circular about, and who are covered?**

This policy provides uniform guidelines for the issuance of the Certificate of Good Payment Standing (CGPS) to all employers in the government and private sectors requesting certification from PhilHealth.

2 What is the Certificate of Good Payment Standing (CGPS)?

The CGPS is an official certification issued by PhilHealth that confirms an employer has completely remitted and accurately reported premium contributions for its employees, with no gaps, underpayments, or unposted payments within the fiscal year being certified.

3 What does “Good Payment Standing” mean?

It refers to the status of an employer who has no gaps, underpayment, or unposted payments within one (1) fiscal year coverage.

4 What are the purposes of the CGPS?

The CGPS is used for legal and official transactions, including but not limited to:

- Bids and Awards Committee (BAC) post-qualification proceedings;
- GCG evaluation for the purpose of granting the Performance-Based Bonus (PBB);
- Business license renewal
- Other legitimate uses determined by PhilHealth’s Regional Office/s or Local Health Insurance Office/s

TITLE	ISSUANCE OF THE CERTIFICATE OF GOOD PAYMENT STANDING (CGPS)
PC NUMBER	2026-0003

5 Who may request the issuance of CGPS?

All employers from the government and private sectors with a PhilHealth Employer number (PEN) may request the issuance of CGPS.

6 How can employers request CGPS?

Employers shall submit a duly accomplished Request for Certificate of Good Payment Standing Form (Annex A of the Circular) to the nearest Local Health Insurance Office (LHIO) or send it digitally to the concerned PhilHealth Accounts Information Management Specialist (PAIMS).

7 What are the requirements if a representative files the request?

An authorization letter from the employer, along with the photocopies (one copy each) of valid government-issued IDs of both the employer and the representative.

8 What if the submitted documents are incomplete?

Only complete documents as prescribed by the Circular shall be received and processed by concerned PAIMS.

9 What makes the CGPS valid?

The issued CGPS shall only be considered valid if it is affixed with the corresponding dry seal.

10 How long is the processing time for CGPS?

Preparation and approval of the CGPS (Annex B of the Circular) shall be completed within five (5) working days upon receipt of the request.

TITLE	ISSUANCE OF THE CERTIFICATE OF GOOD PAYMENT STANDING (CGPS)
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11 What happens if an employer has arrears or deficiencies?

Employers with arrearages or unposted reports shall be advised to settle deficiencies immediately prior to the issuance of a certificate.

Non-compliant employers shall be notified through a Letter of Payment Discrepancies (Annex C of the Circular), signed by the concerned LHIO Head or his/her duly authorized representative within five (5) working days.

12 What should an employer do if there are arrearages that are not covered by the fiscal year being requested for the CGPS?

Arrearages or deficiencies incurred prior to the months covered by the requested year follow a separate process and, if applicable, will be subject to the provisions of PhilHealth Circular No. 2021-0010: Handling 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.

13 Which identifier is used as the basis for the issuance of the CGPS?

Issuance of CGPS shall be based on the PhilHealth Employer Number (PEN).

14 Where should employers direct further inquiries about their CGPS request?

All inquiries must be coordinated directly with the issuing PhilHealth Office.

CONTACT INFORMATION

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This FAQ is based on PhilHealth Circular No. 2026-0003 on the Issuance of the Certificate of Good Payment Standing (CGPS). For the latest updates, please visit the PhilHealth website or coordinate with the nearest PhilHealth Regional Office or Local Health Insurance Office.