



PHILHEALTH EMPLOYERS' ENGAGEMENT REPRESENTATIVE (PEER)

No.

INFORMATION SHEET

Name	(Family)	(First Name)	(Middle Name)	(Suffix)
Mailing Address				
Email Address			Celphone No.:	
Date of Birth	(Month)	(Day)	(Year)	Telephone No.:
Position Title:	Fax No.:			
PhilHealth Identification Number(PIN):				

EMPLOYER INFORMATION

Name of Company/Agency			
Head of Office/Owner			
Mailing Address			
Email Address		Telephone No.:	Fax No.:
PhilHealth Employer Number(PEN)			

ADDITIONAL ID INFORMATION

In case of emergency, contact:	
Relationship:	Contact Numbers:

_____ (Signature over Printed Name)
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1 X 1 ID Picture
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>