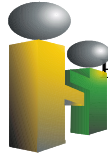


**PhilHealth  
Employer No.:**



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
Citystate Centre 709 Shaw Boulevard, Pasig City  
Healthline 637-9999 www.philhealth.gov.ph

**ER1**  
**EMPLOYER DATA  
RECORD**

1. Name of Agency/Office/Department (for Gov't. Sector)/Business/Firm/Employer (for private Sector)		TIN
2. Address of Agency/Office/ Department/Business/Firm/Employer		2a. Tel. No.
3. E-Mail Address		3a. Postal Code
4. If Regional/Branch Office, State the name and address of Main/Head Office	4a. Main/Head Office/Employer	4b. Date Operation Started
		4c. No. of Employees
5. Services Rendered/Nature of Business/Operation (for Private Sector)		
6. Type of Agency (For Gov't Sector) <input type="checkbox"/> Local <input type="checkbox"/> Corporation <input type="checkbox"/> Special Project <input type="checkbox"/> National <input type="checkbox"/> Constitutional (For Private Business/Operation) <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
I hereby certify that the above data are true and correct to the best of my knowledge and belief.		
_____	_____	_____
Date	Head of Agency or Representative	Signature
		Title or Position
<b>This portion is to be filled-up by PhilHealth</b>		
Date Received:	Evaluated by: _____ Name and Signature	Date Evaluation: