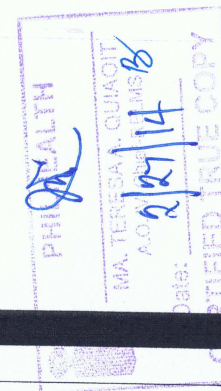


Annex A. List of Provider Assignment of DepEd Personnel



LIST OF PROVIDER ASSIGNMENT OF DepEd PERSONNEL

PhilHealth Employer No.	
DepEd Office	Name of DepEd Office

PhilHealth Identification Number (PIN)	Last Name	First Name	Middle Name	Birthdate	Residential Address	Number of PhilHealth Dependents	Preferred PCB 1 Provider
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

NOTE: For personnel without PIN, place them on the last part of the list.

Signature	Date	Signature	Date	Signature	Date
Prepared by Name Administrative/Personnel Officer		Recommending Approval Name Assistant Schools Division Superintendent		Approved by Name Schools Division Superintendent	