

REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

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PHILHEALTH IDENTIFICATION NUMBER (PIN)
PURPOSE:

-
- REGISTRATION
-
- UPDATING/AMENDMENT

Preferred KonSulTa Provider

| I. PERSONAL DETAILS | | | | | | |
|--|--|--|------------------------------|--|--------------------------|--------------------------|
| MEMBER | LAST NAME | FIRST NAME | NAME EXTENSION (SUS-IB) | MIDDLE NAME | NO. MIDDLE NAME | NO. MIDDLE NAME |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| MOTHER'S MAIDEN NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SPOUSE (if Married) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DATE OF BIRTH | PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small> | | PHILSYS ID NUMBER (Optional) | | | |
| mm dd yy | | | | | | |
| SEX | CIVIL STATUS | CITIZENSHIP | | TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widow/wid <input type="checkbox"/> Legally Separated | <input type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN | | | | |

| II. ADDRESS and CONTACT DETAILS | | | | | | |
|--|---------------|------------------------------|------------------------------------|---|--------------------------|--|
| PERMANENT HOME ADDRESS | | | | Home Phone Number | | |
| Unit/Room No./Floor | Building Name | Lot/Block/Phase/House Number | Street Name | (COUNTRY CODE + AREA CODE + TELEPHONE NUMBER) | | |
| Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | Mobile Number (Required) | |
| MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE | | | | Business (Direct Line) | | |
| Unit/Room No./Floor | Building Name | Lot/Block/Phase/House Number | Street Name | E-mail Address (Required for OFW) | | |
| Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | | |

| III. DECLARATION OF DEPENDENTS | | | | | | | (Use additional form if necessary) | | |
|--------------------------------|------------|-------------------------|-------------|--------------|----------------------------|-------------|------------------------------------|--------------------------|------------------------------------|
| LAST NAME | FIRST NAME | NAME EXTENSION (SUS-IB) | MIDDLE NAME | RELATIONSHIP | DATE OF BIRTH (mm-dd-yyyy) | CITIZENSHIP | NO. MIDDLE NAME | NO. MIDDLE NAME | Check if with Permanent Disability |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| IV. MEMBER TYPE | | | |
|--|-----------------|---|--|
| DIRECT CONTRIBUTOR <input type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme | | <input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National PRA SRRV No. _____ ACR I-Card No. _____ | |
| INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahanan <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Private-sponsored <input type="checkbox"/> PAMANA <input type="checkbox"/> Person with Disability <input type="checkbox"/> KIA/KIPO PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization | | For PhilHealth Use only: <input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable | |
| PROFESSION: <small>(Except Employed, Lifetime Members and Sea-based Migrant Worker)</small> | MONTHLY INCOME: | PROOF OF INCOME: | |

