

# ***NCC CAPACITY BUILDING PROGRAM***

**"Boosting Regional Competitiveness  
through Public and Private Partnership"**



# **PREMIUM REMITTANCE AND REPORTING**

**ROMEO R. RELAO**  
**HEAD, COLLECTION SECTION**  
**PhilHealth Regional Office V**



## REMIT PREMIUMS THROUGH:



ACCREDITED COLLECTING BANKS



CIS Bayad Centers



POST OFFICES



SM RETAIL, INC.



# REPORTING PREMIUM REMITTANCES

## Reporting Schemes

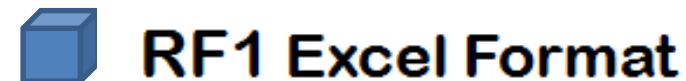
### HARDCOPY

(Optional for Kasambahays)



Monthly

### SOFTCOPY



Monthly, depending  
on the last number of  
employer's PEN



# HARDCOPY RF-1

RF-1

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Healthline 441-7444 www.philhealth.gov.ph

Revised January 2012

1

2

EMPLOYER'S REMITTANCE REPORT

THIS PORTION TO BE FILLED UP BY PHILHEALTH

1

2

3

4

5

1

PHILHEALTH NO.

2

EMPLOYER TIN

3

COMPLETE EMPLOYER NAME

4

COMPLETE MAILING ADDRESS

5

TELEPHONE NO.

6

EMAIL ADDRESS

7

EMPLOYER TYPE

8

REPORT TYPE

9

APPLICABLE PERIOD

10

PHILHEALTH IDENTIFICATION NUMBER (PIN)

11

EMPLOYEE'S INFORMATION

12

DATE OF BIRTH (mm-dd-yyyy)

13

SEX (M/F)

14

MONTHLY SALARY (BASIC PAY)

15

NHIP PREMIUM CONTRIBUTION

16

EMPLOYEE STATUS

17

LAST NAME

18

NAME SUFFIX

19

FIRST NAME

20

MIDDLE NAME

21

PS

22

ES

23

3. Separated, NE-No Earnings, NHI-Newly Hired / Effectivity Date

24

ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFERENCE NO.)

25

APPLICABLE PERIOD

26

REMITTED AMOUNT

27

ACKNOWLEDGEMENT RECEIPT NO.

28

TRANSACTION DATE

29

NO. OF EMPLOYEES

30

SUBTOTAL (PS + ES)

31

GRAND TOTAL (PS + ES)

32

PREPARED BY:

33

SIGNATURE OVER PRINTED NAME

34

OFFICIAL DESIGNATION

35

DATE

36

Indicate Total Number of employees per page

37

UNDER THE PENALTY OF THE LAW, I HEREBY ATTEST THAT THE ABOVE INFORMATIONS PROVIDED HEREIN ARE TRUE AND CORRECT.

38

Signature over printed name

39

Official Designation

40

Date

41

PAGE

42

OF

43

PAGES



# **SOFTCOPY RF-1**

## **☐ RF1 Excel Format**

### **Features:**

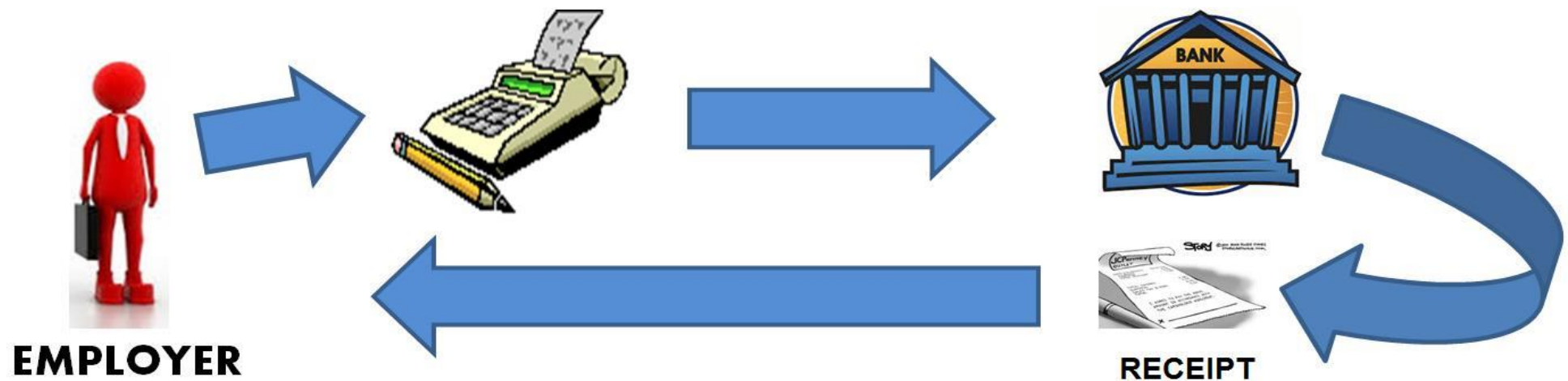
**☐ RF-1 is prepared through MS Excel Worksheet provided by PhilHealth**

**☐ File is saved as “text” (textfile)**

**☐ Textfile is submitted to PhilHealth through CD/DVD/USB**



# PREMIUM REMITTANCE AND REPORTING PROCESS



RF1





***PHILHEALTH***  
***ONLINE SERVICES***  
***EMPLOYED SECTOR***



# ePay (Electronic Payment System)

A web-based system that allows online remittance of payment of premium contributions as well as submission of textfile reports through electronic mode.

## Objectives of EPS:

1. To improve delivery of service concerning Philhealth Premium payments.
2. To provide **convenience** in the settlement of employer monthly contributions.
3. To reduce manual operation in posting members' contributions.
4. To speed up the processing & updating of employer/employee data & remittances.



# ONLINE REMITTANCE AND REPORTING PHILHEALTH EPAY SYSTEM



**EMPLOYER**

**Enroll to ePay  
thru bank**



**Upload RF1 File and  
pay in the form of  
Auto-debit**



**Bank's ePay facility**

**Bank to transmit  
RF1 File to  
Philhealth  
(via online)**



**PHILHEALTH**

**Downloads the  
RF1 File for  
processing**

**Using the Template/Program  
provided by the Bank, employer  
creates RF1 in textfile format  
and submit it through Bank's  
ePay facility.**



## **Requirements in ePay enrollment:**

1. Employer must have an existing account with the Bank offering ePay service.
2. Employer must have secured a PEN (*Philhealth Employer Number*).
3. Employer must have attended orientation on Softcopy Reporting (to generate RF1 File).

## **Benefits to Philhealth Members**

1. Remittances and reporting is more accessible and convenient.
2. Faster and more efficient remittance of Philhealth payments and submission of RF1 reports.
3. Reduce risk of being penalized by Philhealth for late remittance.
4. Employers can view the status of their payment and uploaded RF1 File online.



# EPRS

**ELECTRONIC PREMIUM REPORTING SYSTEM**



# **ELECTRONIC PREMIUM REPORTING SYSTEM (EPRS)**

## FEATURES:

- ❑ PREPARATION AND REPORTING OF RF1 IS DONE ON-LINE (INTERNET)
- ❑ GENERATES STATEMENT OF PREMIUM ACCOUNT (SPA)
- ❑ USER-FRIENDLY

## REQUIREMENTS:

- ☐ EMPLOYER MUST BE REGISTERED (WITH PHILHEALTH EMPLOYER NUMBER OR PEN)
- ☐ EMPLOYER MUST HAVE INTERNET CONNECTION AND VALID EMAIL ADDRESS
- ☐ EMPLOYER MUST HAVE AN UPDATED EMPLOYEE BASELINE WITH CORRESPONDING PHILHEALTH IDENTIFICATION NUMBER (PIN)



# ELECTRONIC PREMIUM REPORTING SYSTEM (EPRS)

## ❑ REGISTER (ONLINE/walk-in)

PhilHealth  
Your Partner in Health

Electronic Philhealth Online Access Form(ePOAF)  
ePOAF allows employers to register account to access EPRS.

(PEN)-PhilHealth Employer No. ; (PIN)-PhilHealth Identification No. ; (PEER)-PhilHealth Employers Engagement Representative

Employer Validation

\* PEN: 140224100029

\* PIN of PEER: 160000119714

Security Code: EM9RY

\* Type the security code (case sensitive):

Validate Employer

© 2012 Philippine Health Insurance Corporation | Citystate Centre, 709 Shaw Boulevard 1603 Pasig City | Call Center (+632) 441-7442

PhilHealth  
Your Partner in Health

Electronic Philhealth Online Access Form(ePOAF)  
ePOAF allows employers to register account to access EPRS.

Employer Information

\* Employer Type: GOVERNMENT

\* Employer Sub-Type:

PEN: 140224100029

Name of Employer: COMMISSION ON POPULATION

TIN:

Division Code:

Station Code:

\* Landline:

Fax No.:

\* Email Address:

Street:

\* Province: DAVAO DEL SUR

\* Municipality: DAVAO CITY

Barangay:

Zip Code:

Philhealth Employers Engagement Representative(PEER) Information

PIN: 160000119714

Name: RODRIGO M. MARBIT



# EPRS



Electronic Premium Reporting System 3.0  
 ἩΛΕΚΤΡΟΝΙΚΟ ἩΛΘΩΤΙΟΝ ΚΕΘΟΛΕΥΜΕΝΟ 3.0



**PEN :**

**Password :**

Login







Electronic Premium Reporting System 3.0

# What's inside EPRS?

---

**Employer Information**

---

**Employees Management**

---

**Remittance Management**

---

**Payment Management**

---

**Transaction Monitoring**

---

**System Settings**

---

**Tools**

---

**Employ**



# Employer Information Module



Electronic Premium Reporting System 3.0

010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

## Employer Information

Employer Profile

Employees Management

Remittance Management


Payment Management

Transaction Monitoring

System Settings

Tools

## Employer Profile

Sync 

<b>PhilHealth Employer Number (PEN)</b>	: 010000001718
<b>Name of Employer</b>	: PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V
<b>Business Address</b>	: ANST BLDG III ALTERNATE RD
<b>Employer Type</b>	: GOVERNMENT
<b>Employer Sub-Type</b>	: GOVERNMENT CORPORATION
<b>Tax Identification Number (TIN)</b>	: 003505401
<b>Name of Head</b>	: ORLANDO D IÑIGO
<b>Contact Number</b>	: 4815598
<b>Email Address</b>	: region5@philhealth.gov.ph

Displays the employer profile



# Employees Management Module

Browser address bar: <http://172.21.22.243/index.html> | Tab: Electronic Premium Reporti... X

**PhilHealth**  
Your Partner in Health  
Electronic Premium Reporting System 3.0

Friday, October 16, 2015  
Welcome LLANTERO, CYRILL R  
**LOGOUT**

**010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V**

**Employer Information**

**Employees Management**

- List of Employees
- Add New Employee
- Online Registration

**Remittance Management**

**Payment Management**

**Transaction Monitoring**

**System Settings**

**Tools**

**Employee Search**

PIN

Last Name  First Name  Middle Name

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday			
1	100000153391	ACABADO		JUDY	PALACIO	10/20/1968			
2	190001190893	ALBA		JOSEPH	VILLADAREZ	08/19/1966			
3	100250143022	ALBA		JULIE	BENDAL	01/20/1979			
4	100500303284	ALMODIEL		GYLENE	LAO	09/23/1978			
5	190001191695	ALVAREZ		DESIREE FATIMA	NASAYAO	10/13/1967			
6	100250033138	ARDALES		VICENTE	BITANCUR	07/29/1965			
7	100500461041	ARGUELLES		RHEA	GOJAR	09/24/1981			
8	100250442720	ARROYO		DARIUS	BALLESTEROS	05/17/1973			
9	100250334014	AUSTERO		LEONY PAZ	ELPEDES	01/19/1979			
10	100250204455	AYO		ARNOLD AMANCIO	AGBAY	02/10/1960			

- Displays employees masterlist
- Manage employees profile



# Remittance Management Module



Electronic Premium Reporting System 3.0

Friday, October 16, 2015  
Welcome LLANTERO, CYRILL R

LOGOUT

010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

Employer Information

Employees Management

Remittance Management

Remittance Status

Payment Management

Transaction Monitoring

System Settings

Tools

Employee Search

PIN

Last Name

First Name

Middle Name

Filter by: Active No Earnings Separated All Applicable Period: **SEPTEMBER, 2015**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
1	100000153391	ACABADO		JUDY	PALACIO	10/20/1968	A	10,000.00 - 10,999.99
2	190001190893	ALBA		JOSEPH	VILLADAREZ	08/19/1966	A	11,000.00 - 11,999.99
3	100250143022	ALBA		JULIE	BENDAL	01/20/1979	A	8,000.00 - 8,999.99
4	100500303284	ALMODIEL		GYLENE	LAO	09/23/1978	A	10,000.00 - 10,999.99
5	190001191695	ALVAREZ		DESIREE FATIMA	NASAYAO	10/13/1967	A	12,000.00 - 12,999.99
6	100250033138	ARDALES		VICENTE	BITANCUR	07/29/1965	A	9,000.00 - 9,999.99
7	100500461041	ARGUELLES		RHEA	GOJAR	09/24/1981	A	11,000.00 - 11,999.99
8	100250442720	ARROYO		DARIUS	BALLESTEROS	05/17/1973	A	10,000.00 - 10,999.99
9	100250334014	AUSTERO		LEONY PAZ	ELPEDES	01/19/1979	A	12,000.00 - 12,999.99
10	100250204455	AYO		ARNOLD AMANCIO	AGBAY	02/10/1960	A	8,000.00 - 8,999.99
11	100250322318	AYO-HAYLAR		MARICHEL	DIOQUINO	09/21/1976	A	10,000.00 - 10,999.99
12	100250322091	BACLAGAN		NOREEN	PATRICIO	01/08/1977	A	8,000.00 - 8,999.99
13	100250055557	BADONG		ARNEL	MACARO	10/10/1967	A	10,000.00 - 10,999.99

Management of employees remittance status





# Employee Remittance Status – Sub Module



010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

Employer Information

Employees Management

Remittance Management

Remittance Status

Payment Management

Transaction Monitoring

System Settings

Tools

Employee Profile

PIN : 100250213845

Last Name : CORDIS

Suffix :

First Name : CATHERINE

Middle Name : MENDEZ

Birthday : 10/24/1979

Sex : F

TIN :

SSS :

GSIS :

CRN :

Employment Status : => Active

Active  
No Earnings  
Separated

Salary Bracket : => 999.99 ▼

Submit

Reset

Updating of employee's employment status



# Employee Remittance Status – Sub Module



Electronic Premium Reporting System 3.0

## Employer Information

### Employees Management

### Remittance Management

### Remittance Status

## Payment Management

## Transaction Monitoring

## System Settings

## Tools

010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

## Employee Profile

PIN : 100250213845  
Last Name : CORDIS  
Suffix :  
First Name : CATHERINE  
Middle Name : MENDEZ  
Birthday : 10/24/1979  
Sex : F  
TIN :  
SSS :  
GSIS :  
CRN :

Employment Status:

Salary Bracket :

0.00 - 0.00  
1.00 - 4,999.99  
5,000.00 - 5,999.99  
6,000.00 - 6,999.99  
7,000.00 - 7,999.99  
8,000.00 - 8,999.99  
9,000.00 - 9,999.99  
10,000.00 - 10,999.99  
11,000.00 - 11,999.99  
12,000.00 - 12,999.99  
13,000.00 - 13,999.99  
14,000.00 - 14,999.99  
15,000.00 - 15,999.99  
16,000.00 - 16,999.99  
17,000.00 - 17,999.99  
18,000.00 - 18,999.99  
19,000.00 - 19,999.99  
20,000.00 - 20,999.99  
21,000.00 - 21,999.99  
22,000.00 - 22,999.99  
23,000.00 - 23,999.99  
24,000.00 - 24,999.99  
25,000.00 - 25,999.99  
26,000.00 - 26,999.99

Updating of employee's salary bracket





# Payment Management Module



Monday, July 6, 2015  
Welcome DE VEGA, MARK ANTHONY

LOGOUT

002000003689 - GILMORE GOURMET INC

Employer Information

Employees Management

Remittance Management

Payment Management

Payment Posting

Transaction Monitoring

Tools

## Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
19	3,800.00	3,800.00	7,600.00	FEBRUARY , 2015

MS=Member Status | BC=Bracket Code | PS=Personal Share | ES=Employer Share | TC=Total Contribution

## Preliminary Employees Premium Remittance List (PEPRL)

PIN	Last Name	First Name	Middle Name	MS	BC	PS	ES	TC
020503453437	AGBONES	NEZ MAR	NABONG	NE	0	0.00	0.00	0.00
160000283786	AÑONUEVO	REGINA	GENOVIA	A	2	100.00	100.00	200.00
020501796035	BARCITA	SALVACION	ROBREDILLO	A	W	437.50	437.50	875.00
010505274844	CANAPI	JOHN MIKKOLO	MALACAY	A	9	150.00	150.00	300.00
020502244443	COSTALES	GERWIN	ROXAS	A	4	100.00	100.00	200.00
020502658906	GADON	MARK	RAGO	A	J	275.00	275.00	550.00
190899562953	GASPAR	SOLIVAN	VALDEMOR	A	U	412.50	412.50	825.00
010505274763	GILMORE	FRANK	SANCHEZ	A	B	175.00	175.00	350.00
020503453445	HALILI	JULIE ANN	MENDOZA	A	W	437.50	437.50	875.00
020501796051	JARAPA	ALMIRA	VILLAPANDO	A	W	437.50	437.50	875.00
190892832785	JARLEGO	ROMEO	LLENAREZAS	A	1	100.00	100.00	200.00
020501796043	JORE	MARY JEAN	DIAMANTE	A	J	275.00	275.00	550.00
010500872174	LALICAN	RUDY	ANGCAJAS	A	J	275.00	275.00	550.00
020502425081	LAMANILAO	ADONIS	DUPA	A	2	100.00	100.00	200.00
070503390254	MARIÑO	MICHELLE	ALBERTO	A	1	100.00	100.00	200.00
010501291272	PADOJINOG	MARK EXXON	PASIGNA	A	6	112.50	112.50	225.00
030502323675	PECUNDO	ANNA LYN	OLIVIAGA	A	1	100.00	100.00	200.00
190901842985	TAHUM	ERNIE JHUN	MIAGUE	A	6	112.50	112.50	225.00
020501796019	VELARDO	LIZA	LOTERTE	A	3	100.00	100.00	200.00



- # Payment Posting module – PEPRL

## Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month	
34	7,837.50	7,837.50	15,675.00	SEPTEMBER, 2012	

Generate PEPRL  
Generate SPA/PPPS  
SPA History

MS-Member Status | PS-Paid Code | ES-Exempt Code | ES-Exempt Reason | ES-Total Contribution



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

### PRELIMINARY EMPLOYEES PREMIUM REMITTANCE LIST (PEPRL)

Date/Time Generated : 02/27/2013 04:41:48  
Report Type : Regular

PhilHealth Number : 004000003809

Employer Name : PHILIPPINE HEALTH INSURANCE CORPORATION-CAR

Employer Address : 4F SSS BLDG HARRISON-CLAUDIO CARANTES BAGUIO CITY BENGUET

Employer TIN : 003505401006

Employer Type : Government

No.	PhilHealth No.	Surname	Given Name	Middle Name	Applicable Period	Bracket	PS	ES	Status   Remarks
1	190000936654	ADAWAY	CATALINA	CHERNAG	09-2012	7	125.00	125.00	A
2	040000186092	ARANCA	ROMMEL	AMANGAO	09-2012	R	375.00	375.00	A
3	040000056547	DIZON	MARILYN	BINALIW	09-2012	H	250.00	250.00	A
4	040000093914	GAYAGOY	NESTOR	LINGAN	09-2012	J	275.00	275.00	A
5	040000129358	LAMSIS	GLENN CORNELIO	ANDRES	09-2012	R	375.00	375.00	A
6	190504972368	LORENZO	MARVIN	CORDERO	09-2012	R	375.00	375.00	A



- # Payment Posting module – Generated SPA



*Republic of the Philippines*

## PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Healthline: 441-7444 Website: [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



### STATEMENT OF PREMIUM ACCOUNT (SPA)

PEN : 004000003809

SPA NO : SPA100000007861

EMPLOYER TYPE : Government

DATE : 02/27/2013

Business/Agency Name : PHILIPPINE HEALTH INSURANCE CORPORATION-CAR

Attention : PhilHealth Employer Engagement Representative (PEER)

Remittance Due Date  
*On or Before 10 October 2013*

#### CURRENT SPA CHARGES

Posting Due Date  
*On or Before 15 October 2013*

Applicable Month : September 2012

No. of Employees : 34

#### Amount of Premium:

Employee Share 7,837.50



- Payment Posting module – SPA History

Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
34	7,837.50	7,837.50	15,675.00	SEPTEMBER, 2012





Generate PEPRL

Generate SPA/PPPS

SPA History

MS=Member Status | BC=Bracket Code | PS=Personal Share | ES=Employer Share | TC=Total Contribution

STATEMENT OF PREMIUM ACCOUNT (SPA) HISTORY

SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
<a href="#">SPA100000007861</a>	09-2012	7,837.50	7,837.50	15,675.00	34	Regular	02/27/2013	
<a href="#">SPA100000007724</a>	12-2012	5,200.00	5,200.00	10,400.00	27	Regular	02/23/2013	
<a href="#">SPA100000007723</a>	11-2012	5,200.00	5,200.00	10,400.00	27	Regular	02/23/2013	
<a href="#">SPA100000007722</a>	10-2012	5,200.00	5,200.00	10,400.00	27	Regular	02/23/2013	


4 Record/s Found



# Payment Posting

## PAYMENT FOR POSTING


SPA NO. : SPA100000008421  
SPA DATE : 03/05/2013  
APPLICABLE PERIOD : 07-2012  
PERSONAL SHARE : 30,500.00  
EMPLOYER SHARE : 30,500.00  
GRAND TOTAL : 61,000.00  
NO. OF EMPLOYEES : 112  
REPORT TYPE : Regular

PAYMENT OPTION: Banks/ACA's 

Select Accredited Collecting Agents

CITIBANK

PAR NO. : 38710146

PAR DATE: 07/20/2012 

Submit

Select Accredited Collecting Agents

Select Accredited Collecting Agent

Select Accredited Collecting Agent

1ST VALLEY BANK (RURAL BANK OF KAPATAGAN VALLEY, INC.)  
ALLIED BANKING CORPORATION  
ASIA TRUST BANK  
ASIA UNITED BANK  
ASIAN BANK CORPORATION  
BANCNET  
BANCO DE ORO  
BANGKO KABAYAN-IBAAN RURAL BANK, INC.  
BANGKO PASIG  
BANK OF COMMERCE  
BANK OF PHILIPPINE ISLANDS  
BANK ONE SAVINGS & TRUST COMPANY  
BDO-EQUITABLE-PCI BANK  
BPI-GLOBE BANKO  
BUKIDNON COOPERATIVE BANK  
CANTILLAN BANK, INC.  
CENTURY RURAL BANK  
CENTURY SAVINGS BANK  
CHINA BANK SAVINGS



# Transaction Monitoring Module



Friday, October 16, 2015  
Welcome LLANTERO, CYRILL R

LOGOUT

010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

Online Posting Transaction History  
Transaction with SPA

[View Transaction Without SP](#)

Employer Information  
Employees Management  
Remittance Management  
Payment Management  
**Transaction Monitoring**  
Transaction History  
System Settings  
Tools

	SPA No.	ACA	OR No.	OR Date	Month Covered	Total Employees	Total Amount	Status Report	Date	Notification		
	SPA100003762452	PHIC	60859534	09/04/2015	08-2015	95	57,100.00	Posted	09/30/2015			
	SPA100003555539	DBP	301729608	08/04/2015	07-2015	95	57,100.00	Posted	09/07/2015			
	SPA100003338139	PHIC	60826249	06/30/2015	06-2015	95	57,100.00	Posted	07/28/2015			
	SPA100003175005	PHIC	59061899	05/29/2015	05-2015	95	57,100.00	Posted	06/23/2015			
	SPA100003033739	PHIC	59046751	05/11/2015	04-2015	95	56,175.00	Posted	05/14/2015			
	SPA100002860459	PHIC	57824731	03/31/2015	03-2015	95	56,525.00	Posted	05/14/2015			
	SPA100002762210	PHIC	57806207	03/04/2015	02-2015	95	56,525.00	Posted	03/20/2015			
	SPA100002611240	PHIC	57794046	02/09/2015	01-2015	95	56,550.00	Posted	02/12/2015			

- Provides summary of reports
- View/print eRF1





# System Setting Module



Electronic Premium Reporting System 3.0

Wednesday, October 21, 2015

Welcome LLANTERO, CYRILL R

LOGOUT ↓

010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

## Module Management

Employer Information

Employees Management

Remittance Management

Payment Management

Transaction Monitoring

**System Settings**

Module Management

Tools

## Additional Module

☐ File Uploading

Submit

Reset



# Tools



Electronic Premium Reporting System 3.0

Wednesday, October 21, 2015  
Welcome LLANTERO, CYRILL R

LOGOUT

010000001718 - PHILIPPINE HEALTH INSURANCE CORPORATION - REGION V

Employer Information

Employees Management

Remittance Management

Payment Management

Transaction Monitoring

System Settings

Tools

User Profile

## User Information

User Name : 010000001718  
Last Name : LLANTERO  
First Name : CYRILL  
Middle Name : R  
Designation : FISCAL EXAMINER A  
Email Address : cllantero@yahoo.com  
Date of Activation : 6/18/2013

## USER RESET PASSWORD

Old Password :   
New Password :  (case sensitive/alphanumeric only)  
Re-type New Password :  (case sensitive/alphanumeric only)

Reset

Clear



# WHY DO WE NEED TO USE ONLINE SERVICES?



# HCI PORTAL


**Generates PhilHealth Benefit Eligibility Form (PBEF). HCI portal checks the eligibility of the member and their dependent/s from PhilHealth's membership & contribution database.**



# PHILHEALTH ONLINE SOLUTION FOR HEALTH CARE INSTITUTIONS

## HEALTH CARE INSTITUTION (HCI) PORTAL

← → ↺ 🏠 training-svr/ihcp/index.html

 **PhilHealth**  
Your Partner in Health

**NATIONAL KIDNEY AND TRANSPLANT INSTITUTE**

Monday, June 30, 2014  
Welcome [j nktioz]  
**LOGOUT**

**Facility Information**  
**PHIC Inquiry**  
Members  
PBEF History  
Claims Transmittal

**PICRS**  
Pre-cataract  
Authorization  
Primary Care  
Point of Care  
Z Benefit Package  
HCP Affiliation  
Tools  
version 2.6

### Search PhilHealth Member

PIN  🔍

Last Name  First Name  Date of Birth    🔍


PIN	Last Name	Suffix	First Name	Middle Name	Birthday
0 Record/s Found					



# ***REGISTRATION PROCESS (EMPLOYED SECTOR)***



## EMPLOYED SECTOR (GOVERNMENT AND PRIVATE)

<b>PhilHealth Employer No.:</b>		 <b>PHILIPPINE HEALTH INSURANCE CORPORATION</b> Republic of the Philippines Citystate Centre 709 Shaw Boulevard, Pasig City Healthline 637-9999 www.philhealth.gov.ph		<b>ER1</b> 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	
This portion is to be filled-up by PhilHealth					
Date Received:		Evaluated by: _____		Date Evaluation:	
		Name and Signature			

## COMPANY REGISTRATION

**ER1**

Attachments:

- ☐ SEC / DTI / CDA Registrations
- ☐ License to Operate



# EMPLOYED SECTOR (GOVERNMENT AND PRIVATE)

ENGLISH VERSION

This form can be reproduced and is not for sale.

**PMRF**  
PHILHEALTH MEMBER REGISTRATION FORM  
October 2010  
PhilHealth Identification Number (PIN)

☐ FOR ENROLLMENT ☐ FOR UPDATING

**1. MEMBER INFORMATION**

Last Name	Name Suffix	First Name	Middle Name
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated
Residential Address		Tax Identification Number (TIN)	Nationality

PLEASE READ INSTRUCTION AT THE BACK BEFORE ACCOMPLISHING THIS FORM

**PHILHEALTH**  
REPORT OF EMPLOYEE-MEMBERS

(CHECK APPLICABLE BOX)  
☐ INITIAL LIST (Attach to PhilHealth Form Er1)  
☐ SUBSEQUENT LIST

**Er2**

NAME OF EMPLOYER/FIRM:			EMPLOYER NO.			
ADDRESS:			E-MAIL ADDRESS:			
PHILHEALTH SSS/GSIS NUMBER	NAME OF EMPLOYEE	POSITION	SALARY	DATE OF EMPLOY- MENT	(DO NOT FILL) EFF. DATE OF COVERAGE	PREVIOUS EMPLOYER (IF ANY)
TOTAL NO. LISTED ABOVE:			PAGE ____ OF ____ SHEETS		SIGNATURE OVER PRINTED NAME	

TO BE ACCOMPLISHED IN DUPLICATE

## MEMBER-EMPLOYEE REGISTRATION

☐ **PMRF**

for employees without  
PhilHealth Identification  
Number (PIN)

☐ **ER2**


List of newly hired employees  
(with and without PIN)



# DUTIES AND RESPONSIBILITIES OF EMPLOYERS

- Inform **PhilHealth** of any change in company data/status such as:
  - ✓ change in company address;
  - ✓ change of business name; or
  - ✓ temporary/permanent cessation of business operations

TO BE ACCOMPLISHED IN DUPLICATE PLEASE READ INSTRUCTIONS AT THE BACK

 Republic of the Philippines <b>PHILIPPINE HEALTH INSURANCE CORPORATION</b> <small>PRO ADDRESS &amp; CONTACT NUMBER</small>		<b>ER-3</b>  EMPLOYER DATA AMENDMENT FORM <b>April 2004</b>
PhilHealth Employer No. <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> <span style="width: 10%;"> </span> </div>		
1. Complete Name of Agency/Business/Firm/Employer		
2. Address of Agency/Business/Firm/Employer		Postal Code 
3. Change/Correction of Name of Agency/Business/Firm/Employer Previous : _____ Present : _____		
4. Change/Correction of Address of Agency / Office / Department / Business / Employer Previous : _____ Present : _____		
5. Change of Legal Personality From : <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____ <small>Please specify</small>		6. Change of Authorized Signatory Present : _____ Name Title or Position Signature Previous : _____ Name Title or Position Signature
7. Merger / Consolidation of Companies Name of Surviving Company : _____ PhilHealth Employer Number : _____ Name(s) of Absorbed Company(ies) : _____ (1) _____ (2) _____ (3) _____ <small>(In case of lack of space, you may use additional sheet.)</small>		8. Temporary Suspension of Operation <input type="checkbox"/> Fire <input type="checkbox"/> Demolition <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Separation of Employees <input type="checkbox"/> Others _____ <small>Please specify</small>
9. Correction of Employer TIN From : _____ To : _____		10. Termination / Dissolution of Operation <input type="checkbox"/> Merger <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Change of Legal Personality <input type="checkbox"/> Others _____ <small>Please specify</small>
11. Change of Ownership Reason/s : _____ From : _____ (Complete Name) Date of Effectivity : _____ To : _____ (Complete Name) <small>(month) (day) (year)</small>		12. Report on Resumption of Operation Date of Effectivity : _____ <small>(month) (day) (year)</small>
I hereby certify that the above data are correct to the best of my knowledge and belief.  Date _____ Head of Agency or Authorized Representative _____ Signature _____ Title or Position _____		
THIS PORTION IS TO BE FILLED UP BY PHILHEALTH		
Received by:	Date:	Processed by:
Encoded by:	Date:	Approved by:

Note : This Form can be reproduced but is not for sale.




# DUTIES AND RESPONSIBILITIES OF MEMBERS

- Change of civil status/  
Change of name
- Additional Dependents
- Change of address


ENGLISH VERSION

This form can be reproduced and is not for sale.

 <b>Republic of the Philippines</b> <b>PHILIPPINE HEALTH INSURANCE CORPORATION</b> <small>Citystate Centre, 709 Shaw Blvd., Pasig City                      Healthline : 837-9999 www.philhealth.gov.ph</small>		<b>PMRF</b> <b>PHILHEALTH MEMBER REGISTRATION FORM</b> <small>October 2010</small> PhilHealth Identification Number (PIN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<b>IMPORTANT REMINDERS</b> 1. Your PhilHealth Identification Number (PIN) is your unique and lifetime number. 2. The issuance of PIN does not automatically qualify you and your dependents to be entitled to NHIP benefits. 3. Always use your PIN in paying your contributions and availing of NHIP benefits.			
Please read instructions at the back before accomplishing this form. <span style="float: right;"> <input type="checkbox"/> FOR ENROLLMENT    <input type="checkbox"/> FOR UPDATING                 </span>			
<b>1. MEMBER INFORMATION</b>			
Last Name		Name Suffix	
First Name		Middle Name	
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated
Residential Address		Tax Identification Number (TIN)    Nationality	
Unit/Room No., Floor	Building Name	House/Building No.	Street
Barangay		City/Municipality	Province
Subdivision/Village		Zip Code	
Contact Information			
Telephone No.		Cell Phone No.	Email Address
<b>2. LIST OF DEPENDENTS</b> (Please use separate sheet if necessary)			
<b>2.1 Spouse</b> (if legally married)			
Last Name	Name Suffix	First Name	Middle Name
Date of Birth (mm-dd-yyyy)	PhilHealth Identification Number (if applicable)		
<b>2.2 Children below 21 years old</b> (unmarried & unemployed) and/or Children 21 years old or above with permanent disability			
Last Name	Name Suffix	First Name	Middle Name
Date of Birth (mm-dd-yyyy)	Sex (M or F)	Check if w/ Permanent Disability	
<b>2.3 Parents who are 60 years old or above</b>			
Parents	Last Name	Name Suffix	First Name
Father	Middle Name	Date of Birth (mm-dd-yyyy)	PIN (if applicable)
Mother (Maiden Name)			
<b>3. MEMBERSHIP CATEGORY</b>			
<b>3.1 Employed Member</b> <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Household Help <b>3.2 Overseas Filipino Worker</b> <input type="checkbox"/> <b>3.3 Sponsored Member</b> (Household ID no., if applicable) <b>3.4 Lifetime Member (Retiree/Pensioner)</b> Date/Effectivity of Retirement: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<b>3.5 Individually Paying Member</b> Self-employed <input type="checkbox"/> Professional (specify profession): _____ <input type="checkbox"/> Non-Professional (specify occupation): _____ Estimated Monthly Family Income for the past 12 months: <input type="checkbox"/> P25,000 & Below <input type="checkbox"/> Above P25,000 <input type="checkbox"/> KaSAPI <input type="checkbox"/> Group Enrollment <b>3.6 Others</b> (specify): _____	
I hereby certify that the above information are true and correct. <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto;"></div> Name and Signature    Date		<b>THIS PORTION TO BE FILLED UP BY PHILHEALTH</b> Received by: _____ Date: _____ Evaluated by: _____ Date: _____	



# MEMBER DATA RECORD (MDR)



Republic of the Philippines  
**Philippine Health Insurance Corporation**  
880 Esqueja Bldg. Quezon Ave., Quezon City  
332-1550 332-1551

## MDR

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**MEMBER DATA RECORD**

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**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : **190250395144**  
Member Category : GOVERNMENT

**Juana Dela Cruz**  
MANDALUYONG CITY, SECOND DISTRICT  
1501

Foreign Address : N/A      Sex : Female  
Date of Birth : 05/24/1974  
Place of Birth : MANDALUYONG CITY  
Civil Status : MARRIED  
Tax Identification Number :  
Contact No. (Foreign) : N/A  
(Local) : 5328411

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**EMPLOYER/ORGANIZED GROUP INFORMATION**

Philhealth Number (PEN/POGN) : 001000023816  
Name of Employer/Organized Group : PHILIPPINE HEALTH INSURANCE CORPORATION -NCR  
Business Address : 10/F LR SUNNYMEDE ITC BLDG 1614 QUEZON AVENUE, QUEZON CITY, SECOND DISTRICT  
Telephone Number : 4415258  
Tax Identification Number : N/A

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**DEPENDENT INFORMATION**

No.	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
01						
02	DELA CRUZ	JUAN		MALE	SPOUSE	6/21/1970
03						

\*\*\* NQJIBING FOLLOWS \*\*\*

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**LOLITA V. TULIAO**  
 Branch Manager  
 NCR Central (Quezon City)

This is a system generated report. Signature is not required.  
 2/8/2012 4:50 PM    20232200    / 30103108    / 05/31/2000    10/18/2010

- ❑ MDR is issued to members upon registration together with the PhilHealth Identification Card
- ❑ MDR reflects the member's information as provided upon registration/amendment. It also include the member's dependent/s.



