



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF AKLAN

February 2, 2021

DIVISION MEMORANDUM

No. 27, s. 2021

**PHILHEALTH KONSULTASYONG SULIT AT TAMA
(PhilHealth Konsulta Package)**

To: **Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
All Others Concerned**

1. Attached is a copy of the letter from PhilHealth regarding their new program, the "Philhealth Kosultasyong Sulit at Tama (PhilHealth Konsulta Package), content of which is self-explanatory.
2. In this connection, all permanent teaching, teaching-related and non-teaching personnel are hereby directed to completely fill out the attached form (PMRF) and submit to Division Office c/o Personnel Section on or before **February 15, 2021**.
3. The PMRF will be submitted to PhilHealth office for updating of the record of every employee.
4. For your guidance and immediate compliance.


MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent



/MTB



Poblacion, Numancia, Aklan

Tel/Fax No. (036) 265 3744 | (036) 265 3737 | (036) 265 3738 | (036) 265 3740 | (036) 265 3741

Website: <http://www.depedaklan.org>

Email Address: aklan.1958@deped.gov.ph

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

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.

PURPOSE:

-
- REGISTRATION
-
- UPDATING/AMENDMENT

Preferred KonSulTa Provider

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr., Sr., III)	MIDDLE NAME	NO MIDDLE NAME	MONONYM
MEMBER					<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 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	PHILSYS ID NUMBER (Optional) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
m	m	d	d	y	y	y	y																													
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated	CITIZENSHIP <input type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																	

II. ADDRESS and CONTACT DETAILS

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

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr., Sr., III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME	MONONYM	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"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

DIRECT CONTRIBUTOR <input type="checkbox"/> Employed Private <input type="checkbox"/> Kasambahay <input type="checkbox"/> Family Driver <input type="checkbox"/> Employed Government <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme			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					
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)			MONTHLY INCOME:			PROOF OF INCOME:		
			<input type="checkbox"/> Point of Service (POS) Financially Incapable			<input type="checkbox"/> Financially Incapable		

V. UPDATING/AMENDMENT

Please check:	FROM	TO
<input type="checkbox"/> Change/Correction of Name <small>(Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)</small>		
<input type="checkbox"/> Correction of Date of Birth		
<input type="checkbox"/> Correction of Sex		
<input type="checkbox"/> Change of Civil Status		
<input type="checkbox"/> Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address		

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.



Please affix right thumbmark if unable to write

_____ **Member's Signature over Printed Name** _____ **Date**

FOR PHILHEALTH USE ONLY

RECEIVED BY:

Full Name:

PRO/LHIO/Branch:

Date & Time:

INSTRUCTIONS

1. All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
2. All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
3. A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.
4. On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.
5. Indicate preferred KonSulTa provider near the place of work or residence.
6. For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

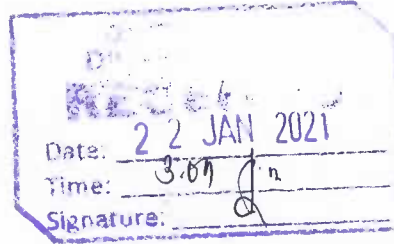
LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME
SANTOS	JUAN ANDRES	III	DELA CRUZ

7. Indicate registrant's/member's name as it appears in the birth certificate.
8. The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
9. Indicate the full name of spouse if registrant/member is married.
10. Indicate the complete permanent and mailing addresses and contact numbers.
11. For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
12. For MEMBER TYPE, check the appropriate box which best describes your current membership status.
13. For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
14. For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
15. In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.
16. Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).
17. The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.



January 22, 2021

DR. MIGUEL MAC D. APOSIN, EdD, CESO V
Schools Superintendent
Division of Aklan
Poblacion, Numancia, Aklan



Dear Dr. Aposin:

Greetings from PhilHealth!

With the passage of Republic Act No. 11223 or the Universal Health Care (UHC) Act, PhilHealth aspires to achieve the UHC goals by ensuring that all Filipinos shall have access to a comprehensive set of quality and cost effective, promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship and prioritize the needs of the population who cannot afford such services”.


Relative to this, PhilHealth will launch its program the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta Package) in the province.

In line with this, several activities are to be done. To successfully implement this program a clean list of members and their dependents are vital for the registration and ease in availment of the said benefit package. Being one of the beneficiaries of the program, may we request that all members of your division will get registered or update their record to include their dependents. They can also visit first our web site, www.philhealth.gov.ph and get access of the member's portal to be able to check the completeness of their data and or submit the duly accomplished PMRF to our office for updating/correction.

Should there be any clarification on your participation to this activity, allow us to visit your office at your convenient time and we discuss further your concerns.

Thank you.

Sincerely,


BIEN PAUL S. OBORDO
Chief of Social Insurance Officer

