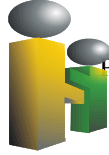


**PhilHealth
Employer No.:**



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
This portion is to be filled-up by PhilHealth		
Date Received:	Evaluated by: _____ Name and Signature	Date Evaluation: