

PHILHEALTH PREMIUM PAYMENT SLIP



PIN/POGN/PEN/PSN :

MEMBER'S NAME: _____
(SURNAME) (GIVEN NAME) (MIDDLE NAME)

HOUSEHOLD EMPLOYER/
SPONSOR/AGENCY NAME : _____

MEMBER TYPE: (Please mark only one)

- Informal Sector (Voluntary) - **V** Self-Earning Individual - **S** OFW - **F** Organized Group - **K**
- Household Help/Kasambahay - **H** Sponsored - **L** Filipino w/ Dual citizenship - **D**
- PRA foreign retiree - **E** Other foreign citizen working and/or residing in the Philippines - **M**

*For Formal Economy (Private-P/Government-G Employer) and Point of Service (POS FC-Q),
Statement of Premium Account or SPA should be presented instead of PPPS*

APPLICABLE PERIOD:

FROM To
M M Y Y M M Y Y

MEMBER CONTACT NO./EMAIL ADDRESS

AMOUNT PAID ►

Php

**NOTE: For Household Help employer,
please submit your Remittance Report
(RF1) to PhilHealth after payment.**

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