

# 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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