

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

INSTRUCTIONS

1. An employer who is not yet registered with PhilHealth will submit this form in two (2) copies together with the "Employer Data Record", in two (2) copies also.
2. An employer already registered with PhilHealth will submit this form in two (2) copies to PhilHealth to report (a) newly hired employee(s). The PhilHealth Number of the employee (which was shown to the Employer) should be written in the first column of this form.
3. ALL COLUMNS SHALL BE FILLED CORRECTLY, except the column with the heading "EFF. DATE OF COVERAGE".
4. IT IS IMPORTANT THAT YOU INDICATE YOUR REGISTERED NAME AND EMPLOYER NUMBER IN YOUR REMITTANCE (PhilHealth Form RF1) ACCURATELY. OTHERWISE, YOUR PAYMENTS CAN NOT BE CREDITED TO YOUR ACCOUNT.