PhilCare
Make Health Happen

MEMBERSHIP UPDATE FORM (MUF)

Please make the following changes in your record of employees and/or dependent of

REQUIRED REQUIRED (AGMT NO)

_____ under sub-office _____, covered by Group Contract _____.

(Name Of Company) *(Agreement No.)*

Employee Number	Enrollee's Name			Name of Principal (If Enrollee is a Dependent)	Birthdate (MM/DD/YY)	Sex (M/F)	Occupation/ Job Position/Rank	Desired Plan (Based on the Agrmt.)	Civil Status (S/M/Sep/W)	Regularization Date	Desired Action Code	Relation-ship Code	Effective Date	Remarks
	Last Name	First Name	Middle Initial											

LEGEND for Action Code

A	-	Additional Principal (New Employee/Member)
C	-	Cancelled Principal (Terminated Member)
ADSib	-	Additional Dependent Siblings(Brother/Sister)
ADS	-	Additional Dependent Spouse
ADC	-	Additional Dependent Child
ADP	-	Additional Dependent Parent
UPG	-	Upgrading of Plan
CHP	-	Changes in Personal Data (i.e. name, status, etc.)

RELATIONSHIP CODE

0	-	Principal
1	-	Spouse
2	-	Child
3	-	Parent
4	-	Sibling
5	-	Other Dependents (if applicable)

Conforme:

I hereby certify that the Employees indicated in this advice are actively working with the company, all of whom are holding a regular and full-time position and the dependents are not confined in a medical facility on the effective date indicated in the advice. The company shall take full responsibility for any false statements made in this form.

_____

Authorized Company Representative
(Signature of over printed name)

_____

(Date)

Note: Please send all Membership advices to:
Membership Services & Admin. Dept. (MSAD)
PhilhealthCare, Inc
7th Floor Philamlife Bldg.

Special Instruction:

1. PhilCare will not accept application forms with incomplete details. Submission of R3 form is required for all Baby Group Plus applicants. All applications must be forwarded together with the MUF.
2. No cancellation request shall be processed unless data card has been returned to PhilCare. All access incurred by the terminated member whose data cards have not been surrendered shall be for the account of the Client (Please refer to Membership Adjustme
3. PhilCare will only accept completely filled-up MUF which must be signed by the Company's Authorized Signatory/Representative as specified in the Agreement.
4. MUF and/or member lists that are faxed may be accepted to meet the cut-off date. However, submission of the original copy of documents is required to avoid discrepancy in member data.

'5. If the enrollment date is beyond the thirty (30) days grace period from the date of regularization, please provide us reason for late enrollment.