

## MEMBERSHIP UPDATE FORM (MUF)

Please make the followin	g changes in 1	vour record of emi	plovees and/or de	ependent of

REQUIRED			REQUIRED (AGMT NO)
	under sub-office	_, covered by Group Contract	•
(Name Of Company)			(Agreement No.)

Employee	Enrollee's Name		Birthdate	Sex	Occupation/	Desired Plan		Regularization	Desired		Effective	Remarks		
		First Name	Middle Initial	(MM/DD/YY)			Job Position/Rank	(Based on the Agrmt.)	(S/M/Sep/W)		Action Code	ship Code	Date	
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## **LEGEND for Action Code**

Additional Principal (New Employee/Member) С Cancelled Principal (Terminated Member) ADSib Additional Dependent Siblings(Brother/Sister)

ADS Additional Dependent Spouse ADC Additional Dependent Child

ADP Additional Dependent Parent Upgrading of Plan

Changes in Personal Data (i.e. name, status, etc.)

## ELATIONSHIP CODE

Principal Spouse Child Parent Siblina

Other Dependents (if applicable)

## onforme:

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

Authorized Company Representative	
(Signature of over printed name)	
(Date)	

ote: Please send all Membership advices to: lembership Services & Admin. Dept. (MSAD)

PhilhealthCare, Inc.

- 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 7th Floor Philamlife Bldg.
  - 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.