Republic of the Philippines
HOUSEHOLD EMPLOYER
UNIFIED REGISTRATION FORM
(Pursuant to R.A. 10361 or the "Batas Kasambahay")

PhilHealth *Your Partner in Health*

SOCIAL SECURITY SYSTEM

More than Jobs! It's decent jobs.

PLEASE READ THE INSTRUCTIONS BELOW BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY. *(Basahin ang mga Instructions sa ibaba ng Form bago ito sulatan. Isulat ang lahat ng impormasyon sa MALALAKING TITIK at gumamit lamang ng ITIM o ASUL na tinta.)*

PART I - PLEASE INDICATE YOUR EMPLOYER / MEMBERSHIP NUMBER IF ALREADY REGISTERED
(Paki lagay ang inyong numero sa Pag-IBIG, PhilHealth or SSS kung myembro na)

Pag-IBIG HOUSEHOLD EMPLOYER NUMBER/ REGISTRATION TRACKING NUMBER (RTN)	PHILHEALTH EMPLOYER NUMBER (PEN)	SSS HOUSEHOLD EMPLOYER ID NUMBER

PART II - A. PERSONAL INFORMATION

NAME

LAST NAME *(Apelyido)*	FIRST NAME *(Pangalan)*	NAME EXTENSION *(Ex. Jr. / II)*	MIDDLE NAME *(Gitnang Pangalan)*	☐ CHECK IF NO MIDDLE NAME *(I-tsek ang kahon kung walang gitnang pangalan)*

DATE OF BIRTH *(Araw ng Kapanganakan)*
Month — Day — Year

SEX *(Kasarian)* ☐ MALE *(Lalake)* ☐ FEMALE *(Babae)*

TAX IDENTIFICATION NUMBER *(IF ANY)*

ADDRESS *(Tirahan)*

UNIT/RM./FLR. NO. *(Bilang ng Yunit at Palapag)*	BUILDING NAME *(Pangalan ng Gusali)*	LOT/BLK./HOUSE NO. *(Bilang ng Lote, Bloke, Bahay)*	STREET NAME *(Kalye)*	SUBDIVISION *(Subdibisyon)*

BARANGAY/DISTRICT *(Barangay/Distrito)*	MUNICIPALITY/CITY *(Munisipyo/Syudad)*	PROVINCE/REGION *(Probinsya/Rehiyon)*	ZIP CODE

TELEPHONE NUMBER *(AREA CODE+TEL. NO.)*	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	NUMBER OF KASAMBAHAY/S *(Bilang ng Kasambahay)*

PART II - B. CERTIFICATION

I hereby certify that the information supplied above are true and correct for the purpose of my registration in the three (3) social security agencies of the Philippine Government, namely, Pag-IBIG, PhilHealth & SSS, as Household Employer.

(Ako ay nagpapatunay na ang aking mga isinaad sa itaas ay totoo at tama na nararapat para ako ay ma-rehistro bilang Household Employer sa programa ng Pag-IBIG, PhilHealth at SSS.)

SIGNATURE OVER PRINTED NAME OF HOUSEHOLD EMPLOYER	DATE

PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS

RECEIVED BY ☐ Pag-IBIG ☐ PHILHEALTH ☐ SSS

EVALUATED BY ***FOR PHILHEALTH USE***

SIGNATURE OVER PRINTED NAME	DATE & TIME	BRANCH	SIGNATURE OVER PRINTED NAME	DATE & TIME

PART IV - CERTIFICATION BY RECEIVING AGENCY (If filed through an Authorized Representative)

This is to certify that a Letter of Authorization from the Household Employer was presented and that the signature was verified based on the valid ID presented.

SIGNATURE OVER PRINTED NAME OF AUTHORIZED OFFICER OF RECEIVING AGENCY	DATE / TIME

INSTRUCTIONS

1. If filed/submitted personally by the Household Employer, no supporting document is required to be submitted.

2. If duly accomplished Form is filed/submitted through an Authorized Representative of the Household Employer, presentation of the following is required:
   - Letter of Authorization from Household Employer
   - Valid ID of the Household Employer
   - Valid ID of the Authorized Representative

3. Update/s or Change/s in the Employer Information should be submitted to each of the 3 Agencies - Pag-IBIG, PhilHealth and SSS.

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE