

PhilHealth Your Partner in Health Republic of the Philippines Republic of the Philippines Republic of the Philippines

SOCIAL SECURITY SYSTEM %



(Pursuant to R.A. 10361 or the "Batas Kasambahay")

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PLEASE READ THE INST	RUCTIONS AT I	HE BACK BEFORE FILLING (DUT THIS FORE					BLACK OR B	BLUE INK UNLY.				
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Pag-IBIG Household Empl	oyer ID Number	PHILHEALTH Employer Num	SSS Household Employer ID Number TYPE OF REPORT				INITIAL LIST (ATTACH WITH HOUSEHOLD EMPLOYER UNIFIED REGISTRATION FORM (PPS-HEUR1))						
								SUBSEQUEN	IT LIST				
EMPLOYER NAME LAST NAME (Apelyido)		FIRS	NAME EXTENSION				MIDDLE NAME			CHECK IF NO MIDDLE NAME (I-tsek ang kahon kung walang			
		(Pan	(Ex. Jr. / II)			(Gitnang Pangalan)			gitnang pangalan)				
				PART II	I - KASAMBAH	AY INFOR	MATION						
Pag-IBIG MID NO./RTN		PHILHEALTH IDENTIFICATI	SOCIAL SECURITY (SS) NO.		1. KASAMB	AHAY NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	CHECK IF NO		
	1		[]			(Pangalan	ng Kasambahay)	(Apelyido)	(Pangalan)	(Ex. Jr. / II)	(Gitnang Pangalan)	MIDDLE NAME	
	DATE	OF EMPLOYMENT	DATE OF SEP	DARATION	MONTHLY	MACE/SALAD	V/ EADNINGS		DELATIONISHID		EMPLOVED		
MM-DD-YYYY)				ARATION		MONTHLY WAGE/SALARY/ EARNINGS (Buwanang Sweldo)			RELATIONSHIP TO HOUSEHOLD EMPLOYER (Relasvon sa Household Employer)				
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Pag-IBIG MID NO./RTN		PHILHEALTH IDENTIFICATI	ON NO (PIN)	SOCIAL SECUR	PITY (SS) NO	2 KACAMD	AHAY NAME		FIDOTALAME	NAME EXTENSION	MBBLENAME	CHECK IF NO	
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DATE OF BIRTH	ARATION MONTHLY WAGE/SALARY/ EARNINGS					RELATIONSHIP TO HOUSEHOLD EMPLOYER							
MM-DD-YYYY) 	(MM-DD-	·YYYY) -	(Buwanang Sweldo)					(Relasyon sa Household Employer)					
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		 				(i angalan	ng rasambanay)	(Apelyldo)	(r angalan)	(LX. 01. / II)	(Olinang Fangalan)		
DATE OF BIRTH		OF EMPLOYMENT	PARATION	ON MONTHLY WAGE/SALARY/ EARNINGS				RELATIONSHIP TO HOUSEHOLD EMPLOYER					
MM-DD-YYYY) 						(Buwanang Sweldo)				(Relasyon sa Household Employer)			
				I certify that the	information provid	led in this form	are true and cor	rect.	<u> </u>				
TOTAL NUMBER OF KASAMBAHAY/S				, , , , , , , , ,							PAGE OF	PAGE/S	
FOR THIS REPORT			HOUSEHOLD EMPLOYED					DATE	-	(Use extra sheet if necessary)			
SIGNATURE OF HOUSEHOLD EMPLOYER DATE PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS									DATE		,		
DE0511/5D D1/					FILLED OUT B	r Pag-IBIG	PHILHEAL	H/555					
RECEIVED BY	Pag-IBIG	PHILHEALTH		SSS									
SIGNATURE OVER PRINTED NAME DATE & TIME BRANCH													
PART IV - CERTIFICATION (If filed through an Authorized Representative)													
This is to cort	tify that a Lattor	of Authorization from the H							id ID presented				
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PRINTED NAME OF AUTHORIZED OFFICER				SIGNATURE				DATE & TIME					
		VING AGENCY		5.5									
			THIS F	ORM MAY E	BE REPRODU	JCED AND	IS NOT FO	OR SALE					

INSTRUCTIONS

- 1. This form is not applicable for reporting of Family Driver.
- 2. A household employer who is not yet registered with any of the agencies must submit this form in triplicate (3) copies together with the Household Employer Unified Registration Form (HEUR1), in 3 copies also, to any service office of Pag-IBIG, PhilHealth or SSS.
- 3. An employer already registered with Pag-IBIG, SSS and PhilHealth will submit this form in triplicate (3) copies to any office of the said agencies to report (a) newly hired employee/s or (b) to report a separated/terminated employee/s.
- 4. ALL FIELDS SHALL BE FILLED-OUT CORRECTLY BY THE HOUSEHOLD EMPLOYER, except Part III & IV.
- 5. 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
- 6. For SSS purposes only:
 - (a) Household Employer should submit to SSS the Specimen Signature Card (SSS Form L-501) which is available at all SSS Branches and Service Offices or may be downloaded from the SSS website (www.sss.gov.ph). The SSS Form L-501 contains the Authorized Signatories of the Household Employer.
 - (b) In case the Date of Employment of the Kasambahay is earlier than the date of submission of this Form, the basis of the Effective Date of Coverage is the Date of Employment and the start of the Household Employer's obligation to remit the contributions of the Kasambahay. The Household Employer should proceed to any SSS Branch or Service Office.
- 7. For Pag-IBIG purposes only:
 - (a) Household Employer should submit Specimen Signature Form (SSF, HQP-PFF-003) which is available at all Pag-IBIG NCR/Regional Branches or may be downloaded from Pag-IBIG Fund website at www.pagibigfund.gov.ph.