

TO BE ACCOMPLISHED IN DUPLICATE

PLEASE READ INSTRUCTIONS AT THE BACK



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PRO ADDRESS & CONTACT NUMBER

ER-3

EMPLOYER DATA
AMENDMENT FORM
April 2004

PhilHealth Employer No.

Grid for PhilHealth Employer No. with 12 columns and 2 rows.

1. Complete Name of Agency/Business/Firm/Employer

2. Address of Agency/Business/Firm/Employer

Postal Code

Grid for Postal Code with 4 columns and 2 rows.

3. Change/Correction of Name of Agency/Business/Firm/Employer

Previous :

Present :

4. Change/Correction of Address of Agency / Office / Department / Business / Employer

Previous :

Present :

5. Change of Legal Personality

From :

- Single Proprietorship
- Partnership
- Corporation
- Others Please specify

To :

- Single Proprietorship
- Partnership
- Corporation
- Others

6. Change of Authorized Signatory

Present :

Name Title or Position Signature

Previous :

Name Title or Position Signature

7. Merger / Consolidation of Companies

Name of Surviving Company :

PhilHealth Employer Number

Name(s) of Absorbed Company(ies) :

Grid for PhilHealth Employer Number with 12 columns and 3 rows.

(In case of lack of space, you may use additional sheet)

8. Temporary Suspension of Operation

- Fire Demolition
- Bankruptcy Date of Effectivity
- Separation of Employees
- Others Please specify

10. Termination / Dissolution of Operation

- Merger
- Bankruptcy Date of Effectivity
- Change of Legal Personality
- Others Please specify

9. Correction of Employer TIN

From :

To :

11. Change of Ownership

Known/s

From :

(Complete Name)

Date of Effectivity

Grid for Date of Effectivity with 3 columns and 2 rows.

To :

(Complete Name)

12. Report on Resumption of Operation

Date of Effectivity

Grid for Date of Effectivity with 3 columns and 2 rows.

I hereby certify that the above data are correct to the best of my knowledge and belief.

Date

Head of Agency or Authorized Representative

Signature

Title or Position

THIS PORTION IS TO BE FILLED UP BY PHILHEALTH

Received by:

Date:

Processed by:

Date:

Encoded by:

Date:

Approved by:

Date:

Single Form

Note : This Form can be reproduced but is not for sale.

REMINDERS

An employer requesting for data amendment which was previously presented to the Corporation, must submit this form in duplicate together with the following supporting documents whenever it applies:

1. **CHANGE OF BUSINESS NAME**
 - a. Single Proprietorship
 - * Certificate of Registration of Business Name from Department of Trade and Industry (DTI)
 - b. Partnership
 - * Amended Articles of Partnership duly received by Securities and Exchange Commission (SEC)
 - c. Corporation
 - * Amended Article of Incorporation duly received by Securities and Exchange Commission (SEC)
 - d. Cooperative
 - * Amended Article of Cooperation duly received by Cooperative Development Authority (CDA)
2. **CORRECTION OF BUSINESS NAME**
 - a. Single Proprietorship
 - * Certificate of Registration of Business Name from Department of Trade and Industry (DTI)
 - b. Partnership and Corporation
 - * Certificate of Registration from Securities and Exchange Commission (SEC) or
 - * Articles of Partnership/Incorporation duly received by SEC
 - c. Cooperative
 - * Certificate of Registration from Cooperative Development Authority (CDA) and
 - * Articles of Cooperation duly received by CDA
3. **CHANGE OF LEGAL PERSONALITY**
 - a. Single Proprietorship to Corporation
 - * Article of Incorporation duly received by SEC; and
 - * Approved application for Business Retirement as Single Proprietor
 - b. Partnership to Corporation
 - * Article of Incorporation duly received by SEC; and
 - * Deed of Dissolution of Partnership approved by SEC
4. **TEMPORARY SUSPENSION OF OPERATION**
 - a. Bankruptcy
 - * Financial Statement or
 - * Income Tax Return (ITR) for the year showing non-operation/no earnings or
 - * Board Resolution
 - b. Separation of employee/s
 - * Report on the Separation of the last employee/s and
 - * Separation paper of last employee
 - c. Fire / Demolition / Flood
 - * Certification from the Fire Department of the municipality, or
 - * Certification from City Hall
 - d. Strike
 - * Notice of Strike duly licensed by DOLE
5. **Termination / dissolution**
 - a. For single proprietorship
 - * Approved Application of Business Retirement by the Municipal Treasurer's Office
 - * Certification of Non-Operational of Business from the Municipal Treasurer's Office / BIR
 - b. For Partnership or Corporation
 - * Deed of Dissolution approved by the Securities and Exchange Commission (SEC) or
 - * Certification of Non-Operational of Business from SEC/BIR or
 - * Minutes of Meeting certified by the Corporate Secretary
 - c. Cooperative
 - * Dissolution of Cooperative duly received by Cooperative Development Authority (CDA) or
 - * Minutes of the meeting duly certified by the Secretary, or
 - * Certification of Non-Operational of Business from CDA/BIR
 - d. Death of Owner
 - * Death Certificate
6. **MERGER / CONSOLIDATION**
 - * Deed of Merger/Merger Agreement duly certified by SEC
 - * Memorandum of Agreement filed with SEC
7. **CHANGE OF OWNERSHIP**
 - a. Sale
 - * Deed of Sale/Transfer/Assignment signed by both parties, or
 - * In its absence, Certification from the Registry of Deeds, if applicable
 - b. Death of Managing Owner (family business)
 - * Death Certificate of the managing owner and waiver from the other legal heirs
8. **RESUMPTION OF OPERATION**
 - * Notice of Resumption of Operation from the employer, and
 - * List of Employees

Note:

The registrant may submit a photocopy of any of the above-mentioned documents but the original or Certified True Copy (CTC) of the document should be presented to PhilHealth for cross checking.