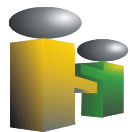


PLEASE READ INSTRUCTION AT THE BACK BEFORE ACCOMPLISHING THIS FORM



PHILHEALTH
REPORT OF EMPLOYEE-MEMBERS

(CHECK APPLICABLE BOX)

- INITIAL LIST (Attach to PhilHealth Form Er1)
 SUBSEQUENT LIST

Er2

NAME OF EMPLOYER/FIRM: UNIVERSITY OF THE PHILIPPINES MANILA

EMPLOYER NO. 140039000003

ADDRESS: 8/F PGH Taft Avenue, Manila 1000

E-MAIL ADDRESS:

**PHILHEALTH
SSS/GSIS
NUMBER**

NAME OF EMPLOYEE
SURNAME GIVEN NAME MIDDLENAME

POSITION

SALARY

**DATE OF
EMPLOY-
MENT**

**(DO NOT FILL)
EFF. DATE OF
COVERAGE**

**PREVIOUS EMPLOYER
(IF ANY)**

TOTAL NO. LISTED ABOVE: One (1)

PAGE 1 **OF** 1 **SHEETS**

MICHAEL ANTONIO F. MENDOZA, DDM, MA
Director, Human Resource Development Office

SIGNATURE OVER PRINTED NAME

TO BE ACCOMPLISHED IN DUPLICATE