



Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION
SCHOOLS DIVISION OF BAGUIO CITY



October 12, 2026

DIVISION MEMORANDUM

No. **688-2026**

**DISSEMINATION OF PHILHEALTH CIRCULAR NOS. 2026-0015 AND 2026-0017 ON
THE COVERAGE OF SOLO PARENTS AND PERSONS WITH DISABILITIES (PWDs)
UNDER THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP)**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Public Schools District Supervisors
Public School Heads
School Administrative Officers
All Others Concerned

1. Relative to PhilHealth Circular No. 2026-0015, entitled Coverage of Solo Parents and Their Children or Dependents to the National Health Insurance Program (NHIP), and PhilHealth Circular No. 2026-0017, entitled Coverage of Persons with Disability to the National Health Insurance Program (NHIP), this Office informs all concerned of the applicable qualifications, documentary requirements, and procedures for availing of PhilHealth coverage under the said circulars, pursuant to Republic Act No. 11861, otherwise known as the Expanded Solo Parents Welfare Act, and Republic Act No. 11228, otherwise known as the Mandatory PhilHealth Coverage for All Persons with Disability (PWDs).

2. Under the said circulars, qualified solo parents and persons with disabilities (PWDs) may avail themselves of the applicable PhilHealth coverage, subject to the registration, validation, and membership record-updating procedures prescribed by PhilHealth. Premium contributions shall be subsidized in accordance with applicable laws, rules, and regulations.

3. To facilitate registration or updating of membership records under the applicable membership classification, concerned employees are advised to choose either of the following options:

- a. Direct or Personal Submission – Submit the required documents directly to the nearest PhilHealth Local Health Insurance Office (LHIO).
- b. Submission through the SDO Personnel Section – Submit the required documents to the SDO Personnel Section, c/o Ms. Judy Paran, on or before **October 19, 2026**.

The following documentary requirements shall be submitted, as applicable:

- i. Duly accomplished PhilHealth Member Registration Form (PMRF);
- ii. Photocopy of the front and back of the valid Solo Parent Identification Card (SPIC) for solo parents, or photocopy of the valid PWD Identification Card for PWDs; and
- iii. Other supporting documents or information that may be required by PhilHealth for validation and updating of membership records.

4. Concerned employees are advised that registration under the applicable membership classification is subject to PhilHealth's validation and successful updating of membership



Address: 82 Military Cutoff Rd, Baguio, Benguet, 2600
Telephone No.: (074) 665-1231
Email Address: baguio.city@deped.gov.ph
DepEd Tayo Baguio City <https://depedpines.com>



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records. Solo parents are reminded to renew their SPIC and report the renewal to PhilHealth before its expiration to maintain their applicable membership classification. Failure to comply may result in the reversion of their membership classification in accordance with the applicable PhilHealth guidelines.

5. All Implementing Units (IUs) are directed to disseminate this Memorandum and provide the necessary assistance to qualified employees to facilitate compliance with the requirements of the aforementioned circulars.

6. Attached to this Memorandum is the PMRF, which may also be downloaded from the official PhilHealth website through the following link:
https://www.philhealth.gov.ph/downloads/membership/pmrf_012020.pdf

7. For information, guidance, and dissemination.


SORAYA N. FACULO PhD, CESO V
Schools Division Superintendent

OSDS/STF/nde



PMRF

PHILHEALTH MEMBER REGISTRATION FORM
UHC v.1 January 2020

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

PURPOSE:

☐ REGISTRATION ☐ UPDATING/AMENDMENT

Preferred KonSulTa Provider

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I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)	MONONYM
MEMBER					☐	☐
MOTHER's MAIDEN NAME					☐	☐
SPOUSE (If Married)					☐	☐

DATE OF BIRTH <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>							m	m	d	d	y	y	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	PHILSYS ID NUMBER (Optional) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
m	m	d	d	y	y															
SEX ☐ Male ☐ Female	CIVIL STATUS ☐ Single ☐ Annulled ☐ Married ☐ Widow/er ☐ Legally Separated	CITIZENSHIP ☐ FILIPINO ☐ FOREIGN NATIONAL ☐ DUAL CITIZEN	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name					Home Phone Number <table border="1"><tr><td></td></tr></table>	
Subdivision	Barangay	Municipality/City	Province/State/Country (If abroad)	ZIP Code	(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)	
MAILING ADDRESS ☐ SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name					Mobile Number (Required) <table border="1"><tr><td></td></tr></table>	
Subdivision	Barangay	Municipality/City	Province/State/Country (If abroad)	ZIP Code	Business (Direct Line) <table border="1"><tr><td></td></tr></table>	
					E-mail Address (Required for OFW) <table border="1"><tr><td></td></tr></table>	

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME (Check if applicable only)	MONONYM	Check if with Permanent Disability
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

IV. MEMBER TYPE

DIRECT CONTRIBUTOR ☐ Employed Private ☐ Kasambahay ☐ Family Driver ☐ Employed Government ☐ Migrant Worker ☐ Professional Practitioner ☐ Land-Based ☐ Sea-Based ☐ Self-Earning Individual ☐ Lifetime Member ☐ Individual ☐ Filipinos with Dual Citizenship / Living Abroad ☐ Sole Proprietor ☐ Foreign National ☐ Group Enrollment Scheme PRA SRRV No. _____ ACR I-Card No. _____			INDIRECT CONTRIBUTOR ☐ Listahanan ☐ LGU-sponsored ☐ 4Ps/MCCT ☐ NGA-sponsored ☐ Senior Citizen ☐ Private-sponsored ☐ PAMANA ☐ Person with Disability ☐ KIA/KIPO PWD ID No. _____ ☐ Bangsamoro/Normalization - SOLO PARENT SPIC NO.: _____								
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)			MONTHLY INCOME:			PROOF OF INCOME:			☐ Point of Service (POS) Financially Incapable ☐ Financially Incapable		

V. UPDATING/AMENDMENT		
Please check:	FROM	TO
☐ Change/Correction of Name (Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)		
☐ Correction of Date of Birth		
☐ Correction of Sex		
☐ Change of Civil Status		
☐ Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address		

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.

Please affix right thumbmark if unable to write

Member's Signature over Printed Name

Date

FOR PHILHEALTH USE ONLY

RECEIVED BY:

Full Name:

PRO/LHIO/Branch:

Date & Time:

INSTRUCTIONS

1. All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."

2. All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.

3. A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.

4. On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.

5. Indicate preferred KonSulTa provider near the place of work or residence.

6. For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

LAST NAME

FIRST NAME

NAME EXTENSION (Jr./Sr./III)

MIDDLE NAME

SANTOS

JUAN ANDRES

III

DELA CRUZ

7. Indicate registrant's/member's name as it appears in the birth certificate.

8. The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.

9. Indicate the full name of spouse if registrant/member is married.

10. Indicate the complete permanent and mailing addresses and contact numbers.

11. For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.

12. For MEMBER TYPE, check the appropriate box which best describes your current membership status.

13. For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.

14. For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.

15. In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.

16. Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).

17. The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.