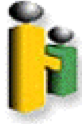

PHILHEALTH
REPORT OF EMPLOYEE-MEMBERS (CHECK APPLICABLE BOX)

☐ INITIAL LIST (Attach to PhilHealth Form 1)

☐ SUBSEQUENT LIST

ER2

NAME OF EMPLOYER/FIRM No.:	Employer No.:

ADDRESS:	E-MAIL ADDRESS

PHILHEALTH/SSS/GSIS NUMBER	NAME OF EMPLOYEE	POSITION	SALARY	DATE OF EMPLOYMENT	(DO NOT FILL) EFF. DATE OF COVERAGE	PREVIOUS EMPLOYER (IF ANY)

TOTAL NO. LISTED ABOVE:	CERTIFIED CORRECT: SIGNATURE (OVER PRINTED NAME)

Note: This form can be reproduced but is not for sale. Please read instructions.