

PHILHEALTH

REPORT OF EMPLOYEE-MEMBERS

(CHECK APPLICABLE BOX) o INITIAL LIST (Attach to Philhealth Form Er2) o SUBSEQUENT LIST



		OF FRUG : FLORE	ALL VIL DOF	ION				
	EMPLOYER/FIRM: DEPARTMENT OF EDUCATION - EL SALVADOR CITY DIVISION						015-000006945	
ADDRESS:	SS: ZONE 3, POBLACION, EL SALVADOR CITY, MISAMIS ORIENTAL 9017					E-MAIL ADDRESS: elsalvador.city@deped.gov.ph		
PHILHEALTH SSS/GSIS NUMBER	NAME OF EMPLOYEE		POSITION	SALARY	DATE OF EMPLOYMENT	(DO NOT FILL) EFF. DATE OF COVERAGE	PREVIOUS EMPLOYER (IF ANY)	
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TOTAL NO. LISTED ABOVE:				PAGEOFSHEETS			JEFFREY M. MARTINEZ SIGNATURE OVER PRINTED NAME	