



Republic of the Philippines  
**KASAMBAHAY**  
**UNIFIED REGISTRATION FORM**  
 (Pursuant to R.A. 10361 or the "Batas Kasambahay")



PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK OR BLUE INK ONLY.** (Basahin ang mga Instructions sa likod ng Form bago ito sulatan. Isulat ang lahat ng impormasyon sa MALALAKING TITIK at gumamit lamang ng ITIM o ASUL na tinta.)

**PART I - PLEASE INDICATE YOUR MEMBERSHIP NUMBER IF ALREADY REGISTERED**

(Paki lagay ang inyong numero sa Pag-IBIG, PhilHealth or SSS kung myembro na)

|                         |  |                             |
|-------------------------|--|-----------------------------|
| Pag-IBIG MID Number/RTN | PHILHEALTH Identification Number (PIN) | SOCIAL SECURITY (SS) Number |
|-------------------------|--|-----------------------------|

**PART II - A. PERSONAL INFORMATION**

|   |   |   |   |   |
|---|---|---|---|---|
| NAME<br>LAST NAME (Apelyido)  | FIRST NAME (Pangalan)   | NAME EXTENSION (Ex. Jr. / II)   | MIDDLE NAME (Gitnang Pangalan)                    | <input type="checkbox"/> CHECK IF NO MIDDLE NAME (I-hsek ang kahon kung walang gitnang pangalan)                                |
| DATE OF BIRTH (MMDDYYYY)<br>(Araw ng Kapanganakan)                  | SEX (Kasarian)<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | CIVIL STATUS (Sibil na Katayuan)<br><input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> LEGALLY SEPARATED |   |   |
| PLACE OF BIRTH (CITY, PROVINCE, COUNTRY)<br>(Lugar ng Kapanganakan) | RELIGION (Relihiyon)  | UMID COMMON REFERENCE NUMBER (IF AVAILABLE)   |   |   |
| MOTHER'S MAIDEN NAME (Pangalan ng Ina noong dalaga)                 | LAST NAME (Apelyido)  | FIRST NAME (Pangalan)   | NAME EXTENSION (Ex. Jr. / II)                     | MIDDLE NAME (Gitnang Pangalan) <input type="checkbox"/> CHECK IF NO MIDDLE NAME (I-hsek ang kahon kung walang gitnang pangalan) |
| PRESENT ADDRESS (Kasalukuyang Tirahan)                              | UNIT/RM./FLR. NO. (Bilang ng Yunit at Palapag)                                  | BUILDING NAME (Pangalan ng Gusali)  | LOT/BLK./HOUSE NO. (Bilang ng Lote, Bloke, Bahay) | STREET NAME (Kalye)   |
| SUBDIVISION (Subdibisyon)   | BARANGAY/DISTRICT (Barangay/Distrto)  | MUNICIPALITY/CITY (Munisipyo/Syudad)  | PROVINCE/REGION (Probinsya/Rehiyon)               | ZIP CODE  |
| PERMANENT ADDRESS (Permanenteng Tirahan)                            | UNIT/RM./FLR. NO. (Bilang ng Yunit at Palapag)                                  | BUILDING NAME (Pangalan ng Gusali)  | LOT/BLK./HOUSE NO. (Bilang ng Lote, Bloke, Bahay) | STREET NAME (Kalye)   |
| SUBDIVISION (Subdibisyon)   | BARANGAY/DISTRICT (Barangay/Distrto)  | MUNICIPALITY/CITY (Munisipyo/Syudad)  | PROVINCE/REGION (Probinsya/Rehiyon)               | ZIP CODE  |
| TELEPHONE NUMBER (AREA CODE + TEL. NO.)                             | MOBILE/CELLPHONE NUMBER   | E-MAIL ADDRESS  |   |   |

**PART II - B. DEPENDENT/S OR BENEFICIARY/IES**

|                                  |                      |                       |                               |                                |  |   |  |
|----------------------------------|----------------------|-----------------------|-------------------------------|--------------------------------|--|---|--|
| SPOUSE (Asawa)                   | LAST NAME (Apelyido) | FIRST NAME (Pangalan) | NAME EXTENSION (Ex. Jr. / II) | MIDDLE NAME (Gitnang Pangalan) | <input type="checkbox"/> CHECK IF NO MIDDLE NAME | SEX (Kasarian)<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DATE OF BIRTH (MMDDYYYY)<br>(Araw ng Kapanganakan) |
| CHILD/REN (Anak)                 | LAST NAME (Apelyido) | FIRST NAME (Pangalan) | NAME EXTENSION (Ex. Jr. / II) | MIDDLE NAME (Gitnang Pangalan) | <input type="checkbox"/> CHECK IF NO MIDDLE NAME | <input type="checkbox"/> CHECK IF W/ DISABILITY                                 | DATE OF BIRTH (MMDDYYYY)<br>(Araw ng Kapanganakan) |
| 1.                               |                      |                       |                               |                                |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                   |  |
| 2.                               |                      |                       |                               |                                |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                   |  |
| 3.                               |                      |                       |                               |                                |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                   |  |
| 4.                               |                      |                       |                               |                                |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                   |  |
| 5.                               |                      |                       |                               |                                |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                   |  |
| (Use another sheet if necessary) |                      |                       |                               |                                |  |   |  |
| FATHER (Ama)                     | LAST NAME (Apelyido) | FIRST NAME (Pangalan) | NAME EXTENSION (Ex. Jr. / II) | MIDDLE NAME (Gitnang Pangalan) | <input type="checkbox"/> CHECK IF NO MIDDLE NAME | <input type="checkbox"/> CHECK IF W/ PERMANENT DISABILITY                       | DATE OF BIRTH (MMDDYYYY)<br>(Araw ng Kapanganakan) |
| MOTHER (Ina)                     | LAST NAME (Apelyido) | FIRST NAME (Pangalan) | NAME EXTENSION (Ex. Jr. / II) | MIDDLE NAME (Gitnang Pangalan) | <input type="checkbox"/> CHECK IF NO MIDDLE NAME | <input type="checkbox"/> CHECK IF W/ PERMANENT DISABILITY                       | DATE OF BIRTH (MMDDYYYY)<br>(Araw ng Kapanganakan) |
| OTHER BENEFICIARY/IES            | LAST NAME (Apelyido) | FIRST NAME (Pangalan) | NAME EXTENSION (Ex. Jr. / II) | MIDDLE NAME (Gitnang Pangalan) | <input type="checkbox"/> CHECK IF NO MIDDLE NAME | RELATIONSHIP TO REGISTRANT  | DATE OF BIRTH (MMDDYYYY)<br>(Araw ng Kapanganakan) |
| 1.                               |                      |                       |                               |                                |  |   |  |
| 2.                               |                      |                       |                               |                                |  |   |  |

**PART II - C. CERTIFICATION**

I hereby certify that the information supplied above are true and correct for the purpose of my registration in the three (3) social security agencies of the Philippine Government, namely, Pag-IBIG, PhilHealth & SSS.

(Ako ay nagpapatunay na ang aking mga isinaad sa itaas ay totoo at tama na nararapat para ako ay ma-rehistro bilang miyembro ng Pag-IBIG, PhilHealth at SSS.)

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF REGISTRANT

\_\_\_\_\_  
DATE

If registrant cannot sign, affix fingerprints to be witnessed by two (2) persons.

**Below are the witnesses to fingerprinting:**

1) \_\_\_\_\_  
PRINTED NAME SIGNATURE DATE

2) \_\_\_\_\_  
PRINTED NAME SIGNATURE DATE



**PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS**

|  |  |
|--|--|
| RECEIVED BY <input type="checkbox"/> Pag-IBIG <input type="checkbox"/> PHILHEALTH <input type="checkbox"/> SSS | EVALUATED BY <b>FOR PHILHEALTH USE</b> |
| _____<br>SIGNATURE OVER PRINTED NAME   | _____<br>SIGNATURE OVER PRINTED NAME   |
| _____<br>DATE & TIME   | _____<br>DATE & TIME                   |
| _____<br>BRANCH  |  |

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE**

## INSTRUCTIONS

**A. Register to any of the Agencies (Pag-IBIG/PhilHealth/SSS).**

**B. Submission of Documentary Requirements**

- \* Not yet needed at the time of registration for the issuance of Pag-IBIG/PhilHealth/SSS Numbers.
- \* If not available at the time of registration, registrant will still be provided the corresponding numbers. However, availments of any benefits shall only be allowed upon submission of documents to prove his/her identity and payment of required premium contributions.

**C. List of Acceptable Documents and Conditionalities:**

**For SSS Only**

**1. Primary Documents**

Submit photocopy & present original/certified true copy of any of the ff:

- \* Birth Certificate
- \* Baptismal Certificate
- \* Drivers License
- \* Passport
- \* Professional Regulation Commission (PRC) Card
- \* Seaman's Book

**2. Secondary Documents**

In the absence of Primary Documents, submit photo copy and present original/certified true copy of TWO (2) of the following, BOTH should bear the name and at least ONE (1) should indicate the Date of Birth:

- \* ATM Card
- \* Bank Account Passbook
- \* Birth/Baptismal Certificate of Children
- \* Marriage Contract
- \* NBI Clearance
- \* Police Clearance
- \* Postal ID Card
- \* Voter's ID/Affidavit
- \* School Records
- \* ID Card issued by Local Government Units (e.g. Barangay, Municipal/City)

If the required supporting document/s is/are not available at the time of registration, or if registration is done at Pag-IBIG/PhilHealth, or if the Registrant is unavailable to sign the document, SS Number shall still be issued, subject to the following conditions:

- \* Membership Status of Kasambahay is "Temporary".
- \* The SS Number issued can only be used for contribution payment and employee reporting (by the Household Employer).
- \* Submission of Primary or Secondary document/s and/or signature in the Form is required for conversion of Membership Status to Permanent, thru Member's Data Amendment Form (SSS Form E-4)
- \* Availment of SSS Benefits and Loans is only allowed for Permanent Membership Status, subject to qualifying conditions.

**D. Updating/Change in Personal Information, Dependents/Beneficiaries should be submitted to each agency (Pag-IBIG/PhilHealth/SSS).**

**E. This form is not applicable for Family Driver. Registration of Family Driver should be done in each agency (Pag-IBIG/PhilHealth/SSS).**