

LATEST PAYMENT: DATE: _____

1. OWWA MEMBERSHIP: _____

2. PHILHEALTH/MEDICARE: _____

PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION
OVERSEAS WORKERS WELFARE ADMINISTRATION
PHILIPPINE HEALTH INSURANCE CORPORATION

OFW INFORMATION SHEET

DO NOT WRITE ON THIS SPACE
(For POEA and OWWA, Philhealth Use Only)

CG No. : _____

RFP No. : _____

Assessment No.: _____

Assessed Amount: _____

POEA : _____

OWWA : _____

PHILHEALTH: _____

OFW E-Card / ID No.: _____

FM-POEA 02-GP-07
Effectivity date: April 8, 2005

Change/s (if any)

PERSONAL DATA

Name: _____

Family Name (Apelyido) _____ First Name (Pangalan) _____ Middle Name (G. Apelyido) _____

Address in the Phils. (Tirahan): _____

Birthdate: ____/____/____ Sex: M F Civil Status: Single Widowed
MM DD YYYY Married Separated

Passport No.: _____ Highest Educational Attainment: _____

Name of Spouse (if married): _____ Mother's Full Maiden Name _____

Legal Beneficiaries (Mga tatanggap ng benepisyo sa OWWA):

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

ALLOTTEE (Itinalaga na padalhan ng bahagi ng sahod ng OFW)

CONTRACT PARTICULARS OF OFW

Change/s (if any)

Name of Principal / Company / Employer: _____

Address: _____

Jobsite/Country of Destination: _____ Tel. No.: _____

Position of OFW: _____ Fax No. / Email address: _____

Contract Duration: _____ Month Salary: _____ Currency: _____

Last date of arrival of vacationing worker in the Phils. _____

Date of scheduled departure / Return of OFW to the jobsite: _____

Name of Agency (if applicable): _____

Signature of Worker /
Thumbmark

Approval of Authorized Agency
Representative (if agency-hired)

(TO BE FILLED OUT ALSO BY OFW - PHILHEALTH PORTION)

Name of Worker: _____

Family Name (Apelyido) _____ First Name (Pangalan) _____ Middle Name (G. Apelyido) _____

Address in the Philippines (Tirahan) _____ Tel. No.: _____

Date of Birth: ____/____/____ Birthplace: _____ SSS No.: _____
MM DD YYYY

Sex: M F Civil Status: Single Married Widowed Separated

Name of Spouse (if Married): _____ Contract/Work Permit Exp.: _____ No. of Years of Contract: _____

Complete Address of Destination (Foreign) Country: _____

Dependents (Mga makikinabang):

20 years old and below for children; 60 years old and above for parents and Unemployed spouse.

(Documents required: Child - Birth Certificate; Spouse - Marriage Certificate; Parents - Birth Certificate of both Member and Parents or Senior Citizens Card

Name of Legal Dependent	Sex	Relationship of OFW to Dependent/s	Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above statements are true and correct and that the above-named dependents have not been declared by my spouse/brother/sister.

(Ako ay nagpapatunay na ang nasa itaas na pahayag ay totoo at tama at dagdag ko ng inihahayag na ang mga nasabing makikinabang sa itaas ay hindi inihayag ng aking asawa o kapatid).

Signature of Worker