

LASTEST 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: _____

PERSONAL DATA

Change/s (if any)

Name: _____
Family Name (Apelyido) First Name (Pangalan) Middle Name (G. Apelyido)
Address in the Phils (Tirahan): _____
Birth date: _____ Sex: M F Civil Status: Single Widowed
 Married Separated
Passport No.: _____ Highest Educational Attainment: _____
Name of Spouse (if married): _____ Mother's Maiden Name: _____
Legal Beneficiaries (OWWA insurance) (Mga tatanggap ng benepisyo sa OWWA):
Name _____ Address _____
ALLOTTEE (tinalaga na pedadalan ng bahagi ng salid ng OFW): _____

Contract Particulars of OFW

Change/s (if any)

Name of Principal/Company/Employer: _____
Address: _____
Jobsite/Country of Destination: _____ Telephone No: _____
Position of OFW: _____ Fax No/E-Mail address: _____
Contract Duration: _____ months Monthly Salary: _____ Currency: _____
Last day 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)

(FOR PHILHEALTH USE - to be filled up by OFW)

Name of Worker: _____
Family Name (Apelyido) First Name (Pangalan) Middle Name (G. Apelyido)
Address (Tirahan): _____ Tel No.: _____
Date of Birth: _____ Place of Birth: _____
Sex: M F Civil Status: Single Married
 Widowed Separated
Name of Spouse (if Married): _____
Dependents (Mga makikinabang):

Name of Children/Parent	Sex	Relationship of Dependent to Worker	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above statements are true and correct and further declare 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 kong inihahayag na ang mga nasabing makikinabang sa itaas ay hindi inihayag ng aking asawa o kapatid)

Signature of Worker