

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.: _____
RFN 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) _____

Telephone No. _____ Sex: F M Civil Status: Single Married Widowed Separated

Birth date: _____ Highest Educational Attainment: _____

Passport No.: _____

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

Legal Beneficiaries (OWWA Insurance) (Mga tatanggap ng benepisyo sa OWWA):
Name Address

ALLOTTEE (Itinalaga na padadalhan ng bahagi ng sahod ng OFW)/ RELATIONSHIP TO EMPLOYEE (Relasyon sa empleyado):

Contract Particulars of OFW Change/s (if any)

Name of Principal/Company/Employer: _____

Address: _____

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

Position: _____ Fax No/E-mail address: _____

Contract Duration: _____ months Monthly Salary: _____ Currency: _____

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/Date
Thumbmark

Approval of Authorized Agency
Representative (If agency-hired)

(FOR PHILHEALTH USE - to be filled out 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: F M 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 statement 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 hindi inihayag ng aking asawao kapatid).

Signature of Worker/Date