

LATEST PAYMENT:

DATE: \_\_\_\_\_

1. OWWA MEMBERSHIP: \_\_\_\_\_

1. 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): \_\_\_\_\_

Birthdate: \_\_\_\_\_ 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 (Itinalaga na padadalhan ng bahagi ng sahod ng OFW):

Contact 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  Widowed  
 Married  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 ko ng inihahayag na ang mga nasabing makikinabang sa itaas ay hindi inihayag ng aking asawa o kapatid).

Date Filled Out

Signature of Worker