



## CERTIFICATE OF PREMIUM CONTRIBUTION

**To Whom It May Concern:**

This is to certify that the member/employer named below is registered with the National Health Insurance Program (R.A.7875), and the required PhilHealth premium contributions were remitted and verified from remittance reports submitted / from our contribution database with the following information:

Name of Employer: **JOHN HAY MANAGEMENT CORPORATION**

Employer Address: **CAMP JOHN HAY, LOAKAN RD., BAGUIO CITY**

PhilHealth Number: **200211300359**

Membership Status: \_\_\_\_\_ No of Employees: **70**

**PREMIUM CONTRIBUTIONS:**

Applicable Period	Amount	ME5 Number	Official Receipt Number	Validation Date	Remitting Bank / Office
JANUARY 2014- MARCH 2015		VERIFIED FROM COMPUTER DATABASE			

This Certification is issued to **MS MICHELLE T REGALA-NIEBRES** for the purpose/s of:

- Availment of NHIP Benefits for the:  Member  Dependent
- Renewal / Securing Business Permit for CY 2015
- Bidding Purposes
- OWWA / POEA purposes
- Others: GCG-JHMC's APPLICATION FOR PBB



This Certification is valid until **June 04, 2015**.

Issued this **05** day of **May 2015** in Baguio City.



Control No. **N.A.**

*Catalina C. Adawey*  
**CATALINA C. ADAWEY**  
 Chief Social Insurance Officer / LHO Head  
 Local Health Insurance Office - Baguio City

**PhilHealth**