

# How to Apply for PhilHealth Online?

PhilHealth now makes it easier for aspiring members to apply online. Here's how:

**Step 1:** Visit [PhilHealth website](http://philhealth.gov.ph) and click the **Online Services** link.

You can also visit Philhealth Electronic Registration System at <https://eregister.philhealth.gov.ph>



**Step 2:** Click the **Register** link in the Electronic Registration section under **Membership**.

A new window will pop up.



**Step 3:** Once you reached the PhilHealth Electronic Registration System page, click **Proceed**.



Read the terms and conditions. Once done, tick the checkbox to confirm that you understood the terms.

After that, click **Accept**.



#### Terms and Conditions

##### How to use PhilHealth's Electronic Registration and Amendment System (eRAS)

1. Information marked with asterisk (\*) are mandatory and you will not be able to continue with the registration process unless the required information are properly filled-out.
2. Click the [Submit Registration] button to submit the registration application. An email will be sent to inform you of the next steps to take for the completion of the registration process.
3. You may print the email that you will receive in your inbox or write down the transaction number that will be reflected in the email. The transaction number will be used as reference to your application.

☐ I agree to the conditions stated above and will comply to submit the required information and supporting documents to complete the registration.

Accept

## Step 4: Fill out the PhilHealth online application form

And make sure all these items are filled out:

- Personal Information
- Contact Details
- Address
- Dependents Information
- Guardian Information
- Membership Category Information
- Upload Documents (optional)

**Note:** Single individuals may list the name of their parents who are aged 60 years or older as dependents. Married individuals may list their spouse and their children.

### Personal Information

* Last Name	<input type="text"/>
* First Name	<input type="text"/>
Middle Name	<input type="text"/>
Name Suffix	<input type="text"/> (e.g. JR, SR, III)
* Sex	<input type="text"/>
* Civil Status	<input type="text"/>
Maiden Middle Name	<input type="text"/>
* Birth Date	<input type="text"/> Month <input type="text"/> Day <input type="text"/> Year
TIN	<input type="text"/>
* Nationality	<input type="text"/> FILIPINO

### Contact Details

Telephone No.	<input type="text"/>
Cellphone No.	<input type="text"/>

## Step 5: Upload supporting documents

Documents such as birth certificate, passport or driver's license. Scan these documents and save as JPEG, PNG, GIF or PDF, then upload one by one.

Foreign Address	<input type="text"/>
Contract Duration From	<input type="text"/> Month <input type="text"/> Day <input type="text"/> Year
Contract Duration To	<input type="text"/> Month <input type="text"/> Day <input type="text"/> Year

Please select any one of the following:  
 Affidavit of Baptismal Certificate  
 Alien Certification/Immigrant Certification of Registration  
 Armed Forces of the Philippines (AFP) ID  
 Banko Sentral ng Pilipinas (BSP) ID  
 Barangay Certification  
 Birth Certificate  
 Certification from the National Council for the Welfare of the Disabled Person (NCWDP)  
 Company ID  
 Department of Social Welfare and Development(DSWD) or Local Social Welfare Development Officer(LSWDO) Certification  
 Driver's License  
 Government Owned and Controlled Corporations (GOCC) ID  
 Government Service Insurance System (GSIS) e-Card  
 Home Development Mutual Fund (HDMF) ID  
 Insurance Commission (IC) ID  
 Integrated Bar of the Philippines ID  
 National Bureau of Investigation (NBI) Clearance  
 Overseas Filipino Workers (OFW) ID  
 Overseas Workers Welfare Administration (OWWA) ID  
 Passport

<b>Document For</b>	Member/Registrant	Please select any one of the following: <input type="text"/>	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/>
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CAPTCHA  
 5 6 9 10 9 6 9

☐ Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.

**Step 6:** Review all information before proceeding.

For verification and security purposes, enter the **Captcha** code.  
Refresh if not legible.

**Step 7:** Tick the checkbox to confirm that all information entered are correct and accurate.

After this, click **Submit Registration**.

**Step 8:** Wait for the confirmation e-mail upon completion of the registration.

Your PhilHealth number will also be sent to you.