



Republic of the Philippines
HOUSEHOLD EMPLOYMENT UNIFIED REPORT FORM
 (Pursuant to R.A. 10361 or the "Batas Kasambahay")



PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK OR BLUE INK ONLY.**

PART I - EMPLOYER INFORMATION

Pag-IBIG Household Employer ID Number	PHILHEALTH Employer Number (PEN)	SSS Household Employer ID Number	TYPE OF REPORT	<input type="checkbox"/> INITIAL LIST (ATTACH WITH HOUSEHOLD EMPLOYER UNIFIED REGISTRATION FORM (PPS-HEUR1))
			<input type="checkbox"/> SUBSEQUENT LIST	
EMPLOYER NAME	LAST NAME <i>(Apelyido)</i>	FIRST NAME <i>(Pangalan)</i>	NAME EXTENSION <i>(Ex. Jr. / II)</i>	MIDDLE NAME <i>(Gitnang Pangalan)</i>
<input type="checkbox"/> CHECK IF NO MIDDLE NAME <i>(I-tsek ang kahon kung walang gitnang pangalan)</i>				

PART II - KASAMBAHAY INFORMATION

Pag-IBIG MID NO./RTN	PHILHEALTH IDENTIFICATION NO. (PIN)	SOCIAL SECURITY (SS) NO.	1. KASAMBAHAY NAME <i>(Pangalan ng Kasambahay)</i>	LAST NAME <i>(Apelyido)</i>	FIRST NAME <i>(Pangalan)</i>	NAME EXTENSION <i>(Ex. Jr. / II)</i>	MIDDLE NAME <i>(Gitnang Pangalan)</i>	CHECK IF NO MIDDLE NAME <input type="checkbox"/>
DATE OF BIRTH <i>(MM-DD-YYYY)</i>	DATE OF EMPLOYMENT <i>(MM-DD-YYYY)</i>	DATE OF SEPARATION <i>(MM-DD-YYYY)</i>	MONTHLY WAGE/SALARY/ EARNINGS <i>(Buwanang Sweldo)</i>	RELATIONSHIP TO HOUSEHOLD EMPLOYER <i>(Relasyon sa Household Employer)</i>				
Pag-IBIG MID NO./RTN	PHILHEALTH IDENTIFICATION NO. (PIN)	SOCIAL SECURITY (SS) NO.	2. KASAMBAHAY NAME <i>(Pangalan ng Kasambahay)</i>	LAST NAME <i>(Apelyido)</i>	FIRST NAME <i>(Pangalan)</i>	NAME EXTENSION <i>(Ex. Jr. / II)</i>	MIDDLE NAME <i>(Gitnang Pangalan)</i>	CHECK IF NO MIDDLE NAME <input type="checkbox"/>
DATE OF BIRTH <i>(MM-DD-YYYY)</i>	DATE OF EMPLOYMENT <i>(MM-DD-YYYY)</i>	DATE OF SEPARATION <i>(MM-DD-YYYY)</i>	MONTHLY WAGE/SALARY/ EARNINGS <i>(Buwanang Sweldo)</i>	RELATIONSHIP TO HOUSEHOLD EMPLOYER <i>(Relasyon sa Household Employer)</i>				
Pag-IBIG MID NO./RTN	PHILHEALTH IDENTIFICATION NO. (PIN)	SOCIAL SECURITY (SS) NO.	3. KASAMBAHAY NAME <i>(Pangalan ng Kasambahay)</i>	LAST NAME <i>(Apelyido)</i>	FIRST NAME <i>(Pangalan)</i>	NAME EXTENSION <i>(Ex. Jr. / II)</i>	MIDDLE NAME <i>(Gitnang Pangalan)</i>	CHECK IF NO MIDDLE NAME <input type="checkbox"/>
DATE OF BIRTH <i>(MM-DD-YYYY)</i>	DATE OF EMPLOYMENT <i>(MM-DD-YYYY)</i>	DATE OF SEPARATION <i>(MM-DD-YYYY)</i>	MONTHLY WAGE/SALARY/ EARNINGS <i>(Buwanang Sweldo)</i>	RELATIONSHIP TO HOUSEHOLD EMPLOYER <i>(Relasyon sa Household Employer)</i>				

TOTAL NUMBER OF KASAMBAHAY/S FOR THIS REPORT	I certify that the information provided in this form are true and correct.		PAGE ____ OF ____ PAGE/S <i>(Use extra sheet if necessary)</i>
<input type="text"/>	SIGNATURE OF HOUSEHOLD EMPLOYER	DATE	

PART III - TO BE FILLED OUT BY Pag-IBIG/PHILHEALTH/SSS

RECEIVED BY	<input type="checkbox"/> Pag-IBIG	<input type="checkbox"/> PHILHEALTH	<input type="checkbox"/> SSS
_____ SIGNATURE OVER PRINTED NAME	_____ DATE & TIME	_____ BRANCH	

PART IV - CERTIFICATION (If filed through an Authorized Representative)

This is to certify that a Letter of Authorization from the Household Employer was presented and that the signature was verified based on the valid ID presented.

_____ PRINTED NAME OF AUTHORIZED OFFICER OF RECEIVING AGENCY	_____ SIGNATURE	_____ DATE & TIME
-----------------------------------------------------------------	--------------------	----------------------

INSTRUCTIONS

1. This form is not applicable for reporting of Family Driver.
2. A household employer who is not yet registered with any of the agencies must submit this form in triplicate (3) copies together with the Household Employer Unified Registration Form (HEUR1), in 3 copies also, to any service office of Pag-IBIG, PhilHealth or SSS.
3. An employer already registered with Pag-IBIG, SSS and PhilHealth will submit this form in triplicate (3) copies to any office of the said agencies to report (a) newly hired employee/s or (b) to report a separated/terminated employee/s.
4. ALL FIELDS SHALL BE FILLED-OUT CORRECTLY BY THE HOUSEHOLD EMPLOYER, except Part III & IV.
5. If duly accomplished Form is filed/submitted through an Authorized Representative of the Household Employer, presentation of the following is required:
 - Letter of Authorization from Household Employer
 - Valid ID of the Household Employer
 - Valid ID of the Authorized Representative
6. For SSS purposes only:
 - (a) Household Employer should submit to SSS the Specimen Signature Card (SSS Form L-501) which is available at all SSS Branches and Service Offices or may be downloaded from the SSS website (www.sss.gov.ph). The SSS Form L-501 contains the Authorized Signatories of the Household Employer.
 - (b) In case the Date of Employment of the Kasambahay is earlier than the date of submission of this Form, the basis of the Effective Date of Coverage is the Date of Employment and the start of the Household Employer's obligation to remit the contributions of the Kasambahay . The Household Employer should proceed to any SSS Branch or Service Office.
7. For Pag-IBIG purposes only:
 - (a) Household Employer should submit Specimen Signature Form (SSF, HQP-PFF-003) which is available at all Pag-IBIG NCR/Regional Branches or may be downloaded from Pag-IBIG Fund website at www.pagibigfund.gov.ph.