



Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF DAGUPAN CITY



Office of the Schools Division
Superintendent

October 21, 2026

DIVISION MEMORANDUM

No. 623, s. 2026

**MANDATORY PHILHEALTH PREMIUM EXEMPTIONS AND AUTOMATIC
COVERAGE FOR SOLO PARENTS AND PERSONS WITH DISABILITIES (PWDs)**

TO: All Eligible Teaching and Non-Teaching Personnel
School Heads
Administrative Officer II

1. This Memorandum is issued to inform all personnel regarding the updated guidelines, automatic enrolment, and premium exemptions for qualified **Solo Parents** and **Persons with Disabilities (PWDs)** under the National Health Insurance Program (NHIP) of the Philippine Health Insurance Corporation (PhilHealth).

2. Pursuant to **PhilHealth Circular No. 2026-0015** (updating Circular No. 2024-0020) and **Republic Act No. 11861** (Expanded Solo Parents Welfare Act), alongside **Republic Act No. 11228** (Mandatory PhilHealth Coverage for PWDs), significant adjustments have been made to the salary deductions and registration of these employee sectors effective October 2026.

3. These health insurance reliefs are **not automatic** at the employer level and require official verification. To update payroll tagging and halt salary deductions, affected employees must submit the following to their respective Administrative Officers:

A. PhilHealth Member Registration Form (PMRF): Fully accomplished with updated fields indicating Solo Parent or PWD status (Please see attached enclosure 1 for reference or you can download from https://www.philhealth.gov.ph/downloads/membership/pmrf_012020.pdf)

B. Valid Identification:

- **For Solo Parents:** Clear front-and-back photocopy of a valid Solo Parent Identification Card (SPIC) issued by their Local Government Unit's (LGU) Solo Parent Office or Division.

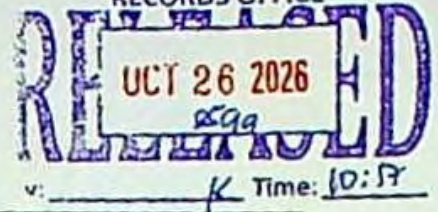


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DepEd SDO Dagupan City
RECORDS OFFICE



**Office of the Schools Division
Superintendent**

- For PWDs: Clear front-and-back photocopy of a valid PWD ID issued by the Persons with Disability Affairs Office (PDAO).

System Verification: Printout from the DSWD Solo Parent ID System (SPIS) or local PWD registry, if accessible.

4. All required attachments must be compiled and submitted to the HRMO Payroll Section c/o Ms. Jellie Solis on or before **October 30, 2026**

5. Employees are strictly reminded that annual renewal of the SPIC/PWD ID is mandatory. Failure to report renewals or providing fraudulent documentation will result in immediate membership reversion, retroactive premium liabilities, and administrative penalties.

6. For immediate dissemination and strict compliance.


MARCIANO U. SORIANO JR, PhD, CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent



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MARCIANO U. SORIANO JR, PhD, CESO VI
Assistant Schools Division Superintendent &
Officer-In-Charge
Office of the Schools Division Superintendent

REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

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PHILHEALTH IDENTIFICATION NUMBER (PIN)
PURPOSE:
☐ REGISTRATION ☐ UPDATING/AMENDMENT

Preferred KonSulTa Provider

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	NO. MIDDLE NAME	MONONYM
MEMBER					☐	☐
MOTHER's MAIDEN NAME					☐	☐
SPOUSE (if Married)					☐	☐

DATE OF BIRTH mm dd yy yy	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	PHILSYS ID NUMBER (Optional)

SEX ☐ Male ☐ Female	CIVIL STATUS ☐ Single ☐ Annulled ☐ Married ☐ Widower ☐ Legally Separated	CITIZENSHIP ☐ FILIPINO ☐ FOREIGN NATIONAL ☐ DUAL CITIZEN	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional)

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name				Home Phone Number
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code				(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)
MAILING ADDRESS ☐ SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name				Mobile Number (Required)
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code				Business (Direct Line)
				E-mail Address (Required for OFW)

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm/dd/yyyy)	CITIZENSHIP	NO. MIDDLE NAME	MONONYM	Check if with Permanent Disability
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

IV. MEMBER TYPE

DIRECT CONTRIBUTOR ☐ Employed Private ☐ Kasambahay ☐ Family Driver ☐ Employed Government ☐ Migrant Worker ☐ Professional Practitioner ☐ Land-Based ☐ Sea-Based ☐ Self-Earning Individual ☐ Individual ☐ Lifetime Member ☐ Sole Proprietor ☐ Filipinos with Dual Citizenship / Living Abroad ☐ Group Enrollment Scheme ☐ Foreign National PRA SRRV No. _____ ACR I-Card No. _____		INDIRECT CONTRIBUTOR ☐ Lelahanan ☐ LGU-sponsored ☐ 4Ps/MCCT ☐ NGA-sponsored ☐ Senior Citizen ☐ Private-sponsored ☐ PAMANA ☐ Person with Disability ☐ KIA/KIPO PWD ID No. _____ ☐ Bangsamoro/Normalization
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)	MONTHLY INCOME:	PROOF OF INCOME:

For PhilHealth Use only:
☐ Point of Service (POS) Financially Incapable
☐ Financially Incapable