

Date:

To:

Dear _____,

I am _____ a resident of _____, a member of PhilHealth since _____, and I hereby authorize the processing and releasing of my PhilHealth member information update with the PhilHealth number _____ to _____. I am needing it to secure my personal records at _____ and change important information after updating it last _____.

I am requesting your utmost cooperation and assistance in this issue.

Thank you so much and More Power.

Sincerely yours,
