

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

PhilHealth Office
[PhilHealth Office Address]
[City, State, Zip Code]

Subject: Request for Additional Dependents Registration

Dear [PhilHealth Officer's Name or "To Whom It May Concern"],
I am writing to formally request the registration of additional dependents under my PhilHealth membership. Below are the details of my current account and the dependents I wish to add:

****PhilHealth Number****: [Your PhilHealth Number]

****Member's Name****: [Your Full Name]

****Additional Dependents****:

1. ****Full Name****: [Dependent's Full Name]

****Relationship****: [Relationship to Member]

****Birth Date****: [Dependent's Date of Birth]

****PhilHealth Number**** (if applicable): [Dependent's PhilHealth Number]

2. ****Full Name****: [Dependent's Full Name]

****Relationship****: [Relationship to Member]

****Birth Date****: [Dependent's Date of Birth]

****PhilHealth Number**** (if applicable): [Dependent's PhilHealth Number]

[Add more dependents as necessary]

I have attached the necessary documents to support my request, including:

- Copy of my PhilHealth ID
- Copies of valid IDs for each dependent
- Birth certificates or other relevant documents

Thank you for your assistance in processing this request. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]