

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

PhilHealth Office
[PhilHealth Office Address]
[City, State, Zip Code]
Subject: Membership Update Request

Dear Sir/Madam,

I hope this letter finds you well. I am writing to formally request an update to my PhilHealth membership details.

My membership information is as follows:

- Name: [Your Full Name]
- PhilHealth Number: [Your PhilHealth Number]
- Date of Birth: [Your Date of Birth]

The details I wish to update are:

- [Specify the information you want to change, e.g., address, contact number, etc.]

Please find attached the necessary documents to support my request.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]