

[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 Contribution History

Dear PhilHealth Officer,

I hope this letter finds you well. I am writing to formally request a copy of my contribution history with PhilHealth. My details are as follows:

Full Name: [Your Full Name]

PhilHealth Identification Number: [Your PhilHealth ID Number]

Date of Birth: [Your Date of Birth]

Membership Type: [Employed/Individual/OFW/etc.]

I would appreciate it if you could provide my contribution records for the period of [start date] to [end date]. This information is essential for my [reason for request, e.g., personal records, loan application, etc.].

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]