



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 9, 2020

MEMORANDUM CIRCULAR

No. 2020- 0051

**FOR : ALL OFFICIALS AND EMPLOYEES OF THE DEPARTMENT
OF HEALTH-CENTRAL OFFICE**

SUBJECT: Capturing of Pag-IBIG Loyalty Plus (LC-Plus) Card

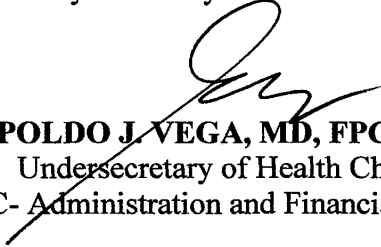
The PAG-IBIG Fund is introducing the new Pag-IBIG Loyalty Plus (LC-Plus) Card to interested employees of the Department of Health. This Pag-IBIG LC-Plus offers discounts and rewards from partner establishments and can also be used as cash cards to receive Pag-IBIG Multi-Purpose Loan proceeds and Modified Pag-ibig II savings dividends. The said card is also needed when transacting online through the VIRTUAL Pag-IBIG, especially this time of COVID-19 pandemic.

The Pag-ibig Fund will be deploying personnel and equipment for the data capturing. The payment of the Pag-ibig LC-Plus card is P125.00.

Attached is the Pag-IBIG LC-Plus Application Form for filling up. Please submit to the Administrative Service, Personnel Administration Division for consolidation and submission to Pag-IBIG Fund on or before November 17, 2020 for verification of data before the data capturing.

For more information, also attached is the Steps to Apply for the Pag-IBIG LC Plus for your guidance.

By Authority of the Secretary of Health:


LEOPOLDO J. VEGA, MD, FPCS, FPACSI, MBA-H
Undersecretary of Health Chief of Staff
OIC- Administration and Financial Management Team

raa/pad/as/20-93

How to Get a Pag-IBIG Loyalty Card

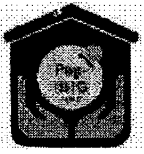
If this is your first time applying for one, you'll instantly receive the newer Pag-IBIG Loyalty Card Plus. If you currently own the old version of the loyalty card, you can still use it to get discounts from partner establishments. However, if you want to upgrade your card, you'll have to follow the steps for a new application.

Pag-IBIG Loyalty Card Requirements

- One (1) valid ID
- Permanent Membership ID (MID) number
- Must be an active Pag-IBIG member

If you have yet to receive your MID number, that means you don't have a Pag-IBIG membership yet. Application is easy—just head down to the online Pag-IBIG registration page^[3]. Once you've secured your permanent Membership ID number, follow these simple steps.

1. Download the Pag-IBIG Loyalty Card application form^[4] and fill it out.
2. Submit the completed form to the nearest Pag-IBIG Fund branch.
3. Pay the registration fee of **PHP 125** and keep the receipt for claiming.
4. Proceed to the biometrics section to have your picture and fingerprints taken.
5. Validate all the information you gave and check for errors and misspellings.
6. Claim your Pag-IBIG Loyalty Card Plus and PIN Mailer from the bank personnel.



LOYALTY CARD PLUS APPLICATION FORM

Pag-IBIG MID NUMBER	<input type="text"/>
LOYALTY CARD/BANK CARD NUMBER	<input type="text"/>
ISSUING PARTNER-BANK	<input type="text"/>

INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. The "NAME EXTENSION" shall refer to JR., II, III and the like.
4. Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS"
5. On "CONTACT DETAILS" portion, indicate at least one (1) contact number.
6. All fields which are marked with asterisk (*) are mandatory.

***MEMBERSHIP CATEGORY**

MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, <i>Please specify</i>
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

MEMBER'S PERSONAL DETAILS

*LAST NAME	*FIRST NAME	*NAME EXT. (e.g., Jr., II)	*MIDDLE NAME	*MAIDEN NAME (For married women)
*DATE OF BIRTH <input type="text"/> m m d d y y y y		*CITIZENSHIP	*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	TAXPAYERS IDENTIFICATION NUMBER (TIN) <input type="text"/> SSS/GSIS NUMBER <input type="text"/> EMPLOYEE NUMBER <input type="text"/> <i>For AFP/PNP Employee, Serial/Badge No.</i> <input type="text"/> <i>For DepEd Employee, Division Code-Station Code</i> <input type="text"/>
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	*MOTHER'S MAIDEN NAME	
*NAME OF SPOUSE (if married) (Last Name, First Name, Name Ext., Middle Name)				

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision				<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE + TELEPHONE NUMBER Home <input type="text"/>	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	*Cell Phone <input type="text"/>	
*PRESENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision				Business (Direct Line) <input type="text"/>	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Business (Trunk Line)	Local <input type="text"/>
*Email Address: <input type="text"/>					

PRESENT EMPLOYMENT DETAILS *(if you have more than (1) employer, use 2nd-3rd sheet and follow format below)*

*EMPLOYER/BUSINESS NAME				Monthly Income Range <input type="checkbox"/> Less than P5,000 <input type="checkbox"/> P5,000 to less than P15,000 <input type="checkbox"/> P15,000 to less than P25,000 <input type="checkbox"/> P25,000 to less than P35,000 <input type="checkbox"/> P35,000 to less than P50,00 <input type="checkbox"/> P50,000 or more	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.				*OCCUPATION	
Street Name	Subdivision	Barangay			
Municipality/City	Province	*State/Country (if abroad)	ZIP Code	*NATURE OF WORK/ BUSINESS/ SOURCE OF FUNDS	
*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-Based <input type="checkbox"/> Part-Time/Temporary					

***PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP** *(Use another sheet if necessary)*

1	EMPLOYER/BUSINESS NAME	FROM	TO
	EMPLOYER/BUSINESS ADDRESS	<input type="text"/> m m d d y y y y	<input type="text"/> m m d d y y y y
2	EMPLOYER/BUSINESS NAME	FROM	TO
	EMPLOYER/BUSINESS ADDRESS	<input type="text"/> m m d d y y y y	<input type="text"/> m m d d y y y y