(**First-party’s name**)

(Address)

(City, Zip code)

(Date)

**Philippine Health Insurance Corporation**

(Address of Office)

(City, Zip code)

To Whom It May Concern:

I, **(*first-party’s name****)*, hereby authorize my (***relationship with bearer****)*, (***name of bearer*)**, to process and claim my PhilHealth ID on my behalf. I am unable to accomplish this in person due to **(*state the reason for absence)*.**

The representative will show you copies of my **(*name of the 2 valid IDs)*** as proof of my consent regarding the matter. The bearer will also show his/her ***(name valid ID of bearer****)* for verification purposes.

For any concerns and questions, you may contact me at **(*insert phone number****).*

Sincerely,

(***signature over printed name****)*