



**HUMAN RESOURCE DEVELOPMENT OFFICE
Central Philippine University**

HRD Form 52 Rev 0

**CPU FACULTY/STAFF DEPENDENTS
(FOR IMH HOSPITALIZATION BENEFIT)**

Name: _____ Birthdate: _____

SSS # _____ PhilHealth # _____

Department/College: _____ Date Hired: _____

Dependents:

Spouse: _____ Birthdate: _____

Children:

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

Parent: (For single – choose one parent only)

_____ Birthdate: _____

Signature: _____ Date: _____



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