

RF-1 <small>Revised January 2012</small>	Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Healthline 441-7444 www.philhealth.gov.ph	EMPLOYER'S REMITTANCE REPORT	THIS PORTION TO BE FILLED UP BY PHILHEALTH						
1 PHILHEALTH NO. <input type="text"/> EMPLOYER TIN <input type="text"/>	Date Received: _____ Action Taken: _____ By: _____ Signature Over Printed Name								
2 COMPLETE EMPLOYER NAME _____ COMPLETE MAILING ADDRESS _____ TELEPHONE NO. _____ EMAIL ADDRESS _____	3 EMPLOYER TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOUSEHOLD	4 REPORT TYPE <input type="checkbox"/> REGULAR RF-1 <input type="checkbox"/> ADDITION TO PREVIOUS RF-1 <input type="checkbox"/> DEDUCTION TO PREVIOUS RF-1	5 APPLICABLE PERIOD _____						
6 PHILHEALTH IDENTIFICATION NUMBER (PIN)	EMPLOYEE/S INFORMATION								
	LAST NAME	NAME SUFFIX	FIRST NAME	MIDDLE NAME	8 Fill-out this portion only if declared employee/s has not yet been issued his/her PIN DATE OF BIRTH (mm-dd-yyyy)	SEX (M/F)	9 MONTHLY SALARY BRACKET (MSB)	10 NHIP PREMIUM CONTRIBUTION PS ES	11 EMPLOYEE STATUS S-Separated, NE-No Earnings, NH-Newly Hired / Effectivity Date
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
12 _____ Indicate Total Number of employees' per page	13 ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFERENCE NO.)				14 SUBTOTAL (PS + ES) (To be accomplished on every page) →	_____ _____ _____		15 PREPARED BY: SIGNATURE OVER PRINTED NAME OFFICIAL DESIGNATION DATE	
	APPLICABLE PERIOD	REMITTED AMOUNT	ACKNOWLEDGEMENT RECEIPT NO.	TRANSACTION DATE	NO. OF EMPLOYEES	GRAND TOTAL (PS + ES) (To be accomplished on every page) →			
16	UNDER THE PENALTY OF THE LAW, I HEREBY ATTEST THAT THE ABOVE INFORMATIONS PROVIDED HEREIN ARE TRUE AND CORRECT.								
	_____ Signature over printed name			_____ Official Designation			_____ Date		

PLEASE READ INSTRUCTIONS (FOR EACH NUMBERED BOX) AT THE BACK BEFORE ACCOMPLISHING THIS FORM

INSTRUCTIONS

- BOX 1** Write the complete **PHILHEALTH NUMBER** and **EMPLOYER TIN** in corresponding boxes. “ If **without PEN**, the employer shall be required to attach duly accomplished **ER1** form and **any** of the following documents, Whichever is applicable to facilitate registration and PEN issuance:
1. Business License Permit for Single Proprietorship
 2. SEC Registration for a partnership and Corporation
 3. License to Operate for all employees
- BOX 2** Write the **COMPLETE** Employer Name, Mailing Address , Telephone Number and Email Address (DO NOT ABBREVIATE).
- BOX 3** Check applicable box for the **EMPLOYER TYPE**.
- BOX 4** Check the applicable box for the **REPORT TYPE**. For adjustment on remittance report on previous month, use a separate RF-1 form and check the box corresponding to “ **Addition to Previous RF-1**” or “**Deduction to Previous RF-1**” as the case maybe. Write only the names of the employees with erroneous contributions and the difference between the correct amount and the amount that was previously reported. If an underpayment results due to correction, please remit the amount due to PhilHealth. Use separated/different sets of RF-1 form for each month when reporting previous payments or late payments made on previous month(s).
- BOX 5** Always indicate the **applicable month** and **year** of premium contributions paid. The month and year coverage in the RF-1 should correspond with the month and year coverage indicated in the PAR/POR/Transaction Reference No.
- BOX 6** Indicate the corresponding **PHILHEALTH IDENTIFICATION NO. (PIN)** opposite the respective names of your employees. For updating of member data record and/or declaration of dependents, require the employee/s to submit the properly accomplished PhilHealth Member Registration Form (PMRF) including the supporting document/s and the same shall to PhilHealth Regional/Branch Offices together with the ER2 duly signed by the employer.
- BOX 7** Print names of Employees in alphabetical order; write **Last Name**; **First Name** and **Middle Name** as they pronounced. For instance, the names JULIAN SALVADOR DELA CRUZ; LILIA BERNARDO DELOS SANTOS and MARIA LAGDAMEO DE GUIA should be written as DELA CRUZ, JULIAN SALVADOR; DELOS SANTOS, LILIA BERNARDO and DE GUIA, MARIA LAGDAMEO; also, names with suffixes such as Jr., Sr., III, etc. should always be written after the last name. do not skip lines when listing down their names. Write “**NOTHING FOLLOWS**” on the line immediately following the last listed employee.
- BOX 8** In case that the employee/s listed in the submitted RF-1 has not yet been issued his/her permanent PIN, indicate his/her **DATE OF BIRTH** and **SEX** in the column provided to facilitate the immediate generation of PIN. Else, if he/she already has a PIN leave the column blank and indicate his/her PIN in box no. 6.
- BOX 9** Indicate your employees’ respective **MONTHLY SALARY BRACKET (MSB)** corresponding to the **MONTHLY SALARY RANGE** where the employee’s monthly salary falls. Please refer to the **NHIP MONTHLY PREMIUM CONTRIBUTION SCHEDULE** for your reference. Corresponding MSB left accomplished shall mean that the employee’s compensation for the particular period shall belong to the highest bracket.
- BOX 10** Indicate the corresponding **PERSONAL SHARE (PS)** and **EMPLOYER SHARE (ES)** on the boxes provided for each remittance. The Total Premium Contribution (PS + ES) for the month must fall within the prescribed bracket.
- BOX 11** In the “**EMPLOYEE STATUS**” column indicate the “**S**” if the employee is Separated, “**NE**” if with No Earnings and “**NH**” if employee is Newly Hired. As such, supply the **Date of effectivity** in the column provided.
- BOX 12** Indicate total number of employee/s listed in the submitted RF-1. Ensure that the total number of employees’ listed in box no. 7 shall correspond to the number of employees’ in box no. 12.
- BOX 13** Supply needed information on the “**ACKNOWLEDGEMENT RECEIPT** (PAR/POR/Transaction Reference No.)” boxes. Indicate in the corresponding box the Applicable Period, Remitted Amount, Acknowledgement Receipt No., Transaction Date and Number of Employees (to be filled-up on every pages).
- BOX 14** Add all contribution in the **PERSONAL SHARE (PS)** column and **EMPLOYER SHARE (ES)** column, for each month and reflect the sum in the “**SUBTOTAL**” box for each page. Consequently, add all subtotals/page totals and reflect the sum in the “**GRAND TOTAL**” box in the last sheet of the accomplished RF-1 to indicate total amount of contributions paid for the applicable month.
- BOX 15** Affix signature over complete printed name of the authorized officer preparing the report, his/her official designation and date.
- BOX 16** Affix signature over complete printed name of the authorized officer certifying the report, his/her designation and date.
- BOX 17** Always indicate page number and total number of pages at each of the form.

NHIP MONTHLY PREMIUM CONTRIBUTION SCHEDULE

MSB	Monthly Salary Range	Salary Base (SB)	Total Monthly Contribution	Personal Share (PS)	Employer Share (ES)
1	₱ 4,999.99 and below	₱ 4,000.00	₱ 100.00	₱ 50.00	₱ 50.00
2	5,000.00 to 5,999.99	5,000.00	125.00	62.50	62.50
3	6,000.00 to 6,999.99	6,000.00	150.00	75.00	75.00
4	7,000.00 to 7,999.99	7,000.00	175.00	87.50	87.50
5	8,000.00 to 8,999.99	8,000.00	200.00	100.00	100.00
6	9,000.00 to 9,999.99	9,000.00	225.00	112.50	112.50
7	10,000.00 to 10,999.99	10,000.00	250.00	125.00	125.00
8	11,000.00 to 11,999.99	11,000.00	275.00	137.50	137.50
9	12,000.00 to 12,999.99	12,000.00	300.00	150.00	150.00
10	13,000.00 to 13,999.99	13,000.00	325.00	162.50	162.50
11	14,000.00 to 14,999.99	14,000.00	350.00	175.00	175.00
12	15,000.00 to 15,999.99	15,000.00	375.00	187.50	187.50
13	16,000.00 to 16,999.99	16,000.00	400.00	200.00	200.00
14	17,000.00 to 17,999.99	17,000.00	425.00	212.50	212.50
15	18,000.00 to 18,999.99	18,000.00	450.00	225.00	225.00
16	19,000.00 to 19,999.99	19,000.00	475.00	237.50	237.50
17	20,000.00 to 20,999.99	20,000.00	500.00	250.00	250.00
18	21,000.00 to 21,999.99	21,000.00	525.00	262.50	262.50
19	22,000.00 to 22,999.99	22,000.00	550.00	275.00	275.00
20	23,000.00 to 23,999.99	23,000.00	575.00	287.50	287.50
21	24,000.00 to 24,999.99	24,000.00	600.00	300.00	300.00
22	25,000.00 to 25,999.99	25,000.00	625.00	312.50	312.50
23	26,000.00 to 26,999.99	26,000.00	650.00	325.00	325.00
24	27,000.00 to 27,999.99	27,000.00	675.00	337.50	337.50
25	28,000.00 to 28,999.99	28,000.00	700.00	350.00	350.00
26	29,000.00 to 29,999.99	29,000.00	725.00	362.50	362.50
27	30,000.00 and up	30,000.00	750.00	375.00	375.00

COPY DISTRIBUTION

Form	No. of Copies	1 st	2 nd	3 rd	4 th
RF-1	2	PHIC	PAYOR	X	X
PAR	4	PAYOR	COLLECTING AGENT'S COPY	PHIC	PHIC

DEADLINE OF SUBMISSION OF FORMS
Every 15th day after the applicable month

Submit Original Copy of this duly accomplished form with the corresponding copies of the validated PAR/POR/Transaction Reference No. to the Collection Section of the respective NCR-Service Offices for payors within the NCR or to Service Offices (SOs)/PhilHealth Regional Offices (PROs) for payors outside NCR. Deadline of payment contributions shall be on the 10th day after the applicable month. The submission of Monthly Reports are due on the 15th day after the applicable month. Employers who fail to comply with the above requirements shall be subjected to the penalties provided under Article X, R.A. 7875