RF-1

Revised January 2012

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

Date Received: _____ Action Taken:

By: _____
Signature Over Printed Name

1 **PHILHEALTH NO.** | | | – | | | | | | | | | | – | |

EMPLOYER TIN | | | | – | | | | – | | | | – | | | |

2
COMPLETE EMPLOYER NAME _____
COMPLETE MAILING ADDRESS _____
_____
TELEPHONE NO. _____ EMAIL ADDRESS _____

3 **EMPLOYER TYPE**
☐ PRIVATE
☐ GOVERNMENT
☐ HOUSEHOLD

4 **REPORT TYPE**
☐ REGULAR RF-1
☐ ADDITION TO PREVIOUS RF-1
☐ DEDUCTION TO PREVIOUS RF-1

5 **APPLICABLE PERIOD**
_____

	6 PHILHEALTH IDENTIFICATION NUMBER (PIN)	EMPLOYEE/S INFORMATION				**8** Fill-out this portion **only** if declared employee/s has not yet been issued his/her PIN		**9**	**10** NHIP PREMIUM CONTRIBUTION		**11** EMPLOYEE STATUS
		LAST NAME	NAME SUFFIX	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm-dd-yyyy)	SEX (M/F)	MONTHLY SALARY BRACKET (MSB)	PS	ES	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.)

APPLICABLE PERIOD	REMITTED AMOUNT	ACKNOWLEDGEMENT RECEIPT NO.	TRANSACTION DATE	NO. OF EMPLOYEES

14 **SUBTOTAL** (PS + ES)
(To be accomplished on every page) →

GRAND TOTAL (PS + ES)
(To be accomplished on every page) →

15 **PREPARED BY:**
_____
SIGNATURE OVER PRINTED NAME
_____
OFFICIAL DESIGNATION
_____
DATE

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

17 **PAGE** _____ **OF** _____ **PAGES**

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	1st	2nd	3rd	4th
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