RF- Revised February								PHILII Healthin	lic of the PPINE I ne 441 744 nter@philh	HEALT 4 www.ph	TH INS	I INSURANCE CORPORATION FMPI OVER'S REMITTANCE REPORT						FOR PHILHEALTH USE											
1	1 PHILHEALTH EMPLOYER 1																Date Received: Action Taken: By:Signature Over Printed Name												
2		MPLI	ETE	MAIL		YER NAIVE						orporation St., Malibay, Pasay Ci				3 EMPLOYER TO PRIVATE GOVERN HOUSE	TE RNMENT				4	REPORT TYPE REGULAR RF-1 ADDITION TO PREVIOUS RF-1 DEDUCTION TO PREVIOUS RF		5 APPLICABLE PERIOD					
6	PH	LHE	ALI	TH 10	ENT	ΓΙFΙC	CATIC	ON N	IUMBE	ĒR		7 EMPLOYEE/S INFORMATION						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					
	100000					IN)					ľ	LAST NAME	FIRST NAME		NAME EXT. (Sr./Jr.)		MIDDLE NAME		ATE OF BIRTH SEX (M/F)		MONTHLY SALARY BRACKET (MSB)	PS ES		S-Separated, NE-No Earnings, NH-Newly Hired / Effectivity Date					
1.	1 9	0	5	1	4	1	9	8 7	7 6	8	c	CACANINDIN	JENELYN			ANGE	-ES						325.00	325.00					
2.	1 9	0	5	2	0	7 5 9 3 1 3						DENAGA	JUN	JUN		BIACO							175.00	175.00					
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2 Indicate Total Number of employees per page						13		ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFERENCE NO.)							O.)				SUBTOTAL	100	S + ES)	500.00	500.00	15 PREPAR		PARED B	Υ:		
						A	APPLICABLE			IIOD		REMITTED AMOUNT	ACKNOWLEDGEMENT RECEIPT NO.			TE	NO. OF EMPLOYEES	(To be accomplished on every page)				1,00 500.00	500.00		SIGNATURE OVER PRINTED NAME				
																		GRAND TOTAL (P					500.00		OFFICIAL DESIGNATION DATE				
16												UNDER THE PENA	LTY OF THE LAW, I HEREBY	ATTEST 1	THAT THE	ABOVE IN	FORMATION PROVIDED) HER	REIN A	ARE TRUE	AND C	ORREC	т.						
Signature over printed name Official Designation Date																													
	PLEASE READ INSTRUCTIONS (FOR EACH NUMBERED BOX) AT THE BACK BEFORE ACCOMPLISHING THIS FORM 17 PAGE 1 OF 1 PAGE/S												ACH NUME	M		SE1	PAGE/S												