RF-1		PHILI		ippines TH INSURANCE ( <b>S QUARTE</b>	FOR PHILHEALTH USE															
	REVISED JAN 2002			E REPORT	Date Screened: Action Taken : Date Screene									creened:	d: Action Taken :					
1 PHILHEALTH NO.						By: By:														
EMPLOYER TIN					Signature Over Printed Name Signature									Signature	Over Printed Name					
Oignature Over Frinted Name														Signature Over Printed Name						
2	MDI ETE EMDI		3 EMPLOYER TYPE					4												
	MPLETE EMPL MPLETE MAIL							Regular EMPLOYER    X Private				s SSS NO.		Regular RF-1 QUARTER						
	EPHONE NO.			•				Government EMPLOYER's SSS				GSIS POLIC	CY NO.	Addition to previous RF-1 Deduction to previous RF-1 March 2007			007			
										Household						<u> </u>				
6	NAME OF EMPLOYEE/S						7 8 MONTHLY COMPENSATION			9 NHIP PREMIUM CONTRIB				JTIONS		10 REMARKS				
Surname			Oissan Nama			PhilHealth ID No./SSS ID No./GSIS Policy No.	BRACKET		KET	1st Month		2nd Month		3rd Month		<del>                                     </del>		o Earning, NH-Newly Hired		
			Given Name		M. I.	Policy No.	1st Month	2nd Month	3rd Month	PS	ES	PS	ES	PS	ES	1st Month	2nd Month	3rd Month	Date of Effectivity	
1 ABRERA			AGUSTIN, JR.			19-050933588-9	7			125.00	125.00	0.00	0.00	0.00	0.00					
2 BORJA			ABIGAIL			02-0928613-3	7			125.00	125.00	0.00	0.00	0.00	0.00					
3 CARDINES			ABRAHAM	1		19-050933626-	6			112.50	112.50	0.00	0.00	0.00	0.00					
4 DPTSLS			ABDHUL KHARIM			19-050933745-8	3			75.00	75.00	0.00	0.00	0.00	0.00					
5 NARIO			ABEGAIL			33-7215830-2	3			75.00	75.00	0.00	0.00	0.00	0.00					
6 NOTHING FOLLOWS		/S																		
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
11 ME-5 SUMMARY OF CONTRIBUTION PAYMENT					MENTS	12 (PS + ES)			512.50	512.50	0.00	0.00	0.00	0.00	13 Certified Correct:					
					No. of Employees	SUBTOTAL				1,025.00 0.00 0.00										
1st Mont																				
2nd Month  3rd Month						(To be accomplished on every page)				T						SIGNATURE O	VER PRINTED	NAME		
514 10111	(F3				PS +	⊏5)								OFFICIAL	. DESIGNATIO	N				
						GRAND TOTAL								OF FIGURE DESIGNATION						
											PATE .									