

EMP NAME			
ADDRESS			
PEN		EMPLOYER TYPE	
TEL #		YEAR	
INCHARGE		MONTH	
POSITION		TYPE OF REPORT	
EMAIL		DATE PREPARED	
# OF EE'S	LAST NAME	SUFFIX	FIRST NAME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

[illegible]

		TOTAL PS	125.00	
		TOTAL ES	125.00	
		NO ALLOTTED GS	0.00	
DECEMBER		TOTAL ARREARS	0.00	
250.00		TOTAL PS & TOTAL ES	250.00	
-250.00		TOTAL PS + NO ALLOTTED GS	125.00	
PS	ES	ALLOTTED	REMARKS	DATE
125.00	125.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		
0.00	0.00	0.00		

[LINKS](#)  
[PRINT OUT RF1](#)  
[SAVE TXT](#)  
[PRINT OUT RF1a](#)  
[SAVE TXTa](#)

REMITTANCE REPORT

000000000000 42015R  
MEMBERS

01000000	012500	012500	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
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00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000

M5-SUMMARY

100000000 00000000  
GRAND TOTAL0000000250

12301899

REMITTANCE REPORT

000000000000 42015R  
MEMBERS

01000000	012500	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
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00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000
00000000	000000	000000	000000	000000	000000	000000

M5-SUMMARY

100000000 00000000  
GRAND TOTAL0000000250

12301899

RF-1

Revised  
January 2012

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Healthline: 441-7442 Site: www.philhealth.gov.ph

REPORT

THIS PORTION TO BE FILLED UP BY PHILHEALTH

1

PHILHEALTH NO. 000000000000

EMPLOYER TIN 0

Date Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

By : \_\_\_\_\_

Signature Over Printed Name \_\_\_\_\_

2

COMPLETE EMPLOYER NAME

COMPLETE MAILING ADDRESS

TELEPHONE NO. 0

EMAIL ADDRESS 0

3

EMPLOYER TYPE

☐ PRIVATE

☐ GOVERNMENT

☐ HOUSEHOLD

4

REPORT TYPE

☐ REGULAR RF-1

☐ ADDITION TO PREVIC

☐ DEDUCTION TO PREVIC

5

APPLICABLE PERIOD

DECEMBER 2015

6

PHILHEALTH IDENTIFICATION NUMBER (PIN)

7

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

12

12

Indicate Total Number of employees per page

13

ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFERENCE NO.)

APPLICABLE PERIOD

DECEMBER

REMITTED AMOUNT

0.00

ACKNOWLEDGEMENT RECEIPT

0

TRANSACTION DATE

14

GRAND TOTAL (PS+ES)

(To be accomplished on every page)

125.00

125.00

250.00

15

SIGNATURE OVER PRINTED NAME

OFFICIAL DESIGNATION

11/12/18 06:43 PM

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
-----------------------------	----------------------	------





RF-1



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Healthline: 441-7442 Site: www.philhealth.gov.ph

REPORT

THIS PORTION TO BE FILLED UP BY PHILHEALTH

1

PHILHEALTH NO. 000000000000

2

COMPLETE EMPLOYER NAME

COMPLETE MAILING ADDRESS

TELEPHONE NO. 0

EMAIL ADDRESS 0

Date Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

By : \_\_\_\_\_

Signature Over Printed Name \_\_\_\_\_

3

EMPLOYER TYPE

☐ PRIVATI

☐ GOVERN

☐ HOUSEHO

4

REPORT TYPE

☐ REGULAR RF-

☐ ADDITION TO PRE

☐ DEDUCTION TO PRI

5

APPLICABLE PERIOD

DECEMBER 2015

6

PHILHEALTH IDENTIFICATION NUMBER (PIN)

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EMPLOYEE/S INFORMATION

LAST NAME

NAME SUFFIX

FIRST NAME

MIDDLE NAME

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DATE OF BIRTH (mm-dd-yyyy)

SEX (M/F)

MONTHLY SALARY BRACKET (MSB)

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REMITTED AMOUNT

ACKNOWLEDGEMENT RECEIPT

TRANSACTION DATE

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125.00

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