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			
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4			
5			
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7			
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11			
12			

EMPLOYEE COUNT 12	SSS NUMBER			ME-5 # / C	DR#				
REPORT UNDERPAYMENT	TIN			AMOUNT F	PAID				
PRIVATE	ALLOTED GS			DATE P	PAID				
2015	PREPARED BY			APPLICABLE MOI					
12	DESIGNATION			TOTAL RF-1					
R				OVER/UNI	DER				
11/12/18 06:43 PM	PHILHEALTH NO	DATE OF	SEX	SALARY	SB				
MIDDLE NAME	PHILHEALIH NO	BIRTH	JEX						
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		TOTAL PS	125.00						
		TOTAL ES	125.00						
		NO ALLOTED GS	0.00						
DECE	MBER	TOTAL ARREARS	0	.00					
250	.00	TOTAL PS & TOTAL ES	25	0.00					
-250	0.00	TOTAL PS + NO ALLOTED GS	12	5.00					
PS	ES	ALLOTED	REMARKS	DATE					
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LINKS
PRINT OUT RF1
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PRINT OUT RF1a
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REMITTANCE REPORT

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MEMBERS

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REMITTANCE REPORT

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RF Revised January20	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. 00000000000													Date Received: Action Taken:								
											By : Signature Over Printed Name											
2	COMPLET	TΕΙ	EMPI	.OYE	R NA	AME						3	EMPLOY	ER TYPE	4	REPORT TYPE			5	APPLICABLE PERIOD		
С	OMPLET					ESS				EMAIL ADDDECO	0			VERN _N	╽□	REGULAR RF-1 ADDITION TO PREVIC DEDUCTION TO PREVI				DECEMBER 2015		
6	TELEP		LHE				7		EM	PLOYEE/S INFORMATION	<u>u</u>	8	Fill-out this portion		9	10		PREMIUM FRIBUTION	11	EMPLOYEE STATUS		
			TIFIC IBER					LAST NAME	NAME SUFFIX	FIRST NAME	MIDDLE NAME		TE OF BIRTH	SEX (M/	MONTHLY SALARY BRACKET (MSB)		PS ES		S-Separated, NE-No Earnings, NH- Newly Hired / Effectivity Date			
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12		13			ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFERENCE NO.)				14 GRAND TOTAL (PS+ES)				3) 125.00		125.00	15 SIGNATURE OVER PRINTED NAME						
	12		APPL	ICABL	PERIC	D		REMITTED AMOU	NT	ACKNOWLEDGEMENT RECEIPT	TRANSACTION DATE								OFFICIAL DESIGNATION			
Indicate in employ	dicate Total Number of employees per page				R		0.00				(To be accomplished on every page)				250.00			11/1	2/18 06:43 PM date			
16	. !!				- 1		UN	IDER THE PENALTY (OF THE LA	W, I HEREBY ATTEST THAT T	HE ABOVE INFORMATIONS P	ROV	IDED HEF	REIN ARE	TRUE	AND (ORRE	ČT.				
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This form maybe reproduced and is NOT FOR SALE

Signature over prin	ted name	Official Designation	Date

Revised January20	ed District Control of the Control o										THIS PORTION TO BE FILLED UP BY PHILHEALTH														
1		PHILHEALTH NO. 000000000000													Date Received: Action Taken:										
	EMPLOYER TIN 0													By :											
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С				AILIN NE N		DRES	ss				EMAIL ADDRESS	0		PRIVATI REGULAR RF-' GOVERN ADDITION TO PRE HOUSEHO DEDUCTION TO P						DECEMBER 2015					
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				IFICA BER					LAST NAME	NAME SUFFIX	FIRST NAME	MIDDLE NAME		ATE OF BIRTH (MM-dd-yyyy) SEX (M/F)		MONTHLY SALARY BRACKET (MSB)	PS		S ES		S-Separated, NE-No Earnings, NH- Newly Hired / Effectivity Date				
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