



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Central Records

15th Floor Citystate Centre Bldg., 709 Shaw Blvd., Brgy. Oranbo, Pasig City

PHILHEALTH CIRCULAR

No. 007 s 1999 2000

FOR : ALL NATIONAL GOVERNMENT AGENCIES, LOCAL GOVERNMENT UNITS, GOVERNMENT OWNED AND CONTROLLED CORPORATIONS, SELF-GOVERNING BOARDS, STATE COLLEGES AND UNIVERSITIES, CONSTITUTIONAL OFFICES, PRIVATE SECTOR EMPLOYERS INCLUDING HOUSEHOLD EMPLOYERS AND ALL CONCERNED

SUBJECT : Revised Employers Quarterly Remittance Report Form (RF-1)

DATE : 21 March 2000

In order to address the problems of employers who have employees with varying monthly income within a quarter, and to effect speedy and efficient processing of remittance reports thereof, among others, a revised Employer's Quarterly Remittance Report Form (RF-1) is hereby made available for use of all private, government and household employers for remittances applicable for the **SECOND QUARTER CY 2000 onwards.**

THE REVISED FORM SHALL HAVE THESE ADDED FEATURES:

1) INCLUSION OF HOUSEHOLD EMPLOYERS IN THE EMPLOYER TYPE BOX

Upon effectivity, household employers shall *no longer use the usual Househelper Remittance Report (HR-1)*. Instead, an additional box in the RF-1 is added to accommodate the household employers. This change shall make the reporting of all employers uniform.

2) MONTHLY DECLARATION OF INCOME PER APPLICABLE QUARTER

The column for monthly compensation is subdivided so as to reflect each of the monthly income for the quarter. The monthly salary is ranged to determine the monthly salary bracket applicable to an employee per month. (Please refer to Table 1)

Also, employers who do not want to divulge their employee's compensation may place the corresponding salary bracket instead of the actual monthly compensation. Corresponding boxes for the monthly compensation left unaccomplished shall mean that the employee's compensation for the particular period shall belong to the highest bracket.

2.

**TABLE I
REVISED NHIP MONTHLY PREMIUM CONTRIBUTION SCHEDULE**

BRACKET	MONTHLY SALARY RANGE		SALARY BASE	TOTAL MONTHLY CONT.	EMPLOYEE SHARE (PS=SBx1.25%)	EMPLOYER SHARE (ES=SBx1.25 %)
	FROM	TO				
1	Below	P 3499.99	P 3000.00	P 75.00	P 37.50	P 37.50
2	3500.00	3999.99	3500.00	87.50	43.75	43.75
3	4000.00	4499.99	4000.00	100.00	50.00	50.00
4	4500.00	4999.99	4500.00	112.50	56.25	56.25
5	5000.00	Up	5000.00	125.00	62.50	62.50

3) REMARKS COLUMN

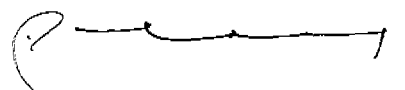
A remarks column is provided and is subdivided further, so as to reflect the exact date of effectivity in case an employee is hired, separated or has no earnings as the case may be.

5) INDICATED BOX NUMBERS

Box numbers are provided in the upper left corner of each group to serve as an easy guide in following the instructions at the back of the Employer's Quarterly Remittance Report Form.


Remittance reports covering the **SECOND QUARTER CY 2000** (which shall be submitted on or before 15 July 2000) and onwards using the old RF-1 shall be declared deficient. Deficiency in the remittance report delays the posting of member's contribution which in turn may delay the members' availment of benefits.

Please be guided accordingly.



ENRIQUE M. ZALAMEA
President and CEO

PHILHEALTH
CENTRAL RECORDS

Received by: 
Date/Time: 5/8/00 4:10

RF-1
REVISED MAR 2000

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
**EMPLOYER'S QUARTERLY
REMITTANCE REPORT**

FOR PHILHEALTH USE

Date Screened:

Action Taken:

Date Received:

Action Taken:

By:

By:

Signature over Printed Name

Signature over Printed Name

1 PHILHEALTH NO.

EMPLOYER TIN

2 COMPLETE EMPLOYER NAME _____

COMPLETE MAILING ADDRESS _____

_____ **TELEPHONE NO.** _____

3 EMPLOYER TYPE

Regular Private Government

EMPLOYER'S SSS NO.

EMPLOYER'S SSS / GSIS POLICY NO.

Household

4 TYPE OF REPORT

Regular RF-1

Addition to previous RF-1

Deduction to previous RF-1

5 APPLICABLE QUARTER

Quarter Ending Mar 200__

Quarter Ending Jun 200__

Quarter Ending Sep 200__

Quarter Ending Dec 200__

6	NAME OF EMPLOYEE/S			7 PhilHealth ID No./ SSS ID No./ GSIS Policy No.	8 MONTHLY COMPENSATION BRACKET			9 NHIP PREMIUM CONTRIBUTIONS						10 REMARKS			
	SURNAME	GIVEN NAME	MI		1st Month	2nd Month	3rd Month	1st Month		2nd Month		3rd Month		1st Month	2nd Month	3rd Month	DATE OF EFFECTIVITY
								PS	ES	PS	ES	PS	ES				
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

11 ME-5 SUMMARY OF CONTRIBUTION PAYMENTS

MONTH/ QUARTER	TOTAL CONTRIBUTION	ME-5 RECONCILIATION NO.	DATE PAID	NO. OF EMPLOYEES
1st Month				
2nd Month				
3rd Month				

12 SUBTOTAL
(To be filled on every page) **(PS + ES) ➡**

GRAND TOTAL
(To be filled if this is the last page) **(PS + ES) ➡**

13 CERTIFIED CORRECT:

SIGNATURE OVER PRINTED NAME

OFFICIAL DESIGNATION

DATE