



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

CityState Centre, 709 Shaw Boulevard, Pasig City

Healthline 637-9999 www.philhealth.gov.ph

03 February 2003

PHILHEALTH CIRCULAR

No. 08, s. 2003

TO : **ALL CONCERNED LOCAL GOVERNMENT UNITS
PHILHEALTH REGIONAL OFFICES AND OTHER
CONCERNED OFFICES**

SUBJECT : **Guidelines on the Coverage of Barangay Officials, Personnel and
Volunteers under the Formal or Employed Sector of the National
Health Insurance Program (NHIP)**

1. RATIONALE

Pursuant to Section 11, Article XIII of the 1987 Constitution of the Philippines, "*the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all at affordable cost.*" In response to this constitutional mandate, Congress enacted Republic Act 7875, instituting the National Health Insurance Program (NHIP).

The Department of Interior and Local Government (DILG) entered into a Memorandum of Understanding with PhilHealth and issued Memorandum Circular No. 2002-66 for the enrollment of barangay officials, personnel and volunteers to the NHIP whose coverage under the Program shall be governed by the following statutory enactments and administrative issuances:

1.1 Composition of Barangay Officials

Section 387 of the Local Government Code of 1991 (LGC) provides that the officials of the barangay are as follows: Punong Barangay, Seven (7) Sangguniang Barangay Members, Sangguniang Kabataan Chairperson, Barangay Secretary and Barangay Treasurer. In addition, "*there shall also be in every barangay a Lupong Tagapamayapa.*"

1.2 Other Barangay Officials as Designated by Law or Ordinance

Section 388 of the LGC provides that barangay officials "*...shall be deemed as persons in authority in their jurisdictions...*" and classifies barangay tanods and other barangay volunteers as "*... other barangay officials and members who may be designated by law or ordinance and charged with the maintenance of public order, protection and security of life and property, who shall be deemed agents of persons in authority..*" Section 396 likewise provides for other appointive barangay officials whose qualifications, duties and functions "*...shall be governed by the provisions of the Local Government Code and other laws or barangay ordinances.*"

1.3 Barangay Personnel as Government Employees and Public Officials

The aforementioned officials and personnel of the barangay are considered public officials/employees under Section 2 (d) of the New GSIS Act or R.A. 8291 which

provides that "... an employee is any person receiving compensation whether by election or appointment, irrespective of status of appointment including sanggunian and barangay officials."

Relatedly, Rule 1, Section 1 of the Implementing Rules of R.A 6713 or the Code of Conduct and Ethical Standards for Public Officials and Employees provides that:

"These Rules cover all officials and employees in the government, elective and appointive, permanent or temporary, whether in the career or non-career service, including military and police personnel whether or not they receive compensation regardless of amount."

1.4 Benefits for Barangay Officials and Personnel

Barangay personnel, including duly appointed barangay tanod brigades, may be provided with benefits and privileges to improve their economic and social well-being as provided for under Section 393 of the Local Government Code of 1991, to wit:

"Barangay officials including barangay tanods and members of the lupong tagapamayapa shall receive honoraria, allowances, and such other emoluments as may be authorized by law or barangay, municipal or city ordinances ..."

1.5 Enrollment of Barangay Officials and Personnel to the National Health Insurance Program (NHIP)

In line with the aforementioned enactments and legal issuances, DILG Memorandum Circular No. 2002-66 specifically ". . . reiterates and encourages all barangays to enroll their barangay officials and personnel including volunteers to the PhilHealth Program during their tenure to be paid out of barangay funds, the number of enrollees depending on their capacities to pay."

2. COVERAGE

These Guidelines are hereby prescribed for the coverage of the following barangay officials and personnel:

2.1 Barangay Officials

- 2.1.1 Punong Barangay
- 2.1.2 Seven (7) Sangguniang Barangay Members
- 2.1.3 Sangguniang Kabataan Chairperson
- 2.1.4 Barangay Secretary
- 2.1.5 Barangay Treasurer

- 2.2 Lupong Tagapamayapa
- 2.3 Barangay Tanod Brigades
- 2.4 Other Barangay Volunteers

3. ENROLLMENT SCHEME

Barangay Officials, Lupong Tagapamayapa, Barangay Tanods and Volunteers shall be covered under the Medicare for the Employed Government Sector with the barangay as LGU-employer. Those receiving income of less than ₱3,500 shall be covered under the Medicare for the Employed as Bracket 1 of the approved NHIP Monthly Premium Contribution Schedule for the formal sector. Those receiving income of ₱3,500 and above shall pay the corresponding counterpart as reflected in Annex "A". The ₱3,500 current ceiling is subject to any changes as may be prescribed by the PhilHealth Board.

4. ENROLLMENT PROCEDURES (*Refer to Annex "B"*)

4.1 In coordination with the Department of Interior and Local Government (DILG), PhilHealth shall inform the barangays (LGUs) of the guidelines for the coverage of Barangay Officials and Personnel under the National Health Insurance Program (NHIP).

4.2 The barangay (LGU) shall inform PhilHealth of its intention to adopt the NHIP through the passage of an Ordinance (*Annex "C"*) specifying the allocation of funds for the enrollment of barangay officials and personnel using barangay funds.

4.3 The following requirements shall be accomplished and submitted to PhilHealth:

4.3.1 Employee Data Record

a) M1a Form - Member Data Record (*Annex "D.1"*)

Barangay Officials, personnel and volunteers not yet registered with PhilHealth, regardless of sector (Individually Paying, Non-Paying and Formally Employed Sector) shall accomplish M1a form in duplicate copies. Barangay personnel who are declaring dependent/s should submit applicable supporting documents as required under Section 10 of the Revised Implementing Rules and Regulations of R.R. 7875.

b) M2 Form – Member Amendment Form (*Annex "D.2"*)

Barangay Officials, personnel and volunteers already registered with PhilHealth in other Sectors (Individually Paying and Non-Paying Members) with existing PhilHealth Identification Number (PIN) shall accomplish in duplicate copies M2 Form instead of M1a Form. This should reflect the request for change of sector for the Individually Paying Member and updating of other member data record, if needed. However, barangay officials/personnel who are classified as Non-Paying member prior to serving the barangay shall remain to be classified under the said sector.

Barangay Officials, personnel and volunteers who are previously registered in the employed sector prior to joining the Barangay should likewise accomplish M2 Form to reflect change of employer and updating of other member data record, if needed.

4.3.2 ER1 Form - Employer Data Record (*Annex "E"*)

This form shall be accomplished by the barangay, as employer, or its authorized representative only if the barangay is NOT yet registered with PhilHealth.

4.3.3 Er2 Form - Report of Employee Members (*Annex "F"*)

The barangay, as employer, should accomplish ER2 in duplicate copies enumerating and certifying the employees in the submitted M1a Form. The Form should be signed by the Punong Barangay or its duly authorized representative.

4.4 Billing Statement shall only be issued in case there are arrears, under-remittance and non-remittance of premium contribution by the barangay-employer (Please

refer to *Annex "G.1", "G.2" and "G.3"*), in accordance with Office Order No. 54, s. 2002 and PhilHealth Circular No. 15, s. 2002.

5. PREMIUM CONTRIBUTION AND REMITTANCE SCHEME

The premium payment for the formal sector shall be shared by the barangay, as the employer, and the barangay official/personnel, as the employee. The premium payment equivalent to the Employer Counterpart shall be sourced from the barangay funds. The Barangay, however, may opt to shoulder the entire premium contribution as may be expressly provided for in a Barangay Ordinance. The LGU-employer shall regularly remit to PhilHealth the total monthly premium contribution through the various PhilHealth-accredited banks. The deadline of payment shall be on the 10th day following the applicable month.

6. MONITORING AND EVALUATION

The following are the undertakings of concerned agencies in terms of monitoring and evaluating the coverage of barangay officials, personnel and volunteers under NHIP:

6.1 *Barangay*

6.1.1 The barangays (LGUs) shall be required to submit a quarterly report of program implementation, using the Quarterly PhilHealth Monitoring Report Form (*Annex "H"*) to the National Barangay Operations Office (NBOO) of DILG, copy furnished concerned PhilHealth Regional Office (PRO). The said report shall be included in the regular reports submitted by the PROs to PhilHealth Central Office.

6.1.2 The barangay shall accomplish and submit an Employer's Quarterly Remittance Report using the RF1 Form (*Annex "I"*) every quarter ending March, June, September and December with the corresponding copies of the validated ME-5 to the Contributions and Accounts Management Department for NCR payors or to the Service Offices/PhilHealth Regional Offices for payors outside NCR. The deadline of submission shall be on the 15th day of the month following the applicable quarter.

6.2 *DILG Field Officers*

6.2.1 Consolidate quarterly reports of program implementation for barangays covered by the program for submission to the regional/central offices.

6.2.2 Maintain a masterlist of barangay officials covered by the program based on RFI Form and update the same in coordination with PhilHealth.

6.2.3 Assist NBOO in the conduct of program evaluation, in coordination with PhilHealth.

6.3 *PhilHealth*


The Program Management Group of PhilHealth shall regularly conduct an evaluation of program implementation in coordination with the National Barangay Operations Office (NBOO) of DILG.

7. **SEPARABILITY OF EXISTING RULES ON OTHER NHIP ENROLLMENT SCHEMES**

The enrollment of barangay officials and volunteers to NHIP under the Indigent Program or the Individually Paying Program shall be governed by existing rules and/or separate issuances as may be promulgated by PhilHealth.

8. **EFFECTIVITY**

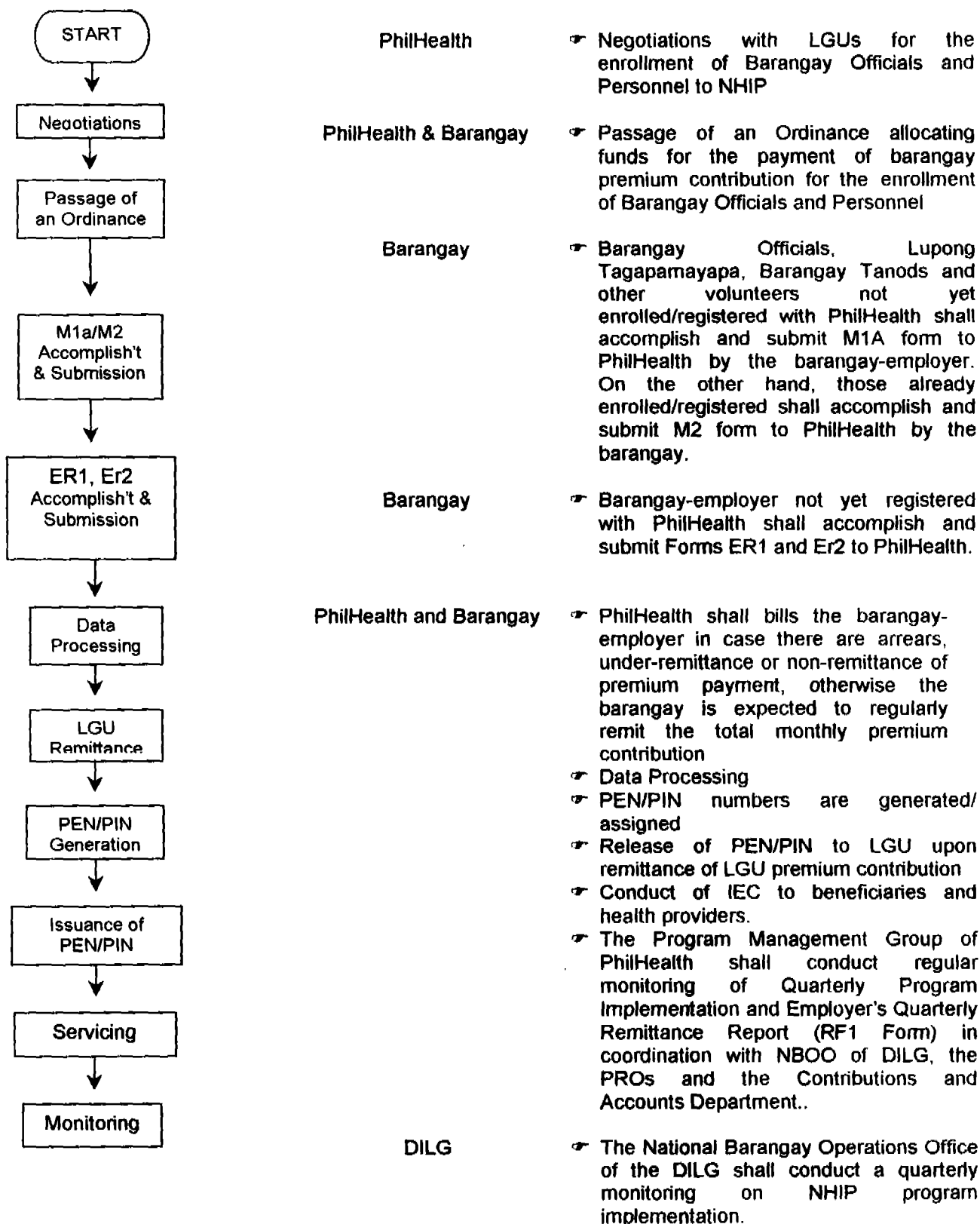
This Circular shall take effect immediately.


FRANCISCO T. DUQUE III, M.D., M.Sc.
President and Chief Executive Officer

**2002 NHIP MONTHLY PREMIUM CONTRIBUTION SCHEDULE AND
MONTHLY COMPENSATION BRACKET**

Monthly Salary Bracket	Monthly Salary Range	Salary Base (SB)	Total Monthly Contribution	Personal Share (PS) (PS = SB x 1.25%)	Employer Share (ES) (ES = PS)
1	P 3,499.99 and below	P 3,000.00	P 75.00	P 37.50	P 37.50
2	3,500.00 - 3,999.99	3,500.00	87.50	43.75	43.75
3	4,000.00 - 4,499.99	4,000.00	100.00	50.00	50.00
4	4,500.00 - 4,999.99	4,500.00	112.50	56.25	56.25
5	5,000.00 - 5,499.99	5,000.00	125.00	62.50	62.50
6	5,500.00 - 5,999.99	5,500.00	137.50	68.75	68.75
7	6,000.00 - 6,499.99	6,000.00	150.00	75.00	75.00
8	6,500.00 - 6,999.99	6,500.00	162.50	81.25	81.25
9	7,000.00 - 7,499.99	7,000.00	175.00	87.50	87.50
10	7,500.00 - 7,999.99	7,500.00	187.50	93.75	93.75
11	8,000.00 - 8,499.99	8,000.00	200.00	100.00	100.00
12	8,500.00 - 8,999.99	8,500.00	212.50	106.25	106.25
13	9,000.00 - 9,499.99	9,000.00	225.00	112.50	112.50
14	9,500.00 - 9,999.99	9,500.00	237.50	118.75	118.75
15	10,000.00 and up	10,000.00	250.00	125.00	125.00

COVERAGE OF BARANGAY OFFICIALS AND PERSONNEL UNDER NHIP AS EMPLOYED
Process Flow

PROCESS FLOW**RESPONSIBLE****DETAILS**

Republic of the Philippines
Barangay, _____ City
SANGGUNIANG BARANGAY

ORDINANCE NO. 00-000

ORDINANCE ADOPTING THE NATIONAL HEALTH INSURANCE PROGRAM, ITS IMPLEMENTING RULES AND REGULATIONS AND RELATED ISSUANCES AND ALLOCATING FUNDS FOR THE COVERAGE OF BARANGAY OFFICIALS AND PERSONNEL, INCLUDING VOLUNTEERS UNDER THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP)

WHEREAS, Section 11, Article XIII of the 1987 Philippine Constitution declares that the state shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other services available to all people at affordable cost. Priority for the needs of the underprivileged sick, elderly, disabled, women and children shall be recognized. Likewise, it shall be the policy of the State to provide free medical care to paupers;

WHEREAS, to implement the aforementioned constitutional provision, the Philippine Congress enacted Republic Act No. 7875, "*An Act Instituting a National Health Insurance Program (NHIP) and Establishing the Philippine Health Insurance Corporation (PhilHealth)*" for the purpose;

WHEREAS, pursuant to Section 393 of the Local Government Code of 1991, barangay officials and personnel, whether elected or appointed are entitled to receive, honoraria, allowances and granted insurance and other benefits during their incumbency, chargeable to barangay or the city or municipal government to which the barangay belongs;

WHEREAS, the Department of Interior and Local Government (DILG) and the Local Government Leagues entered into a Memorandum of Understanding with PhilHealth for the implementation of the NHIP in October 10, 2001;

WHEREAS, in April 24, 2002, DILG issued Memorandum Circular No. 2002-66 "reiterating and encouraging all barangays to enroll their barangay officials and personnel including volunteers to the PhilHealth Program during their tenure to be paid from their respective barangay funds;

WHEREAS, in accordance with Section 387 of Republic Act 7160, the Punong Barangay, seven (7) Sangguniang Barangay Members, Sangguniang Kabataan Chairperson, Barangay Secretary and Barangay Treasurer shall constitute the Chief Officials of the Barangay. In addition, "*there shall also be in every barangay a Lipong Tagapamayapa.*";

WHEREAS, Section 388 of the Local Government Code provides that barangay officials "...shall be deemed as persons in authority in their jurisdictions..." and classifies barangay tanods and other barangay volunteers as "...other barangay officials and members who may be designated by law or ordinance and charged with the maintenance of public order, who shall be deemed agents of persons in authority...". Section 396 likewise provides for other appointive barangay officials whose qualifications, duties and functions "...shall be governed by the Local Government Code and other laws or barangay ordinances.";

WHEREAS, the aforementioned officials and personnel are considered public officials/employees under Section 2 (d) of Republic Act 8291 or the New GSIS Act which provides that "...an employee is any person receiving compensation whether by election or appointment, irrespective of status of appointment including sanggunian and barangay officials.";

WHEREAS, barangay officials, personnel and volunteers may be covered under the Medicare for the Employed of the NHIP using Barangay Funds as per PhilHealth Circular No. _____, series of _____;

WHEREAS, the Body, considering the beneficent features of RA 7875 as it will vastly improve the over-all health status of the barangay officials and personnel and ultimately, their general quality of life agreed to support the implementation of the National Health Insurance Program;

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, to adopt the National Health Insurance Program (NHIP) its Implementing Rules and Regulations and related issuances and allocate barangay funds for the payment of the "total premium contribution per member" for the coverage of all officials and personnel of this Barangay under the Program.

RESOLVED, FINALLY, to furnish copy of this Ordinance to the President of the Philippines, **HER EXCELLENCY GLORIA MACAPAGAL-ARROYO**, the President and Chief Executive Officer of the Philippine Health Insurance Corporation, **FRANCISCO DUQUE III**, M.D., M.Sc. and the **HONORABLE GOVERNOR** _____ and **MAYOR** _____ for their information.

UNANIMOUSLY APPROVED.


Certified to be duly Adopted:

Barangay Kagawad
Presiding Officer

APPROVED:

Barangay Chairperson

* Please read instructions at the back before accomplishing this form.

Member's PhilHealth Number		 Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION 8/F, Philippine Heart Center Bldg. East Ave., Diliman, Quezon City		M1a MEMBER DATA RECORD FOR EMPLOYED SECTOR (PARA SA MGA NAMAMASUKAN) August 1999															
1. Surname (Apeyido)		Given name (Pangalan)		Middle Name (G. Apeyido)															
2. Permanent Address (Tirahan)		1a. TIN		2a. Postal Code															
Number & Street (Numero at kalye)		Barangay		Town/City (Bayan/Lungsod)															
Province (Lalawigan)		2b. Tel. No.																	
3. Sex (Kasarian)		3a. Date of Birth (Kapanganakan)		3b. Place of Birth (Lugar ng Kapanganakan)															
<input type="checkbox"/> Male (Lalaki) <input type="checkbox"/> Female (Babae)		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>								m	m	d	d	y	y	y	y		
m	m	d	d	y	y	y	y												
				3c. Name and Address of Office (Pangalan at lugar ng opisina)															
4. Employment Classification (Uri ng Manggagawa)				4a. Civil Status (Katayuang Sibil)															
<input type="checkbox"/> Private (Manggagawa sa Pribado) SSS No. _____ <input type="checkbox"/> Gov't (Manggagawa sa Gobyernong) GSIS Policy No. _____				<input type="checkbox"/> Single (Walang Asawa) <input type="checkbox"/> Widowed (Balo) <input type="checkbox"/> Married (May Asawa) <input type="checkbox"/> Separated (Hiwalay)															
If married, name of spouse: _____																			
Occupation: _____		Surname: _____		Given Name: _____ Middle Name: _____															
		Spouse's PhilHealth Number: _____																	
5. DEPENDENTS (MGA MAKIKINABANG)																			
Use back page for additional dependent(s), if necessary. (Gamitin ang kabilang pahina para sa dagdag na makikinabang, kung kinakailangan.)																			
PhilHealth Number (To be filled up by PhilHealth)		Name of Dependents (Pangalan ng Makikinabang)		SEX (M) or (F)															
		Last Name, First Name, M.I.		Relationship of Dependents to Member (Relasyon ng Makikinabang sa Miyembro)															
				Date of Birth (Kapanganakan) mm-dd-yyyy															
If child has congenital disability acquired before age 21, please attach a copy of Medical Certificate (Kung ang anak ay nagkafoon ng kapansanan bago sumapit sa gulang na 21, ilakip ang medical certificate)																			
I hereby certify that the above statements are true and correct and further declare that the above-named dependents have not been declared by my spouse/brother/sister. (Ako ay nagpapatunay na ang nasa itaas na mga pahayag ay totoo at tama at dagdag kong inihahayag na ang mga nasabing makikinabang sa itaas ay hindi inihayag ng aking asawa o kapatid.)																			
Signature (Lagda)																			
THIS PORTION IS TO BE FILLED UP BY PHILHEALTH																			
Date received: _____		Received by: _____																	
		Name and Signature																	

Note: This form can be reproduced but is not for sale, to be accomplished in duplicate.

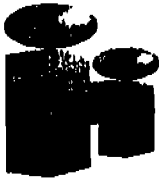
PhilHealth
Employer No.:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre 709 Shaw Boulevard, Pasig City
 Healthline 637-9999 www.philhealth.gov.ph.

ER1

EMPLOYER DATA RECORD

1. Name of Agency/Office/Department (for Gov't. Sector)/Business/Firm/Employer (for private Sector)		TIN
2. Address of Agency/Office/Department/Business/Firm/Employer		2a. Tel. No.
3. E-Mail Address		3a. Postal Code
4. If Regional/Branch Office, State the name and address of Main/Head Office	4a. Main/Head Office/Employer	4b. Date Operation Started
		4c. No. of Employees
5. Services Rendered/Nature of Business/Operation (for Private Sector)		
6. Type of Agency (For Gov't. Sector)		
<input type="checkbox"/> Local <input type="checkbox"/> Corporation <input type="checkbox"/> Special Project <input type="checkbox"/> National <input type="checkbox"/> Constitutional		
(For Private Business/Operation) <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
I hereby certify that the above data are true and correct to the best of my knowledge and belief.		
Date	Head of Agency or Representative	Signature
		Title or Position
This portion is to be filled-up by PhilHealth		
Date Received:	Evaluated by: _____ Name and Signature	Date of Evaluation:



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 City State Centre Building
 709 Shaw Boulevard, Barangay Oranbo, Pasig City
 Healthline : 637 - 9999

Control No.

Date

CONTACT PERSON
EMPLOYER NAME
EMPLOYER ADDRESS

Dear Sir or Madam:

Verification of records revealed that: you have failed to submit your Employer's Quarterly Remittance Report for the period _____; and/or remit the correct premium contributions for the period _____, amounting to Php _____.

STATEMENT OF PREMIUM ACCOUNTS PAYABLE

PAYMENT DEFICIENCY	AMOUNT DUE	MONTH/YEAR COVERAGE
<input type="checkbox"/> UNDER REMITTANCE	.	
<input type="checkbox"/> DELINQUENCY	.	
TOTAL AMOUNT DUE	.	

Please note that the above stated amount is for the specified period only. Your failure to comply hereto shall entitle the Corporation for reimbursement of claims availed by your employees, without prejudice to the filing of appropriate legal complaints against your company, pursuant to Section 167, Rule XXXII of the Revised Implementing Rules and Regulations of the National Health Insurance Act of 1995 (RA 7578), which states:

"Any employer or officer who fails or refuses to deduct contribution from the employee's compensation or to remit the complete employer's and employee's contribution to the Corporation shall suffer imprisonment of not less than six (6) months but not more than one (1) year and a fine of not less than Five Hundred Pesos (P500) but not more than One Thousand Pesos (P1000) multiplied by the total number of employees employed by the firm."

You are hereby given thirty (30) days from receipt hereof to advise us, through (contact person), at (address and contact number/s), for the settlement of your delinquency. Payment of arrears may be deferred but shall follow the payment schedule specified at the back.

Kindly present/submit the validated receipt (ME-5) and duly accomplished Remittance Report Form (RF-1), corresponding to the entire arrears, to the (Contribution Accounts Management Department/PRO) along with this notice, *immediately after the initial payment*, to facilitate posting of contributions.

Your prompt response will be highly appreciated.

Very truly yours,

(signature)
SIGNATORY
Position/Designation



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 City State Centre Building
 709 Shaw Boulevard, Barangay Oranbo, Pasig City
 Healthline : 637 - 9999

Control No.

Date

CONTACT PERSON
EMPLOYER NAME
EMPLOYER ADDRESS

Dear Sir or Madam:

Verification of records revealed that you have failed to remit the National Health Insurance Program (NHIP) premium contributions, for and in behalf of all your employees; and submit your Employer's Quarterly Remittance Report (RF-1) from July 1999 up to the current period.

In this regard, kindly settle your arrears corresponding to the contributions for all employees covering such period. Your failure to comply hereto shall entitle the Corporation for reimbursement of claims availed by your employees, without prejudice to the filing of appropriate legal complaints against your company, pursuant to Section 167, Rule XXXII of the Revised Implementing Rules and Regulations of the National Health Insurance Act of 1995 (RA 7578), which states:

"Any employer or officer who fails or refuses to deduct contribution from the employee's compensation or to remit the complete employer's and employee's contribution to the Corporation shall suffer imprisonment of not less than six (6) months but not more than one (1) year and a fine of not less than Five Hundred Pesos (P500) but not more than One Thousand Pesos (P1000) multiplied by the total number of employees employed by the firm."

You are hereby given thirty (30) days from receipt hereof to advise us, through (contact person), at (address and contact number/s), for the settlement of your unpaid premiums. Payment of arrears may be deferred but shall follow the payment schedule specified at the back.

Kindly present/submit the validated receipt (ME-5) and duly accomplished Remittance Report Form (RF-1), corresponding to the entire arrears, to the (Contribution Accounts Management Department/PRO) along with this notice, *immediately after the initial payment*, to facilitate posting of contributions.

Your prompt response will be highly appreciated.

Very truly yours,

(signature)
SIGNATORY
 Position/Designation



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
City State Centre Building
709 Shaw Boulevard, Barangay Oranbo, Pasig City
Healthline : 637 - 9999

NOTICE FOR COMPLIANCE
RE: BILLING STATEMENT
Control No: _____

Date

CONTACT PERSON
EMPLOYER NAME
EMPLOYER ADDRESS

Dear Sir or Madam:

This is with reference to our Billing Statement Control No. _____, letter dated _____, calling your attention on your company's arrears due to under-remittance, delinquency, non-remittance amounting to _____ during the period mo/yr _____ to mo/yr _____.

Please be informed that, as of date, we have not received any response/compliance on the matter at hand.

In view hereof, a demand is hereby issued for you to communicate with us for the settlement of said arrears within fifteen (15) days from receipt. Your failure to do so shall compel us to initiate legal action, administrative, civil and/or criminal, against your firm.

If on the other hand, the company has complied with the deficiency, kindly present the complete and duly validated Contribution Payment Return Form (ME-5) and Remittance Reports (RF-1) for the period covered by the entire arrears.

For questions or clarifications, kindly contact us at phone _____ or visit us at address _____ and look for contact person _____.

(signature)
SIGNATORY
Position/Designation

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
National Barangay Operations Office
A. Francisco Gold Condominium II, EDSA Cor. Mapagmahal St., Pinyahan, Quezon City

QUARTERLY PHILHEALTH MONITORING REPORT FORM
 As of _____

<i>Region</i>			ENROLEES								REMARKS
PROVINCE	CITY/MUNICIPALITY	BARANGAY	Punong Barangay	Barangay Kagawad	SK Chairman	SK Kagawad	Barangay Personnel	Barangay Tanods	Lupon Members	Other Volunteers	

* Please specify under the heading REMARKS, i.e. Barangay Disaster Brigade, etc.

