	Phil Your Pe	He	alth Health	_	RF-1				PHI Healtl	public of the Philippines HILIPPINE HEALTH INSURANCE CORPORATION EMPLOYER'S REMITTANCE REPORT ealthline 441-7444 www.philhealth.gov.ph tioncenter@philhealth.gov.ph								•	FOR PHILHEALTH USE									
PHILHEALTH NO.								T											Date Received: Action Taken:									
EMPLOYER TIN																			By: Signature Over Printed Name									
2 COMPLETE EMPLOYER NAME _							RN	AME	:										3 EMPLOYER TYPE 4 REPORT			ТҮРЕ			5 APPLICABLE PERIOD			
COMPLETE MAILING ADDRESS												PRIVATE				REGU	REGULAR RF-1											
TELEPLIONE NO										FAAAII ADDECC								. – . – . –			DITION TO PREVIOUS RF-1 DUCTION TO PREVIOUS RF-							
TELEPHONE NO.										7 EMAIL ADRESS							8 Fill out this portion of					10		11				
PHILHEALTH IDENTIFICATION NUMBER (PIN)						NUM	BER		<u>/ </u>		EMPLOYEES IN	FORMATION	ATION		declare		lared	ed employee/s has not een issued his/her PIN		9	NHIP PREMIUM CONTRIBUTION		EMPLOYEE STATUS					
									LAST NAME		FIRST NAME		NAME EXT. (SR./JR.) MIDDLE NAME		DATE OI (mm-do					MONTHLY SALARY BRACKET	PS ES		S -Separated, NE -No Earnings, NH -Newly Hired / Effectivity Date			red /		
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12				ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFERENCE NO.)										4 SUBTOTAL (PS + ES)							15 PREPARED BY:							
									1		ΔCK	NOWLEDGEMENT	,		· 			complished on every page)			. 23)			SIGN		NATURE OVER PRINTED NAME		
Indicate Total Number of employees per page			AF	PLIC	PLICABLE PERIOD			RE	EMITTED AMOUNT	7.0	RECEIPT	TRANSACTION	N DATE	TE NO. OF EMPLOYEES		CD/	VIL	TOTAL	(D)	S + ES)				OFFICIAL DESIGNATION				
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16				•						UNDER THE PENAL	TY OF	THE LAW, I HEREBY	ATTEST THAT I	HE ABO	OVE INFORMATION PR	ROVI	DED H	ERE	EIN ARE T	RUE AND	CORRECT.	-						
						_			Signa	ature over printed na	me				Official Designation						Dat	e						