



## INSTRUCTIONS

**NOTE : Instructions for each numbered box are enumerated below**

- BOX 1 Write the COMPLETE Employer TIN and PhilHealth No. in corresponding boxes.
- BOX 2 Write the COMPLETE Employer Name, Address and Telephone No. DO NOT ABBREVIATE.
- BOX 3 Check applicable box for Employer Type. Indicate the Employer's SSS No. for regular private employers. For government employers, ensure that the employer TIN in BOX 1 is accomplished. For Household employers, write Employer's SSS No./GSIS Policy No. if any.
- BOX 4 Check the applicable box for *Type of Report*. For adjustment on remittance report of previous quarter, use a separate RF-1 form and check the box corresponding to "*Addition to Previous RF-1*" or "*Deduction to Previous RF-1*", as the case may be. Write only the names of the employees with erroneous contributions and the difference between the correct amount and the amount that was previously reported. If an underpayment results due to this correction, please remit the amount due to PhilHealth. Use separate/different sets of RF-1 form for each quarter when reporting previous payments or late payments made on previous quarter(s).
- BOX 5 Always indicate the applicable quarter and year, of premium contributions paid by checking the box opposite the applicable quarter ending. The month coverage in the RF-1 should correspond with the month coverage indicated in the ME-5/OR/POR/PAR.
- BOX 6 Print names of Employees/Househelpers in Alphabetical order, surname first. Write Family Names as they are pronounced. For instance, the names JULIAN DELA CRUZ, LILIA DELOS SANTOS and MARIA DE GUIA should be written as DELA CRUZ, JULIAN; DELOS SANTOS, LILIA and DE GUIA, MARIA. Also, names with suffixes such as Jr., Sr., III, etc. should always be written after the family name. Do not skip lines when listing down their names. Write "NOTHING FOLLOWS" on the line immediately following the last listed employee/househelper.
- BOX 7 Indicate the corresponding PhilHealth Identification No. (PIN) opposite the respective names of your employees/househelpers. **IF WITHOUT PIN, The employer shall be required to attach the properly accomplished Registration Forms(M1as) including the supporting document/s for declared dependent/s if any and Er2s** to facilitate PIN issuance and registration.
- BOX 8 Indicate your employees' respective **Monthly Salary Bracket(MSB)** corresponding to **Monthly Salary Range** where the employees' monthly salary falls. Please refer to the *Monthly Premium Contribution Schedule 2007* for your reference. Ex., Ms. R basic monthly rate is P 26,500 but she receives a net pay of P 24,350 for January 2007, P 25,750 for February 2007 and P 25,000 for March 2007, her premium contribution should falls under bracket 23 for the 1<sup>st</sup> quarter 2007(Jan, Feb & March) since her basic monthly rate falls under salary range 26,000.00 to 26,999.99.
- BOX 9 Indicate the corresponding Personal Share (PS) and Employer Share (ES) on the boxes provided for each monthly remittance. The total premium contribution (PS + ES) for each month must fall within the prescribed salary bracket. Ex. If Ms J's monthly compensation bracket for the months of January(1<sup>st</sup> month), February(2<sup>nd</sup> month) and March(3<sup>rd</sup> month) are 22, 22 and 23, respectively, her Personal Share (PS) should be P 312.50 for January, P 312.50 for February and P 325.00 for March. The Employer Share (ES) shall also be P 312.50 for January, P 312.50 for February and P 325.00 for March.
- BOX 10 In the "*Remarks*" column, indicate "**S**" if employee is separated, "**NE**" if with no earnings and "**NH**" if employee is newly hired including date of separation, period/date when the employee had no earnings and date of hiring, respectively.
- BOX 11 Supply needed information on the "*ME-5/POR/OR/PAR Summary of Contribution Payments*" boxes. Indicate the corresponding **ME-5 Reconciliation No.**, found in the lower left portion of the ME-5 form, for each month. Total monthly premium to be indicated opposite the applicable month coverage in the ME-5/POR/OR/PAR should also tally with the amount reflected in the RF-1. E.g., if Ms. D Remitted P 375 for premium due for January 2007, P 375 for premium due for February 2007 and P 375 for March 2007, indicate amount of contribution for each column (i.e., amount remitted for January in the *1<sup>st</sup> Month*, February for the *2<sup>nd</sup> Month* & March for the *3<sup>rd</sup> Month*).
- BOX 12 Add all contributions in the *Personal Share* (PS) column and *Employer Share* (ES) column, for each month and reflect the sum in the "*Subtotal*" box for each page. Consequently, add all Subtotals/Page totals and reflect sum in the "*Grand Total*" box in the last sheet of the accomplished RF-1 to indicate total amount of contributions paid for the applicable quarter.
- BOX 13 Affix signature and print complete name, designation and date of certification of authorized officer certifying the report.
- BOX 14 Always indicate page number and total number of pages at each page of the form.

**COPY DISTRIBUTION**

Form	No. of Copies	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
RF-1	2	PHIC	Payor	X	X
ME-5	4	Payor	PHIC	PHIC	Bank

**SUBMISSION OF FORMS**

Applicable Quarter	Deadline of Submission
January - March	April 15
April - June	July 15
July - September	October 15
October - December	January 15

**Submit Original Copy of this duly accomplished form every quarter ending March, June, September and December with the corresponding copies of the validated ME-5/OR/PAR to the Collection and Premium Accounts Management Department or to the respective NCR-Service Offices for payors within the NCR or to Service Offices(SOs)/PhilHealth Regional Offices (PROs) for payors outside NCR. The Duplicate Copy of this form shall be the Payor's Copy. Deadline of payment of contributions shall be on the 10<sup>th</sup> day of the month following the applicable month. Employers who fail to comply with the above requirements shall be subject to the penalties provided under Article X, R.A. 7875.**

**THIS FORM MAY BE REPRODUCED**

**NHIP MONTHLY PREMIUM CONTRIBUTION SCHEDULE 2007**

MSB	Monthly Salary Range	Salary Base (SB)	Total Monthly Contribution	Personal Share (PS)	Employer Share (ES)
1	P 4,999.99 and below	P 4,000.00	P 100.00	P 50.00	P 50.00
2	5,000.00 to 5,999.99	5,000.00	125.00	62.50	62.50
3	6,000.00 to 6,999.99	6,000.00	150.00	75.00	75.00
4	7,000.00 to 7,999.99	7,000.00	175.00	87.50	87.50
5	8,000.00 to 8,999.99	8,000.00	200.00	100.00	100.00
6	9,000.00 to 9,999.99	9,000.00	225.00	112.50	112.50
7	10,000.00 to 10,999.99	10,000.00	250.00	125.00	125.00
8	11,000.00 to 11,999.99	11,000.00	275.00	137.50	137.50
9	12,000.00 to 12,999.99	12,000.00	300.00	150.00	150.00
10	13,000.00 to 13,999.99	13,000.00	325.00	162.50	162.50
11	14,000.00 to 14,999.99	14,000.00	350.00	175.00	175.00
12	15,000.00 to 15,999.99	15,000.00	375.00	187.50	187.50
13	16,000.00 to 16,999.99	16,000.00	400.00	200.00	200.00
14	17,000.00 to 17,999.99	17,000.00	425.00	212.50	212.50
15	18,000.00 to 18,999.00	18,000.00	450.00	225.00	225.00
16	19,000.00 to 19,999.99	19,000.00	475.00	237.50	237.50
17	20,000.00 to 20,999.99	20,000.00	500.00	250.00	250.00
18	21,000.00 to 21,999.99	21,000.00	525.00	262.50	262.50
19	22,000.00 to 22,999.99	22,000.00	550.00	275.00	272.00
20	23,000.00 to 23,999.99	23,000.00	575.00	287.50	287.50
21	24,000.00 to 24,999.99	24,000.00	600.00	300.00	300.00
22	25,000.00 to 25,999.99	25,000.00	625.00	312.50	312.50
23	26,000.00 to 26,999.99	26,000.00	650.00	325.00	325.00
24	27,000.00 to 27,999.99	27,000.00	675.00	337.50	337.50
25	28,000.00 to 28,999.99	28,000.00	700.00	350.00	350.00
26	29,000.00 to 29,999.99	29,000.00	725.00	362.50	362.50
27	30,000.00 and up	30,000.00	750.00	375.00	375.00