

MEMBER'S CONTRIBUTION REMITTANCE FORM (MCRF)

Pag-IBIG EMPLOYER'S ID NUMBER	
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NOTE: PLEASE REALIZATION PLANTS PLANTS IN THE PLANTS IN TH		TIONS AT	THE BACK.				BRANCH/C	FFICE		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor		Building Name Lot No., Block No., Phase No. House No.			TYPE OF EMPLOYER □ Private □ Government					
Street Name	eet Name Subdivision Barangay Municipality/City				Province/State/Country (if abroad) ZIP Code					
MEMBERSHIP PROG	3RAM						PERIOD CO	VERED (mon	th/vear)	
□ Pag-IBIG I	OI D IIVI		□ Pag-IBIG II	□М	odified Pag-IBIG II			, (,,,,,,,	,	
Pag-IBIG MID No. Last Name First Name		OF MEMBERS Name Extension (Jr., III, etc.)	Middle Name	ACCOUNT NO. MONTHLY COMPENSATION		CONTRIBUTIONS EMPLOYEE EMPLOYER TOTAL SHARE SHARE TOTAL			REMARKS	
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No. of Employees/ Members on this page	Tot		al no. of Employees/ embers if last page	>	TOTAL FOR THIS PAGE		₽	₽	P P	
Members on this page		IVIE	/		GRAND TOTAL (if last page)		₽	₽	₽	
I hereby cert certify that my signat	tify under pain ture appearing	of perjury th herein is ge	at the information continuine and authentic	given and all sta	ER CERTIFICATION TO THE CERTIFIC AT INCIDENT COMMENTS MADE NO.		orrect to the b	est of my kn	owledge and	belief. I further
HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE DESIGNATION/POSITION DATE (Signature Over Printed Name)										

GUIDELINES AND INSTRUCTIONS

- a. Type or print all entries in BLOCK or CAPITAL LETTERS.
- b. Accomplish this form in softcopy when making remittances to HDMF or to any authorized collecting agent based on the following payment schedule:

Schedule of Payments

First Letter of Due Date Employer/Business Name 10th to the 14th day of the month 15th to the 19th day of the month 20th to the 24th day of the month A to D E to L M to O 25th to the end of the month R to Z. Numeral

- c. For employer with branch offices, please prepare separate Membership Contributions Remittance Form (MCRF) for each branch indicating therein their respective addresses.
- d. A separate MCRF should be accomplished per membership program, per period covered, per type of payment (whether cash or check payment) and in cases wherein Credit Memo shall be applied as payment to succeeding remittances to the Fund.
- e. RATE OF MEMBERSHIP CONTRIBUTIONS (MC)

MONTHLY COMPENSATION	CONTRIBUTION RATE				
(BASIC + COLA)	EMPLOYEE	EMPLOYER	TOTAL		
P1.500.00 and below	1%	2%	3%		
Over P1,500.00	2%	2%	4%		

The maximum Monthly Compensation to be used in computing the employee and employer contributions shall not be more than 5,000.00.

A member may contribute more than what is required, however the employer shall only be mandated to contribute two percent (2%) of the monthly compensation of the member as counterpart contribution. In case the member increases his/her monthly membership contribution, the employer shall have the option to match said increase or to contribute only what is required.

- Membership contribution payments to be remitted should be equal to the total amount reflected in the MCRF. Check payments should be made payable to HDMF and shall be posted upon clearing.
- g. Employers with over remittance from previous payments shall be issued with a Notice of Overpayment and Credit Memo. For remittances previously made for employees for whom remittances should not have been made, the employer shall request a refund subject to the Fund's verification and approval. The request shall be made not later than six (6) months from the time said remittance was made.
- h. Employers who shall remit on or before the due date as evidenced by the validated Membership Contribution Remittance Form (MCRF) or Pag-IBIG Fund Receipt shall be entitled to an incentive fee equivalent to 0.2% of the amount remitted provided he satisfy all the conditions

MEMBER'S CONTRIBUTION (1) **REMITTANCE FORM (MCRF)** NOTE: PLEASE READ INSTRUCTION (2) EMPLOYER/BUSINESS ADDR Unit/Room No., Floor (4)° ₋(5) ☐ Private (6) -IBIG II ☐ Modified Pag-IBIG I Pau 1 (8) * ^~(10)*° (17) No. of Employees/ Members on this pa (19) R CERTIFICATIO **20** HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE THIS FORM MAY BE REPRODUCED, NOT FOR SALE

Failure or refusal of the Employer to pay or to remit the contributions herein prescribed shall not prejudice the right of the covered employee to the benefits under the Fund. Such Employer shall be charged a penalty equivalent to 1/10 of 1% per day of delay of the amount due starting on the first day immediately following the due date until the date of full settlement.

Pag-IBIG Employer's ID No. - assigned Pag-IBIG Employer's ID 1

2 Employer/Business Name - per DTI/SEC Registration.

Branch/Office Assignment - indicate what branch or office the 3 remitting employer/business/company is assigned.

Employer/Business Address - indicate Unit/Room No., Floor, 4 Building Name or Lot No., Block No., Phase No. or House No. and Street Name, Subdivision, Barangay, Municipality/City, Province, and ZIP Code.

5 Type of Employer - indicate whether Private, Government or Household employer.

Membership Program - indicate if MC remittance is for Pag-IBIG I, 6 Pag-IBIG II or Modified Pag-IBIG II program.

Period Covered - indicate the applicable month and year of MC 7

Pag-IBIG MID No. - indicate the member's assigned Pag-IBIG 8 Membership Identification (MID) Number.

Name of Members - indicate member's complete name in the 9 following format: Last Name, First Name, Name Extension (Jr., III, etc.), Middle Name

Account No. - accomplish this column only if the member has 10 multiple Modified Pag-IBIG II (MP2) accounts. Indicate the Account No. for the applicable remittance period.

Monthly Compensation - refer to the basic salary and other 11 allowances, where basic salary includes, but is not limited to, fees, salaries, wages, and similar items received in a month. Accomplish this portion only when remitting the member's initial membership contribution or if there are changes in monthly compensation of the member

Contributions indicate the amount of employee contributions under column 12 the amount of employer contributions under 12-14 column (13) and the total amount of employee and employer contributions under (14). Do not round-off nor drop centavos.

Remarks - accomplish this portion only to report changes in the 15 employee's/member's employment status and to update any information regarding the employee/member. Indicate the appropriate code and effectivity date in the following format (mm/dd/yy) on the space provided for. Please refer to the following codes and examples:

> N - Newly Hired Examples - Leave Without Pay/AWOL 1. N: 1/4/2010 L RS 2. L: 1/21/2010 - Resigned/Separated RT - Retired 3. RS: 1/3/2010 D 4. D: 1/14/2010 - Deceased

- Others, please specify reason

16

19

20

Indicate the number of members listed in this page.

Indicate the total number of members listed if this is the last page of 17

18 Indicate the total amount due and employer contributions per page

Indicate the grand total amount due and employer contributions if this is the last page

Employer Certification - to be accomplished and duly signed by the Head of Office/Authorized Representative.