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[NAME OF EMPLOYER/FIRM: EMPLOYER NO. ADDRESS: E-MAIL ADDRESS ...](#)

<http://www.philhealth.gov.ph/downloads/employer/er2.pdf>

name of employer/firm: please read instruction at the back before accomplishing this form philhealth report of employee-members (check applicable box)

[Republic of the Philippines EMPLOYER'S REMITTANCE REPORT...](#)

<http://www.philhealth.gov.ph/downloads/employer/rf1.pdf>

BOX 6 Indicate the corresponding PHILHEALTH IDENTIFICATION NUMBER (PIN) ... (ER2) duly signed by the employer to facilitate registration and ...

[PhilHealth Form RF1 - De La Salle University : DLSU : Home](#)

http://www.dlsu.edu.ph/offices/accounting/_pdf/philhealth_rf1.pdf

PHILHEALTH NO. EMPLOYER TIN FOR PHILHEALTH USE ... DEADLINE OF SUBMISSION OF FORMS Every 15th day after the applicable month THIS FORM MAY BE REPRODUCED

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