



MEMBERSHIP SAVINGS REMITTANCE FORM (MSRF)

(Print this form back to back on one single sheet of paper)

Pag-IBIG HOUSEHOLD EMPLOYER'S ID NUMBER

HOUSEHOLD EMPLOYER NAME

HOUSEHOLD EMPLOYER ADDRESS
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name Subdivision

Barangay Municipality/City Province ZIP Code

Pag-IBIG MID No./RTN	ACCOUNT NO.	MEMBERSHIP PROGRAM	NAME OF KASAMBAHAYS				PERIOD COVERED	MONTHLY COMPENSATION	MEMBERSHIP SAVINGS			REMARKS
			Last Name	First Name	Name Ext. (<i>Jr., III, etc.</i>)	Middle Name			KASAMBAHAY SHARE	HOUSEHOLD ER SHARE	TOTAL	

TOTAL FOR THIS PAGE	P	P	P
GRAND TOTAL (if last page)	P	P	P

HOUSEHOLD EMPLOYER CERTIFICATION

I hereby certify under pain of perjury that the information given and all statements made herein are true and correct to the best of my knowledge and belief. I further certify that my signature appearing herein is genuine and authentic.

NAME OF HOUSEHOLD EMPLOYER DATE
(Signature Over Printed Name)

GUIDELINES AND INSTRUCTIONS

- a. Accomplish all entries in this form in **BLOCK** or **CAPITAL LETTERS** or accomplish this form in softcopy when making remittances to Pag-IBIG Fund or to any Accredited Collecting Agent on or before the 10th day of every month starting from the date of membership registration.
- b. **MEMBERSHIP SAVINGS (MS)**

The membership savings of a Kasambahay, whose monthly compensation is less than Five Thousand Pesos (P5,000.00) shall be based on the following rates, and shall be for the account of the household employer:

MONTHLY COMPENSATION	TOTAL MS RATE TO BE SHOULDERED BY HOUSEHOLD EMPLOYER
P1,500 and below	3%
Over P1,500 to P4,999	4%

In case the Kasambahay's gross monthly compensation is at least Five Thousand Pesos (P5,000.00), the Kasambahay and his Household Employer shall pay their corresponding proportionate share in the MS. The maximum monthly compensation to be used in computing the Kasambahay and corresponding Household Employer share shall not be more than P5,000.00

MONTHLY COMPENSATION	MS RATE TO BE SHOULDERED BY KASAMBAHAY	MS RATE TO BE SHOULDERED BY HOUSEHOLD EMPLOYER
P5,000 and above	2%	2%

A Kasambahay may contribute more than what is required, however the household employer shall only be mandated to contribute two percent (2%) of the monthly compensation of the Kasambahay counterpart MS. In case the Kasambahay increases his/he MS, the Household Employer shall have the option to match said increase or to contribute only what is required.

- c. Membership Savings (MS) payments to be remitted should be equal to the total amount reflected in the MSRF. Check payments should be made payable to Pag-IBIG Fund and shall be posted upon clearing.
- d. Household Employer with over remittance from previous payments shall be issued with a Notice of Overpayment and Credit Memo. For remittances previously made for Kasambahay for whom remittances should not have been made, the Household 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.

- e. Failure and refusal of the household employer to pay or to remit the MS herein prescribed shall not prejudice the right of the covered Kasambahay to the benefits under the Fund. Such household 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.


- 1 **Pag-IBIG Household Employer ID Number** - a unique 12-digit number series assigned to registered household employer.
 - 2 **Household Employer Name** - refers to the name of person who engages and controls the services of "Kasambahay" and is a party to the employment contract.
 - 3 **Household Employer Address** - indicate Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. or House No. and Street Name, Subdivision, Barangay, Municipality/City, Province, and ZIP Code.
 - 4 **Pag-IBIG MID Number/RTN** - indicate the Kasambahay's assigned Pag-IBIG Membership ID (MID) Number or Registration Tracking Number (RTN).
 - 5 **Account No.** - indicate the Kasambahay's assigned Account Number per Membership Program.
- NOTE: In accomplishing the Account No. column, for Pag-IBIG I savings, indicate MID Number or RTN; for MP2, indicate the system-generated Account Number provided after successful enrollment.
- 7 **Membership Program** - indicate if Membership Savings is for Pag-IBIG I or Modified Pag-IBIG II program.
 - 8 **Name of Kasambahays** - indicate Kasambahay's complete name in the following format: *Last Name, First Name, Name Extension (Jr., III, etc.), Middle Name*
 - 6 **Period Covered** - indicate the applicable month and year of MS remittance in the following format (yyyy-mm).
 - 9 **Monthly Compensation** - refer to the basic salary and other 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 Kasambahay's initial membership savings or if there are changes in monthly compensation of the Kasambahay.
 - 10-12 **Membership Savings** - indicate the amount of Kasambahay share under column (10), the amount of Household Employer share under column (11), and the total amount of Kasambahay and Household Employer share under column (12). Do not round-off nor drop centavos.

- 13 **Remarks** - accomplish this portion only to report changes in the Kasambahay's employment status and to update any information regarding the Kasambahay. 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	<i>Examples</i>
L - Leave without Pay	1. N: 1/4/2012
RS - Resigned/Separated	2. L: 1/21/2012
RT - Retired	3. RS: 1/3/2012
D - Deceased	4. D: 1/14/2012
O - Others, please specify reason	

- 14 Indicate the total amount of membership savings per page.
- 15 Indicate the grand total amount of membership savings if this is the last page.
- 16 **Household Employer Certification** - to be accomplished and duly signed by the Household Employer.

HQP-PFF-114
(For Household Employer)



MEMBERSHIP SAVINGS REMITTANCE FORM (MSRF)

(Fill this form and send to bank on the same date of deposit)

Household Employer Identification Number

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HOUSEHOLD EMPLOYER NAME				HOUSEHOLD EMPLOYER ADDRESS				MEMBERSHIP SAVINGS				ROWING	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.	Street Name	Subdivision	Municipality/City	Province/State/Country	ZIP Code	Period Covered	Account No.	Membership Program	Monthly Compensation		MSRF
4	5	6	7	8	9	10	11	12	13				
								14	15				

HOUSEHOLD EMPLOYER CERTIFICATION

I hereby certify under oath that the information given and all statements made herein are true and correct to the best of my knowledge and belief. I further certify that my signature appearing hereon is genuine and authentic.

DATE OF HOUSEHOLD EMPLOYER CERTIFICATION _____ DATE _____
(Signature Over Printed Name)

THIS FORM MAY BE REPRODUCED - NOT FOR SALE (Rev. 02/15/2012)