MEMBER’S CONTRIBUTION REMITTANCE FORM (MCRF)

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK.

**EMPLOYER/BUSINESS NAME**

**BRANCH/OFFICE**

**EMPLOYER/BUSINESS ADDRESS**

- Unit/Room No., Floor
- Building Name
- Lot No., Block No., Phase No., House No.

**TYPE OF EMPLOYER**

- Private
- Household
- Government

**Street Name**

**Subdivision**

**Barangay**

**Municipality/City**

**Province/State/Country (if abroad)**

**ZIP Code**

**MEMBERSHIP PROGRAM**

- Pag-IBIG I
- Pag-IBIG II
- Modified Pag-IBIG II

**PERIOD COVERED**

(month/year)

**Pag-IBIG MID No.**

**NAME OF MEMBERS**

- Last Name
- First Name
- Name Extension (Jr., III, etc.)
- Middle Name

**ACCOUNT NO.**

**MONTHLY COMPENSATION**

<table>
<thead>
<tr>
<th>EMPLOYEE SHARE</th>
<th>EMPLOYER SHARE</th>
<th>TOTAL</th>
<th>REMARKS</th>
</tr>
</thead>
</table>

**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.

**HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE**

**DESIGNATION/POSITION**

**DATE**

**TOTAL FOR THIS PAGE**

**GRAND TOTAL (if last page)**

**THIS FORM MAY BE REPRODUCED. NOT FOR SALE.**
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:

<table>
<thead>
<tr>
<th>Monthly Compensation</th>
<th>Contribution Rate</th>
<th>Employer</th>
<th>Employee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below P1,500.00</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>P1,500.00 and above</td>
<td>2%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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)

The employer shall remit on or before the due date as evidenced by the

Employer/Business Name

Due Date

A to D 10th to the 14th day of the month

E to L 15th to the 19th day of the month

M to Q 20th to the 24th day of the month

R to Z, Numeral 25th to the end of the month

f. 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 satisfies all the conditions required.

MEMBER’S CONTRIBUTION REMITTANCE FORM (MCRF)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of Member</td>
</tr>
<tr>
<td>2.</td>
<td>Pag-IBIG MID No.</td>
</tr>
<tr>
<td>3.</td>
<td>Pag-IBIG II or Modified Pag-IBIG II program</td>
</tr>
<tr>
<td>4.</td>
<td>Type of Employer –</td>
</tr>
<tr>
<td>5.</td>
<td>Rate of Membership Contributions (MC)</td>
</tr>
<tr>
<td>6.</td>
<td>Membership Program –</td>
</tr>
<tr>
<td>7.</td>
<td>Number of Members</td>
</tr>
<tr>
<td>8.</td>
<td>Account No.</td>
</tr>
<tr>
<td>9.</td>
<td>Name of Members</td>
</tr>
<tr>
<td>10.</td>
<td>Employment Status</td>
</tr>
<tr>
<td>11.</td>
<td>Total Amount Due</td>
</tr>
<tr>
<td>12.</td>
<td>Total Employer Contributions</td>
</tr>
<tr>
<td>13.</td>
<td>Total Employee Contributions</td>
</tr>
<tr>
<td>14.</td>
<td>Total Contributions</td>
</tr>
<tr>
<td>15.</td>
<td>Remarks</td>
</tr>
</tbody>
</table>

i. 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.

1. Pag-IBIG Employer’s ID No. – assigned Pag-IBIG Employer’s ID Number.

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

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

4. Employer/Business 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.

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

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

7. Period Covered – indicate the applicable month and year of MC remittance.

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

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

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

11. 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 member’s initial membership contribution or if there are changes in monthly compensation of the member.

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

15. Remarks - accomplish this portion only to report changes in the employee/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

L - Leave Without Pay/AWOL

RS - Resigned/Separated

RT - Retired

D - Deceased

O - Others, please specify reason

16. Indicate the number of members listed in this page.

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

18. Indicate the total amount due and employer contributions per page.

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

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