



# Private Education Retirement Annuity Association

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*Office of the President*

CIRCULAR 2014-2015 NO. 004

9 December 2014

TO : ALL PARTICIPATING INSTITUTIONS  
SUBJECT : **REVISED REMITTANCE LIST FORM**

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We would like to inform you that we are revising the Premium Remittance List effective immediately (*as attached*). This is the form you always submit, periodically, together with your fund contribution. We now call it **REMITTANCE LIST**.

In the revised form, we have added the Tax Identification Number (TIN) Column. The TIN will support any misspelled or incomplete name of an employee and will prevent incorrect assignment of contributions. For your information, an employee covered in the remittance list will be given/assigned new ID number if his name does not match with our record in our system; thus, resulting to multiple ID numbers. Our system records the complete name of the member base from the Member's Record form individually submitted. For changes in the name, especially for maiden to married name, kindly ensure that respective employees submit a Change Form (CF).

We, therefore, encourage all participating institutions to indicate the TIN of their employees in the monthly remittances henceforth. Aside from having multiple ID numbers, this is also to ensure that the contribution of such member is not erroneously posted to a wrong account. If so, consolidation of two ID numbers of the same person, under the same institution, may be requested any time upon certification of the school's authorized signatory.

Regular reporting of employees' TIN will also expedite processing of the benefits that are outside the tax exemption provision of the BIR such as Repurchase/Resignation benefit.

Furthermore, we would like to request for the proper accomplishment of your remittance list. Please ensure that all columns are properly filled out. Use the "Remarks" column to inform us of the status of your employees.

Thank you very much for your cooperation and your confidence in PERAA.  
Regards.

*Bernadette M. Nepomuceno*  
**BERNADETTE M. NEPOMUCENO**  
President

BMN/LHF/soi  
Encl.: a/s



PI CODE NO.

REMITTANCE LIST

NAME OF INSTITUTION: \_\_\_\_\_

Month / Year

ADDRESS: \_\_\_\_\_

REMITTANCE FOR

CONTACT NO.: (Tel./Fax): \_\_\_\_\_

NAME OF MEMBER (Alphabetically Arranged)			TIN	PERAA ID NO.	CURRENT MONTHLY SALARY	CONTRIBUTIONS			TOTAL ER & EE SHARE E (A + D)	REMARKS Indicate maiden name if newly married and N - if new member R - Resigned L - on leave
FAMILY NAME	FIRST NAME	MIDDLE NAME				EMPLOYER'S (ER) SHARE A	EMPLOYEE'S (EE) SHARE Compulsory Contribution B	Voluntary Contribution C		

NOTE: Contribution Rate → Employer: \_\_\_\_\_% ; Employee: \_\_\_\_\_%

**TOTALS**

**PERAA USE ONLY**

1st entry : \_\_\_\_\_

2nd entry : \_\_\_\_\_

Matched : \_\_\_\_\_

Contributions Due P- \_\_\_\_\_

Add : Underpayment (If any) (+) \_\_\_\_\_

Deduct: Contribution Deposits on account of Repurchase(-) \_\_\_\_\_

Amount of Remittance P- \_\_\_\_\_

\* TO BE FILLED UP ON THE LAST PAGE ONLY

**FORM OF REMITTANCE**

Bank Remittance with \_\_\_\_\_ Date \_\_\_\_\_

Check (Enclosed) Date \_\_\_\_\_

Money Order (Enclosed)

Cash

Contribution Deposit CDM#/s \_\_\_\_\_ Amount \_\_\_\_\_

**CERTIFIED CORRECT BY:**

Signature : \_\_\_\_\_

Printed Name: \_\_\_\_\_

Official Title : \_\_\_\_\_

Date : \_\_\_\_\_

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