



PERAA CODE NO.

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

Month/Year

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

REMITTANCE FOR

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

NAME OF BORROWER			PERAA I.D. NO.	PARTICULARS			APPLICABLE NO. OF MONTHLY AMORTIZATIONS	REMARKS Indicate Date and N - if new member R - Resigned L - on leave Change name (e.g. married name)
FAMILY NAME	FIRST NAME	MIDDLE NAME		MONTHLY AMORTIZATION	PENALTY (IF ANY)	TOTAL		
<b>TOTAL:</b>								

**PERAA USE ONLY**

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

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

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

**FORM OF REMITTANCE**

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

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

Money Order (Enclosed)

Cash Amount \_\_\_\_\_

**CERTIFIED CORRECT BY:**

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

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

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

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

**PERAA FORM A-1**



**PRIVATE EDUCATION RETIREMENT INSURANCE**

PERAA CODE NO. **0 0 1 9 0 0**

**PREMIUM RECEIPT**

NAME OF INSTITUTION PI Name

ADDRESS Address

NAME OF MEMBER			PERAA I.D. NO.	CURRENT MONTHLY SALARY (1)	CONTRIBUTION BY INSTITUTION	
FAMILY NAME (Alphabetically Arranged)	FIRST NAME	M. I.			PAST SERVICE (2)	CURRENT SERVICE (3)
1 SURNAME	FIRST NAME	MI		0.00		0.00
2						0.00
3						0.00
4						0.00
5						0.00
6						0.00
7						0.00
8						0.00
9						0.00
10						0.00
11						0.00
12						0.00
13						0.00
14						0.00
15						0.00
16						0.00
17						0.00
18						0.00
19						0.00
20						0.00
21						0.00
22						0.00
23						0.00
24						0.00
25						0.00
<b>TOTALS*</b>				<b>0.00</b>		<b>0.00</b>

Contribution Rate: Employer's Contribution - 3.25% / Employee's Contribution - 0%

**PERAA USE ONLY**

Received: \_\_\_\_\_  
 Checked: \_\_\_\_\_  
 Posted: \_\_\_\_\_

Premiums Due (6) + (7) = P \_\_\_\_\_  
 Add Underpayments (If any) \_\_\_\_\_  
 Deduct Contribution Deposits \_\_\_\_\_  
 Deduct Contribution Deposits \_\_\_\_\_  
 on account of Repurchase \_\_\_\_\_  
 and overpayments (If any) \_\_\_\_\_  
 Amount of Remittance P \_\_\_\_\_

**FORM OF REMITTANCE**

- Bank Remittance
- Check (Enclose)
- Money Order (Enclose)
- Cash

**\* TO BE FILLED UP ON THE LAST PAGE ONLY**

**RETIREMENT ANNUITY ASSOCIATION  
CONTRIBUTION LIST**

Month / Year

REMITTANCE FOR

CONTRIBUTIONS			INSURANCE PREMIUM FOR	REMARKS Indicate Date and N - if new member R - Resigned L - on leave
TOTAL (2) + (3) (4)	BY EMPLOYEE (5)	TOTAL (4) + (5) (6)		
0.00	0.00	0.00	x 12	0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		

CE  
 Date with \_\_\_\_\_  
 Date \_\_\_\_\_  
 (d)  
 (enclosed)

CERTIFIED CORRECT BY:  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Official Title: \_\_\_\_\_  
 Date: \_\_\_\_\_