PERAA Form A-1

PERAA CODE NO. | | | | | | |

PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION

PREMIUM REMITTANCE LIST

NAME OF INSTITUTION _____

ADDRESS _____

REMITTANCE FOR Month _____ Year _____

NAME OF MEMBER			PERAA I.D. NO.	CURRENT MONTHLY SALARY (1)	CONTRIBUTIONS					INSURANCE PREMIUM FOR _____ (7)	REMARKS Indicate Date and N - if new member R - Resigned L - on leave
					BY INSTITUTION			BY EMPLOYEE (5)	TOTAL (4) + (5) (6)		
FAMILY NAME (Alphabetically Arranged	FIRST NAME	M. I.			PAST SERVICE (2)	CURRENT SERVICE (3)	TOTAL (2) + (3) (4)				
			TOTALS								

FOR PERAA USE ONLY

Received: _____
Checked: _____
Posted: _____

Premiums Due (6) + (7) = ₱ _____
Add Underpayments (If any) _____
Deduct Contribution Deposits on account of Repurchase and overpayments (If any) _____

Amount of Remittance ₱ _____

* TO BE FILLED UP ON THE LAST PAGE ONLY

FORM REMITTANCE

☐ Bank Remittance with _____
Date _____
☐ Check (Enclosed)
☐ Money Order (Enclosed)
☐ Cash

CERTIFIED CORRECT BY:

Signature : _____
Printed Name: _____
Official Title: _____
Date: _____

(Page_____ of_____ sheets)