



DepEd – DIVISION OF QUEZON

Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Cell # 09175824627 or at www.depedquezon.com.ph
"Creating Possibilities, Inspiring Innovations"

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May 2, 2018

Division Memorandum
DM No. III, s. 2018

GSIS ELECTRONIC REMITTANCE FILE (ERF) HANDLERS FOR HIGH SCHOOL IMPLEMENTING UNITS (IUs)

To: Public Schools Division Supervisors
School Heads of High School Implementing Units
All Concerned

1. All school heads of High School Implementing Units (IUs) are enjoined to designate their own **GSIS Electronic Remittance File (ERF)** who shall perform the following functions:
 - (a) To receive, on behalf of their school, documents from GSIS such as billing file for the due month, monthly reconciliation billing issues (RBIs), and notices of deficiency, if any.
 - (b) To deduct from the monthly salaries of employees in their agency, the premiums and loan repayments due GSIS.
 - (c) To prepare the monthly remittance files using inputs from the billing file for the due month, notices to deduct received, data on their employees with increments or promotion that will take effect on the particular due month; and list of employees from the agency who retired, separated, resigned or transferred to other agencies.
 - (d) To ensure that the ERF complies with the format prescribed by GSIS and the indicated Business Partner numbers of the employees are correct and complete.
 - (e) To accomplish the proper membership updating form for employees in their agencies;
 - (f) To coordinate with the DepEd Quezon's Agency Authorized Officer (AAO) to ensure that membership updating forms are forwarded to the GSIS membership coordinators before the monthly remittance is paid;
 - (g) To ensure that the monthly remittance for premiums and loans is paid before the 10th of the month following the due month; and
 - (h) To prepare the membership updating forms addressing the RBIs, if applicable, before the preparation of the following month's remittance file.
2. All designated ERF Handlers for their respective IUs shall submit following attached GSIS forms to be accomplished in two (2) original copies, and submitted to Ms. Zara Jessica H. Duhapa, Administrative Assistant III of the Accounting Section **on or before May 7, 2018**
 - (a) eBilling and Collection System (eBCS) Enrollment Form
 - (b) ERF Handler Commitment Form
 - (c) Application for Enhanced Personal Accident Insurance (EPAI) for ERF Handlers.
3. For the strict and immediate compliance of all concerned.

accda05/02/2018

DEPEDQUEZON-TM-SDS-04-009-000

Email address: quezon@deped.gov.ph

Comments: Txt HELEN – 09178902327 (Smart/Sun/TalknTxt) 2327 (Globe and TM)
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MERTHEL M. EVARDOME, CESO VI
Schools Division Superintendent

DEPED - QUEZON ICT UNIT
UPLOADED
Date/Time: MAY 03 2018
By: <i>[Signature]</i>
Ref. no. <i>[Signature]</i>



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GOVERNMENT SERVICE INSURANCE SYSTEM
GSIS Kahit Saan, Kahit Kailan Maasahan

APPLICATION FOR ENHANCED PERSONAL ACCIDENT INSURANCE
(ERF Handler)

Name of GSIS Member (please write-in-all capital letters)		
Surname:	Given Name:	Middle Name:
BP NO:	Position/Designation:	
Date of Birth:	Place of Birth:	
Home Address:	Email Address:	
	Cellphone No.	
	Landline No.	
Office Name:	Office Address:	
Telephone No:	Zip Code:	

Beneficiary/ies	Date of Birth	Age	Relationship to Member	Occupation

Confirmed By:

(ERF Handler Signature Over Printed Name)

(Date Signed

(Signature Over Printed Name of the Head of Agency)

Position: _____

Date Signed: _____

Please check if the designated ERF Handlers is:

- () Primary
() Alternate

NOTE:

After accomplishing this form, please email to your respective MEMBERSHIP COORDINATOR. If you cannot eMail the Form, please submit to the External Reconciliation Unit of your GSIS Handling Office.

eBCS ENROLLMENT FORM

Please check if you are the:			
<input type="checkbox"/> ERF Handler	<input type="checkbox"/> AAO	<input type="checkbox"/> New	<input type="checkbox"/> Renewal <input type="checkbox"/> Termination
Remitting Agency Details:			
Agency BP No./s			
Agency Name/s			
Agency Address			
Agency Tel. No. with Area Code			
ERF Handler / AAO Contact Details:			
Business Partner No. (BP No.)			
Last Name			
First Name			
Middle Name			
Salary Grade			
Employment Status			
Mobile Number			
Email Address			
ERF Handler / AAO Mother's Maiden Name Information:			
Mother's Maiden Last Name			
Mother's First Name			
Mother's Maiden Middle Name			
Signatures of Requesting Agency Officers:			
ERF Handler / AAO:			
Signature over Printed Name		Designation/Position	Date Accomplished
Indorsing Officer (Head of Agency):			
Signature over Printed Name		Designation/Position	Date Accomplished
Mobile No.:		Email Address:	
We understand that by affixing our signatures on the above, authorization when granted, is specific to the office specified in this application form. Moreover, it will be disabled after GSIS received request for termination.			
Please Do Not Fill-Up. For GSIS Use Only			
Reviewed by Authorized GSIS Personnel:		Initial & Date Accomplished	
Action Taken by GSIS Department Manager/Branch Manager:		Initial & Date Accomplished	
<input type="checkbox"/> Authorization Enabled <input type="checkbox"/> Authorization Disabled			
Notes:			
1. All boxes MUST be filled up (Typewritten or Print) except signature/designation portion of ERF Handler or AAOs for TERMINATION			
2. Authorizations are valid until request for termination is received by the GSIS			