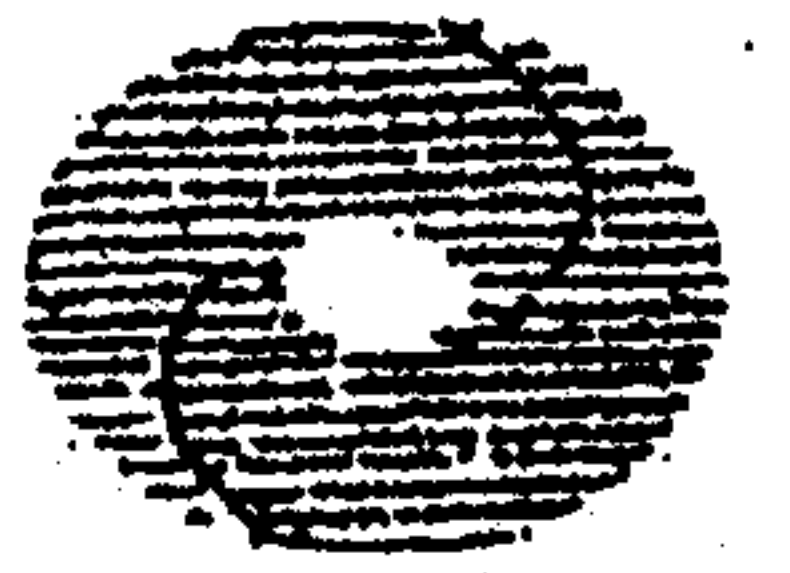


Republic of the Philippines
SOCIAL SECURITY SYSTEM/GOVERNMENT SERVICE INSURANCE SYSTEM
APPLICATION FOR DEATH/DISABILITY/RETIREMENT BENEFIT
 (Under the Portability Law)



(Please Use Black Ink Only)

NAME OF MEMBER: Last Name			First Name			Middle Name			SS NUMBER:					
CLAIMANT'S ADDRESS:						GSIS MEMBERSHIP NUMBER:								
CIVIL STATUS			BANK NAME, BRANCH AND ADDRESS:											
 THUMBMARK <small>(In lieu of signature)</small>			PRINTED NAME AND SIGNATURE OF MEMBER/CLAIMANT						WITNESSES TO THUMBMARK: (SIGN OVER PRINTED NAME)			SAVINGS ACCT. NO.		
									1. _____			CLAIM TYPE:		
For Old Age/Retirement/Disability Claim Only						For Death/Survivorship Claim Only								
DATE OF BIRTH:			PLACE OF BIRTH:			DATE OF DEATH:								
_ _			_ _			_ _			_ _					
CERTIFICATION OF SEPARATION FROM LAST EMPLOYER <i>(For Old Age/Retirement Claim Only)</i>														
This is to certify that the Employee named herein was separated from our employ on:						ADDRESS OF EMPLOYER:								
_____						PRINTED NAME & SIGNATURE OF AUTHORIZED REPRESENTATIVE:								
(Exact date of separation)														
NAME OF EMPLOYER:						POSITION/TITLE:								
SSS DATA														
QUALIFIED DEPENDENTS:														
NAMES OF LEGITIMATE CHILDREN				DATE OF BIRTH				ADDRESS						
1.														
2.														
3.														
4.														
5.														
I CERTIFY:														
1. That the above-mentioned minors are under my care and custody; 2. That I am competent to receive in behalf of the said minors the amount due them as dependents of the subject member of the Social Security System; 3. That I have not abandoned, neglected or refused to support said minors, nor caused them to commit offenses against the law; 4. That I will immediately notify the SSS should any of the above-listed minors die, marry or become gainfully employed; and 5. That none of the aforesaid minors are married or employed with a salary of P300.00 or more a month.														
											Signature Over Printed Name			
CLEARANCE (For SSS Use Only)														
<input type="checkbox"/> NO OTHER CLAIM FILED			REMARKS:			CLEARED BY:			DATE:					
SSS / GSIS CERTIFICATION														
This is to certify that the above-member has:						Printed Name and Signature of Certifying Official								
_____ total number of contributions						Position/Title								
_____ from _____ to _____														
_____ total number of creditable years of service						FOR:								
						<input type="checkbox"/> Information <input type="checkbox"/> Certification								