

APPLICATION FOR SURVIVORSHIP BENEFIT

(Please read instructions at the back)

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative and/or criminal action.

Date of filing of Application: _____

(Must be filed with GSIS within four (4) years from the Date of Death of Deceased Member/Pensioner, together with the claim for Funeral Benefit and the required supporting affidavits and documents)

Active Member
 Retiree
 Pensioner

A. DECEASED MEMBER/PENSIONER

| | | | | | | | | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| Name of Deceased Member/Pensioner <small>Last Name First Name Middle Name</small> | Date of Birth: <small>Month Day Year</small> | Date of Death: <small>Month Day Year</small> | Civil Status: (Single, Married, Widow, Separated, etc.) | | | | | | | | | | | |
| Name and Address of Last Government Office: | | GSIS ID No. (the 11 digit number below the name in the eCard) | | | | | | | | | | | | |
| | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | | | | | | | | | | | | |
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B. PRIMARY BENEFICIARIES (Living)

I. Legal Spouse:

| | | | |
|--|---|-----------------|-----------|
| Surviving Spouse: <small>Last Name First Name Middle Name</small> | Date of Birth: <small>Month Day Year</small> | Place of Birth: | Religion: |
| Mailing Address (No/Street/Barangay/Municipality/City/ Province/Zip Code): | | Cell Phone No. | ID No. |

II. Dependent Children: Please indicate category (i.e., legitimate, legally adopted, acknowledged natural, illegitimate)

| NAME | DATE OF BIRTH | MAILING ADDRESS | CATEGORY |
|------|---------------|-----------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Guardian of Surviving Dependent Children:

| | | |
|--|---|----------------------------|
| Guardian: <small>Last Name First Name Middle Name</small> | Date of Birth: <small>Month Day Year</small> | Place of Birth: |
| Mailing Address (No/Street/Barangay/Municipality/City/ Province/Zip Code): | | Cell Phone No. ID No. |

C. SECONDARY BENEFICIARIES (Living) - In the absence of Primary Beneficiaries

III. Legitimate Descendants / Legal Heirs (i.e., parents, siblings, grandchildren)

| NAME | BIRTHDATE | RELATIONSHIP TO THE DECEASED | MAILING ADDRESS | CONTACT NO. |
|------|-----------|------------------------------|-----------------|-------------|
| | | | | |
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| | | | | |
| | | | | |

Upon filing of this application, it is understood that I have previously secured a tentative computation of the amount of benefits I will receive, including the amount deducted from the proceeds in payment of the deceased member's unpaid obligation/s with GSIS and I fully conform to the same.

CERTIFICATION

I hereby certify that the foregoing information are true and correct and the attached documents are authentic

 Signature of Claimant/Applicant Over Printed Name

 Date Signed

FOR ACTIVE MEMBERS ONLY: TO BE FILLED UP BY PERSONNEL OFFICER

The undersigned hereby certifies that the late M _____; was an employee of this office, and further certify that the claimant/applicant has not filed with this office any claim for Gratuity Benefits pursuant to RA 1616 with this Office.

Signature of Personnel Officer Over Printed Name

Date Signed

Name of Agency

Address of Agency

D. DOCUMENTARY REQUIREMENTS (to be attached to the application form)

| PRIMARY BENEFICIARIES | In the absence of primary beneficiaries: SECONDARY BENEFICIARIES |
|--|--|
| <ol style="list-style-type: none"> 1. Death certificate of member/pensioner issued by NSO (w/ attached OR) 2. Marriage certificate issued by NSO (w/ attached OR) 3. Birth certificate of surviving spouse issued by NSO (w/ attached OR) 4. Affidavit of Surviving Spouse (please use/accomplish prescribed affidavit) 5. Affidavit of Guardianship of Minor Dependent Child (please use/accomplish prescribed affidavit supported by a court order or, in absence of a court order, a Certificate of Guardianship from the Barangay Captain and the City/ Municipal Social Welfare Head where the minor dependent is residing). 6. Affidavit of Guardianship of Incapacitated Child (please use/accomplish prescribed affidavit supported by a court order or, in absence of a court order, a Certificate of Guardianship from the Barangay Captain and the City/ Municipal Social Welfare Head where the incapacitated dependent is residing). 7. If with minor and/or physically/mentally incapacitated, birth certificate of minor dependent children issued by NSO (w/ attached OR); maximum of 5 counting from the youngest; adoption papers if necessary. 8. In case of incapacitated dependent child who is over the age of majority, medical (historical) records showing that the dependent child is incapable of self-support due to mentally or physical defect acquired prior to the age of majority. 9. Two valid IDs (original and photo copy) of surviving spouse (e.g., GSIS eCard, SSS ID, Driver's license, Passport, Office ID) | <ol style="list-style-type: none"> 1. Death certificate of member/pensioner issued by NSO (w/ attached OR) 2. Birth Certificate of member/pensioner issued by NSO (w/ attached OR) 3. Marriage contract of parents issued by NSO (w/ attached OR) 4. Birth certificate of parents issued by NSO (w/ attached OR) 5. Affidavit of surviving parents stating under oath that the deceased member/pensioner at the time of death was not survived by a spouse or dependent children 6. Two valid IDs (original and photo copy) of legal heir/s (e.g., GSIS eCard, SSS ID, Driver's license, Passport, Office ID) 7. Death certificate of deceased parent issued by NSO (w/ attached OR) 8. If both parents are deceased, birth certificate of surviving siblings issued by NSO (w/ attached OR) 9. Marriage contract of married female sister/s issued by NSO (w/ attached OR) 10. In case the surviving sibling died while the application is being processed, birth certificate of dependent child/children of deceased sibling issued by NSO (w/ attached OR) <ol style="list-style-type: none"> a. Affidavit of Guardianship of Minor Dependent Child (please use/accomplish prescribed affidavit supported by a court order or, in absence of a court order, a Certificate of Guardianship from the Barangay Captain and the City/ Municipal Social Welfare Head where the minor dependent is residing). b. Affidavit of Guardianship of Incapacitated child (please use/accomplish prescribed affidavit supported by a court order or, in absence of a court order, a Certificate of Guardianship from the Barangay Captain and the City/ Municipal Social Welfare Head where the incapacitated dependent is residing). 11. If with minor and/or physically/mentally incapacitated, birth certificate of minor dependent children issued by NSO (w/ attached OR); maximum of 5 counting from the youngest; adoption papers if necessary. 12. In case of incapacitated dependent child who is over the age of majority, medical (historical) records showing that the dependent child is incapable of self-support due to mentally or physical defect acquired prior to the age of majority. 13. Two valid IDs (original and photo copy) of guardian (e.g., GSIS eCARD/UMID-compliant eCard, SSS ID, Driver's license, Passport, Office ID) |

E. INSTRUCTIONS

1. Submit application for Survivorship Benefit in two (2) copies, including the Affidavits and other supporting documents
2. Ensure that the form is properly filled-up/endorsed by the employer of the deceased member
3. Upon submission of this form, verification on the status of the application may be done after two (2) weeks thru Txt 4747 or crmd@gsis.gov.ph