

Citizen's



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Charter

Prepared by:

Corporate Planning Group and Operations Sector

**Government Service Insurance System
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GSIS Home, Regional, Branch, and Satellite Offices:

<u>Offices</u>	<u>Address</u>	
Home	GSIS Bldg., Financial Center, Pasay City	
Regional (16)		
Quezon City	<i>M. Geronimo Bldg. 746 Mindanao Ave. T. Sora, Quezon City</i>	
Dagupan	<i>PNR Site, Mayombo District, Dagupan City, Pangasinan</i>	
Laoag	<i>Brgy. 23 P. Paterno St., Vintar Road, Laoag City</i>	
Tuguegarao	<i>Carig, Tuguegarao City</i>	
Batangas	<i>Brgy. Alangilan, Batangas City</i>	
Naga	<i>Brgy. Del Rosario, Naga City</i>	
Pampanga	<i>McArthur Highway, Sindalan, San Fernando City, Pampanga</i>	
Cebu	<i>Leon Kilat Street, Cebu City</i>	
Iloilo	<i>Corner Sto. Rosario and Zamora Sts., Iloilo City</i>	
Tacloban	<i>Marasbaras, Tacloban City, Leyte</i>	
Bacolod	<i>Araneta St., Brgy. Tangub, Bacolod City</i>	
Butuan	<i>Libertad, Butuan City</i>	
Cagayan De Oro	<i>Carmen, Cagayan De Oro City</i>	
Davao	<i>McArthur Highway, Matina, Davao City</i>	
General Santos	<i>Lido Bldg., Santiago Blvd., General Santos City</i>	
Zamboanga	<i>Moret Field, Baliwasan, Zamboanga City</i>	
Branch (25)		
Bulacan	<i>Cabanas, KM 45, McArthur Highway, Longos, Malolos City</i>	
Laguna	<i>Brgy. Biñan, Pagsanjan, Laguna</i>	
Palawan	<i>National Highway, Brgy. San Miguel, Puerto Princesa City</i>	
Baguio	<i>3/F EDY Bldg., Kisad Road, Baguio City</i>	
La Union	<i>2/F Bugayong Bldg., Sevilla, San Fernando, La Union</i>	
Bayombong	<i>Dumlao Stadium, Clisoc Field, Bayombong, Nueva Vizcaya</i>	
Cauayan	<i>Tagaran, Cauayan City, Isabela</i>	
Bataan	<i>San Ramon Highway, Dinalupihan, Bataan</i>	
Cabanatuan	<i>NFA Compound, Maharlika Highway, Cabanatuan City</i>	
Tarlac	<i>Urquico Oval, San Roque, Tarlac City</i>	
Lucena	<i>Maharlika Highway, Iyam, Lucena City</i>	
Legazpi	<i>Co Bldg., Alternate Road, Bltano, Legazpi City</i>	
Sorsogon	<i>Flores St., Capitol Compound, Sorsogon City</i>	
Bohol	<i>2/F CPG North Ave., Tagbilaran City</i>	
Roxas	<i>Belo St., Roxas City</i>	
Catbalogan	<i>Mabini Ave., Catbalogan, Samar</i>	
Maasin	<i>Demeterio St., Abgao, Maasin City, Southern Leyte</i>	
Dumaguete	<i>National Highway, Daro, Dumaguete City</i>	
Surigao	<i>Yuipco Bldg., Borromeo St., Surigao City</i>	
Iligan	<i>Tubod Highway, Iligan City, Lanao Del Norte</i>	
Kidapawan	<i>Quezon Boulevard, Kidapawan City</i>	
Tagum	<i>Sobrecares St., Tagum City</i>	
Cotabato	<i>Governor Gutierrez Ave., Cotabato City</i>	
Pagadian	<i>Corner F. Pajares and V. Sagun Sts., Pagadian City</i>	
Dipolog	<i>Minaog, Dipolog City</i>	
Satellite (18)		
Vigan, Ilocos Sur	<i>Candon, Ilocos Sur</i>	<i>Iba, Zambales</i>
Baler, Aurora	<i>Calapan, Or. Mindoro</i>	<i>Mamburao, Occ. Mindoro</i>
Boac, Marinduque	<i>Daet, Camarines Norte</i>	<i>Virac, Catanduanes</i>
Masbate (Masbate City)	<i>Antique (San Jose)</i>	<i>Aklan (Kalibo)</i>
Borongan, E. Samar	<i>Catarman, N. Samar</i>	<i>Ormoc (Ormoc City)</i>
Tandag, Surigao del Sur	<i>Malaybalay, Bukidnon</i>	<i>Basilan (Isabela City)</i>

GSIS Vision

In the next five years, we will rebuild the Government Service Insurance System as the premier pension fund institution and as a center for providing world-class service to its members.

GSIS will be an organization that is transparent, autonomous and beyond public reproach.

GSIS Mission

To regain the trust and confidence of our stakeholders, we will singularly pursue the social mission of our Charter and promote an efficient organization that is fully-automated and member-focused.

We will relentlessly pursue continual improvement in our services driven by integrity, professionalism, and a culture of public service.

We will sustain the financial viability of the System and ensure its prolonged actuarial life, for the benefit not only of our existing members, but also the next generation of government employees.

We will restore the pride of GSIS so as to retain and recruit staff that share our commitment.

Finally, we will endeavor to empower our members to enable them to participate in the evolution of our institution.

PROCESSING TIME COMMITMENTS

TRANSACTION	PROCESSING TIME (working days)
For Active GSIS Members:	
Creation of Member's Record	15
Updating of Member's Record	15
Release of GSIS eCard (nationwide)	10 <i>(after receipt of the eCard from UnionBank)</i>
Reconciliation of Member Account [Premium and Loan Payments]	60
Processing of Retirement and Cash Surrender Value (CSV)/Termination Value (TV) for Life Claim Applications	On the date of retirement <i>(Provided that all requirements are submitted to the GSIS ninety (90) days prior to the effective date of the retirement)</i> 90 days <i>(In case all requirements are submitted to the GSIS on the date or after the effective date of retirement)</i>
Processing of Separation Claim Applications	On the date of separation <i>(Provided that all requirements are submitted to the GSIS ninety (90) days prior to the effective date of the separation from service)</i> 90 days <i>(In case all requirements are submitted to the GSIS on the date or after the effective date of separation)</i>
Processing of Compulsory and Optional Life Insurance Benefits (i.e. Cash Surrender Value/Termination Value, Death Benefit)	60 <i>(upon receipt of complete documents)</i>
Processing of Unemployment Benefits	60 <i>(upon receipt of complete documents)</i>
Processing of Disability Benefits	60 <i>(upon receipt of complete documents)</i>
Processing of Employees Compensation (EC) Benefits	60 <i>(upon receipt of complete documents)</i>
Processing of Funeral Benefits	60 <i>(upon receipt of complete documents)</i>



TRANSACTION	DOCUMENTARY REQUIREMENTS
IX. PRE-NEED	<p>➤ EDU-CHILD AVAILMENT</p> <ul style="list-style-type: none"> • GSIS Pre-need application form • Pre-Need Program Application for Plan Conversion and for Other Benefits Under the Plan (college education benefit) • Original & Xerox copy of Certificate of Full payment • Original & Xerox copy of Plan Agreement • Original & Xerox copy of Registration Card indicating the number of units & subjects enrolled and paid by the scholar for the semester which will be claimed for reimbursement . • Original & Xerox of Assessment/Schedule of fees • Original & Xerox copy of Course Curriculum indicating the number of units & subjects to be taken by the scholar for the whole course (1st year up to 4th year). • Original & Xerox copy of Official Receipts (of payment to school/s) <p><i>Note: in case the member is requesting that the amount be paid to another person, then he/she must show Deed of Assignment and/or Transfer of Rights executed by the Plan-holder</i></p>
	<p>➤ HOSPITALIZATION INSURANCE PLAN (HIP)</p> <ul style="list-style-type: none"> • GSIS Hospital Insurance Claim Form • Original Copy of HIP Policy Contract • Certified True copy of statement of Hospitalization Account • Official Receipts/Charge Slips • Admitting History or Medical Abstract
	<p>➤ CEAP</p> <ul style="list-style-type: none"> • 1st Annual Allowance: <ul style="list-style-type: none"> • Letter request for allowance • Original copy of CEAP Policy Contract • Original copy of Birth Certificate of grantee/scholar (NSO copy) (in case not yet registered, late NSO registration can be filed) • Succeeding Annual Allowance: <ul style="list-style-type: none"> • Letter request for allowance (indicate policy number)

TRANSACTION	PROCESSING TIME (working days)
Processing of Survivorship Benefits	60 <i>(upon receipt of complete documents)</i>
Processing of Consolidated Loan (Consoloan) Applications availed thru the GSIS eCard <i>(after approval by the Agency Authorized Officer or AAO)</i>	3
Processing of Emergency Loan Applications availed thru the GSIS eCard <i>(after approval by the Agency Authorized Officer or AAO)</i>	3
Processing of Policy Loan Applications availed thru the GSIS eCard <i>(after approval by the Agency Authorized Officer or AAO)</i>	3
Processing of Cash Advance availed thru the GSIS eCard <i>(after approval by the Agency Authorized Officer or AAO)</i>	3
Receipt of Payment (over-the-counter) through the GSIS Cash Receiving Facility	Within the day
Preparation of Final Statement of Account (SOA) (for Housing Loans)	60
Preparation of Deed of Absolute Sale/ Affidavit of Release of Mortgage and Releasing of Title	90
Processing of Retirement Certification for GSIS Members who retired (except those who retired under RA 1616)	3
Processing of Certification of Premiums Paid for GSIS Members applying under Portability Law, after reconciliation of premium payments.	3
Response to members' complaints, requests or queries (including requests for Statement of Member's Account or SOMA)	Within 10 working days from receipt of the complaint, request or query by the GSIS Operating Unit <i>(Note: Requests for reconciliation of accounts are not included in the 10-working days processing time)</i>
Processing of Pre-Need Claim Applications	60 <i>(upon receipt of complete documents)</i>

TRANSACTION	PROCESSING TIME (working days)
For GSIS Pensioners / Inactive Members:	
eCrediting of Monthly Pension	Not later than the 8 th of the month
Processing of Pension Accruals (for submission to UBP for eCrediting)	3
Processing of Pension Loan availed thru the GSIS eCard	3
Processing of Survivorship Benefits	60 (upon receipt of complete documents)
Processing of Funeral Benefits	60 (upon receipt of complete documents)
Respond to pensioners' complaints, requests or queries	Within 10 working days from receipt of the complaint, request or query by the GSIS Operating Unit <i>(Note: Requests for reconciliation of pensioner accounts (i.e. pension payments and pension loan, among others, are not included in the 10-working days processing time)</i>
For Partner Agencies and Other External Agencies:	
Creation of Agency Record	Within the day
Updating of Agency Record	Within the day
Receipt of Payment (over-the-counter) through the GSIS Cash Receipting Facility	Within the day
Processing of Claims (for General Insurance Product lines)	30 <i>(upon receipt of complete documents including final adjuster's report)</i>
Response to partner and external agencies' requests for data or report	Within 10 working days from receipt of the complaint, request or query by the GSIS Operating Unit <i>(Note: Requests for reconciliation of agency accounts are not included in the 10-working days processing time)</i>

TRANSACTION	DOCUMENTARY REQUIREMENTS
<p>VIII. EC Claims Under PD 626</p> <p><i>(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)</i></p>	<p>detail the circumstances of the accident: time, place, date and reasons or purpose for being at the place of incident</p> <ul style="list-style-type: none"> • Certified copy of Police Investigation Report/Follow-up Police Investigation Report • Affidavit of witnesses to the incident • Certified copy of Time Card/Record of Attendance, when applicable • Mission Order/Travel Order/Trip Ticket, when applicable • Line of Duty Board Proceedings (for uniformed personnel of the AFP) • Napolcom Adjudication Award (for PNP) • Certified copy of Declaration of Presumptive Death, when applicable • Original/certified copy of Death Certificate of employee from NSO • If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased, • Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO • Original/certified copy of Birth Certificate of employee (if single)/surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed) • Proofs of Surviving Legal Heirs • If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support
<p>IX. PRE-NEED</p>	<p>➤ OEM/TERMINATION OF PRE-NEED PLAN (EDU-CHILD, MEMORIAL)</p> <ul style="list-style-type: none"> • GSIS Pre-need application form • GSIS Release & Quit claim form (Optional Exit Mechanism) • Original copy of Certificate of Full payment • Original copy of Plan Agreement (in case of loss, execute Affidavit of Loss) • Original & Xerox copy of Certificate of Premium payments

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VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

X. Death due to Vehicular Accident

- Income Benefit Claim for Payment Parts I & II
- Hospitalization Claim for Payment Parts I, II & III
- Original/certified copy of Service Record / Statement of Service
- Certification (notarized) by Head of Office/ Commanding Officer narrating in detail the circumstances of the accident: time, place, date and reasons or purpose for being at the place of accident
- Certified copy of Police Traffic Accident Report
- Certified copy of Medical records of confinement/treatment
- Admitting History or Medical Abstract
- Certified copy of Time Card/Record of Attendance, when applicable
- Mission Order/Travel Order/Trip Ticket, when applicable
- Vicinity sketch showing the location, the route taken and the distance in meters/kilometers between the place of accident, place of work and residence (if employee is going to or coming from work)
- Original/certified copy of Death Certificate of employee from NSO
- If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased
- Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
- Original/certified copy of Birth Certificate of employee (if single)/surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
- Proofs of Surviving Legal Heirs
- If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support

XI. Death due to Injury caused by gunshot wounds

- Income Benefit Claim for Payment parts I & II
- Hospitalization Claim for Payment parts I, II & III
- Original/certified copy of Service Record
- Certification (notarized) by Head of Office/ Commanding Officer narrating in

DOCUMENTARY REQUIREMENTS

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DOCUMENTARY REQUIREMENTS

I. Retirement Benefit Claim

- **RETIREMENT BENEFIT under RA 8291, RA 660, 1146**
 - Latest GSIS Retirement Application form duly endorsed and signed by the authorized officials
 - Latest 1x1 ID picture within the last 3 months. - Application form signed by the retiree with the following entries:
 - Name
 - Date of Retirement
 - Date of Application
 - Mode/Option of Retirement
 - Office
 - Signature
 - Mailing Address
 - Contact Number
 - Date of Birth
 - Certificate of Last Day of Actual Service (LDAS)
- **REFUND OF RETIREMENT PREMIUMS**
 - A. RA 1616**
 - Original copy of Retirement of Gratuity benefit approved and paid by the last employer for RA 1616
 - Photocopy of GSIS Retirement Application Form Authenticated by the agency
 - Retirement computation under RA 1616 indorsed by the head of office or authorized signatory
 - B. In case Portability Law RA 7699 is applied,** Certification of SSS premium contributions signed by authorized SSS Officer is needed.

II. Disability Benefits Claim

- **PERMANENT TOTAL DISABILITY**
 - Disability Retirement Form (Parts I & II) duly endorsed and signed by the Authorized Officials
 - Latest 1 x 1 ID picture (within the last 3 months)
 - Medical examination report from the Medical Evaluation and Underwriting Department (MEUD)
- **PERMANENT PARTIAL DISABILITY/ TEMPORARY DISABILITY**
 - Income Benefit Claim for Payment (Parts I, II)
 - Hospitalization Claim for Payment (Parts I, II)

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DOCUMENTARY REQUIREMENTS

II. Disability Benefits Claim

- Certification from the employer stating that the reduction in income was due to the impairment/disability
- Operating Room Record/Histopath Report
- Certification of the Employer for Sick Leave Without Pay (LWOP), if there's any
- Medical examination report from Medical Evaluation and Underwriting Department (MEUD)

III. Survivorship Benefits Claims

- **Basic Documents:**
 - Application for Survivorship Benefit
 - Death Certificate of member/pensioner issued by NSO
 - Marriage Certificate between the deceased and his/her spouse issued by NSO
 - Birth Certificate of surviving spouse/dependent children/incapacitated child/surviving parent/guardian, as the case may be, issued by NSO (in case not yet registered, late NSO registration can be filed)
 - Affidavit of Guardianship of Incapacitated Dependent Child
 - Affidavit of Guardianship of Minor Dependent Child
 - Affidavit of Surviving Spouse if with minor children, supported by certification from Department of Social Welfare and Development (DSWD)/Barangay where the minor resides
 - Two valid IDs (original and photocopy) of surviving spouse/dependent children/incapacitated child/surviving parent/guardian, as the case may be (e.g., GSIS eCard, SSS ID, Driver's license, Passport,)
- **If with adopted minor and/or physically/mentally incapacitated children**
 - Adoption papers issued by the court
 - Affidavit of Guardianship of Incapacitated Dependent Child
 - Affidavit of Guardianship of Minor Dependent Child

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VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

VIII. Disability due to Injury caused by Other Accidents

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original/authenticated copy of Service Record/Statement of Service
- Certification (notarized) by Head of Office/Commanding Officer narrating in detail the circumstances of the accident: time, place, date and reasons or purpose for being at the place of accident
- Certified copy of Police Investigation Report/Follow-up Investigation Report
- Original copy of Affidavit of witnesses to the incident
- Certified copy of Mission Order/Travel Order/Trip Ticket, when applicable
- Certified copy of Time Card/Record of Attendance
- Certified copy of Medical records of confinement/treatment

IX. Killed in Action (for uniformed personnel of the AFP & PNP)

- Income Benefit Claim for Payment parts I and II
- Original/authenticated copy of Statement of Service
- Authenticated copy of Casualty Report
- Authenticated copy of Army Operations Center (AOC) Journal (for PA only)
- Spot Report/After Battle Report authenticated
- Original/certified copy of Death Certificate of employee from NSO
- If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased,
- Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
- Original / certified copy of Birth Certificate of employee (if single) / surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
- Proofs of Surviving Legal Heirs
- If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support spouse/minor children from NSO (in case not yet registered, late NSO)

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DOCUMENTARY REQUIREMENTS

VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

- Proofs of Surviving Legal Heirs
- If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support

VI. Wounded in Action (for uniformed personnel of AFP)

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original/authenticated copy of Statement of Service
- Authenticated copy of Army Operations Center (AOC) Journal (for PA only)
- Authenticated copy of Spot Report/After Battle Report

VII. Disability due to Vehicular Accident

- Income Benefit Claim for Payment parts I & II
- Hospitalization Claim for Payment parts I, II and III
- Original/certified copy of Service Record/Statement of Service
- Certification (notarized) by Head of Office/Commanding Officer narrating in detail the circumstances of the accident: time, place, date and reasons or purpose for being at the place of accident
- Certified copy of Police Investigation Report
- Original copy of Affidavit of witnesses to the incident
- Certified copy of Mission Order/Travel Order/Trip Ticket, when applicable
- Certified copy of Time Card/Record of Attendance
- Vicinity sketch showing the location, the route taken and the distance in meters/kilometers between the place of accident, place of work and residence
- Certified copy of Medical records of confinement/treatment

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III. Survivorship Benefits Claims

- In the absence of the Court Order, the affidavit, as applicable in each case, shall be supported by a Certification of Guardianship from the Barangay Captain and the City/Municipal Social Welfare Head where the incapacitated/dependent child is residing
- 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 mental or physical defect acquired prior to the age of majority

➤ **If member died single**

- Birth Certificate of deceased member
- Marriage Contract and Birth Certificates of parents issued by NSO (in case not yet registered, late NSO registration can be filed)
- 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; and that the parents are dependent for support from the said deceased member/pensioner
- Death Certificate of deceased parent issued by NSO, if only one surviving parent

➤ **If both parents are deceased**

- Birth Certificate of deceased member
- Marriage Contract of Parents of the deceased member
- Death Certificate of parents
- Birth Certificate of surviving siblings issued by NSO (in case not yet registered, late NSO registration can be filed)
- Marriage Contract of married female sister/s issued by NSO
- Affidavit of surviving brother/sister of the deceased member/pensioner stating under oath that the deceased member/pensioner at the time of death was not survived by a spouse or dependent children and parents and that they are the only surviving legal heirs

IV. Death Claim

A. Life Endowment Policy (LEP) - payable to the designated beneficiaries

(Subject to the provisions of Insurance Law on questionable death)

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DOCUMENTARY REQUIREMENTS

IV. Death Claim

- **If the spouse is the designated beneficiary**
 - Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Marriage Contract (in case not yet registered, late NSO registration can be filed)
 - Two valid IDs of spouse (original to be shown, photocopy to be submitted)
 - Birth Certificate of the Spouse (in case not yet registered, late NSO registration can be filed)
- **If the children are the designated beneficiaries**
 - Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Birth Certificate of the children (in case not yet registered, late NSO registration can be filed)
 - Original copy of NSO certified Marriage Contract of married designated female children
 - Affidavit of Guardianship of Minor Dependent Child
 - Two valid IDs (original to be shown, photocopy to be submitted)
- **If the parents are the designated beneficiaries**
 - Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Birth Certificate of the deceased member (in case not yet registered, late NSO registration can be filed)
 - Original copy of NSO certified Marriage Contract of parents, if necessary (subject to law on donation)
 - If one parent is deceased, Original copy of NSO certified Death Certificate of deceased parent
 - Two valid IDs of parents (original to be shown, photocopy to be submitted)
 - Original copy of NSO Birth Certificates of parents, in the absence thereof, valid passport or visa, driver's license, PRC IDs
- **If there is no designated beneficiary - died single**
 - Original copy of NSO certified Death Certificate of member
 - Birth Certificate of Legitimate/illegitimate child/ren (in case not yet registered, late NSO registration can be filed)

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VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

- If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased
 - Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
 - Original/certified copy of Birth Certificate of employee (if single)/ surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
 - Proofs of Surviving Legal Heirs
 - If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support
- **Death due to Bronchial Asthma**
- Income Benefit Claim for Payment parts I and II
 - Hospitalization Claim for Payment parts I, II and III
 - Original/certified copy of Service Record/Statement of Service
 - Certified copy of medical records of consultation/confinement due to Bronchial Asthma
 - Chest x-ray film (latest)
 - Certified copy of result of Sensitivity Test to allergens in the workplace
 - Proofs that occupation involves increased risk of contracting Bronchial Asthma
 - Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
 - Original official receipts of hospital bills/doctor's fees, medicines purchased
 - Original/certified copy of Death Certificate of employee from NSO
 - If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased
 - Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
 - Original / certified copy of Birth Certificate of employee (if single)/ surviving registration can be filed)

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DOCUMENTARY REQUIREMENTS

VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

- Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
 - Original official receipts of hospital bills/doctor's fees, medicines purchased
 - Original/certified copy of Death Certificate of employee from NSO
 - If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased
 - Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
 - Original/certified copy of Birth Certificate of employee (if single)/ surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
 - Proofs of Surviving Legal Heirs
 - If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support
- **Death due to Pneumonia**
- Income Benefit Claim for Payment parts I and II
 - Hospitalization Claim for Payment parts I, II and III
 - Original/certified copy of Service Record/Statement of Service
 - Certified copy of hospital/clinical records due to Pneumonia
 - Chest x-ray film (latest)
 - Proofs that occupation involves increased risk of contracting Pneumonia
 - Statement of Actual Duties
 - Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
 - Original official receipts of hospital bills/doctor's fees, medicines purchased
 - Original/certified copy of Death Certificate of employee from NSO

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DOCUMENTARY REQUIREMENTS

IV. Death Claim

- Proofs of Surviving Legal Heirs and Guardianship (child/ren)
- **If there is/are no legitimate/illegitimate child/ren, Death benefits shall be payable to surviving parents, in which case, the following documents shall be required:**
- Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Birth Certificate of member
 - Original copy of NSO Marriage Contract of parents
 - Affidavit of Surviving Legal Heirs (Parent/s) stating among others that the deceased member was not survived by a spouse and children
 - Two valid IDs of parents (original to be shown, photocopy to be submitted)
 - Original copy of NSO issued Death Certificate of deceased parent, if only one parent survived
 - Original copy of NSO Birth Certificates of parents, in the absence thereof, valid passport or visa, driver's license, PRC IDs
- **If both parents are deceased, Death benefits shall be payable to the surviving siblings in which case the following must be submitted:**
- Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Birth Certificate of member
 - Original copy of NSO certified Death Certificate of parents
 - Original copy of NSO certified Birth Certificate of all brothers & sisters (in case not yet registered, late NSO registration can be filed)
 - Original copy of NSO certified Marriage Contract of all married sisters
 - Original copy of NSO certified Death Certificate of deceased brothers & sisters
 - Affidavit of surviving Legal Heirs stating among others that they are the only surviving legal heirs of the deceased member

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IV. Death Claim

- Two valid IDs of legal heirs whom death claim benefit shall be made payable (original to be shown, photocopy to be submitted)
- Copy of NSO Certified Marriage Contract of Parents

➤ **If there is no designated beneficiary - married**

- Original copy of NSO Marriage Contract of the deceased
- Original copy of NSO Birth Certificate of all children and spouse (in case not yet registered, late NSO registration can be filed)
- Affidavit of surviving Legal Heirs (please use prescribed form) stating among others that they are the only surviving legal heirs of the deceased
- Two valid IDs of legal heirs (original to be shown, photocopy to be submitted)

➤ **If there is no designated beneficiary - widowed**

- Original copy of NSO certified Death Certificate of member
- Original copy of NSO certified Marriage Contract of the deceased
- Original copy of NSO certified Birth Certificate of all children (in case not yet registered, late NSO registration can be filed)
- Proofs of Surviving Legal Heirs and Guardianship (please use prescribed form) stating among others that they are the only surviving legal heirs of the deceased
- Two valid IDs of legal heirs (original to be shown, photocopy to be submitted)
- If there are no child/ren, claim shall be payable to surviving parents. If parents are already deceased, claim shall be payable to siblings (Refer to requirements for members who died single)

B. Enhanced Life Policy - Payable to Surviving Legal Heirs *(Subject to the provisions of Insurance Law on questionable death)*

➤ **Died Single**

- Original copy of NSO certified Death Certificate of member

TRANSACTION

DOCUMENTARY REQUIREMENTS

VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

- If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support

➤ **Death due to CVA**

- Income Benefit Claim for payment parts I, II and III
- Original/certified copy of Service Record/Statement of Service
- Certified copy of previous medical records of consultation/confinement and laboratory results for the treatment of Hypertension
- Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
- Original official receipts of hospital bills/doctor's fees, medicines purchased
- Original/certified copy of Death Certificate of employee from NSO
- If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased
- Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
- Original/certified copy of Birth Certificate of employee (if single)/surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
- Proofs of Surviving Legal Heirs
- If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support

➤ **Death due to PTB**

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original/certified copy of Service Record/Statement of Service
- Certified copy of Hospital/clinical records due to PTB
- Chest x-ray film (latest)

TRANSACTION

DOCUMENTARY REQUIREMENTS

VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

- Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
 - Original/certified copy of Birth Certificate of employee (if single)/surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
 - Proofs of Surviving Legal Heirs
 - If employee is single, Affidavit of parents that employee died single, without child/children and they are wholly dependent upon the employee for support
- **Death due to hypertension/HCVd/HASCVD/CAD/M.I/Other Ailments**
- Income Benefit Claim for Payment parts I and II
 - Hospitalization Claim for Payment parts I, II and III
 - Original/certified copy of Service Record/Statement of Service
 - Certified copy of previous medical records of consultation/confinement and laboratory results for the treatment of Hypertension
 - ECG tracings, 2D Echo, if done
 - Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
 - Original official receipts of hospital bills/doctor's fees and medicines purchased
 - Original/certified copy of Death Certificate of employee from NSO
 - If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased
 - Original/certified copy of Marriage Contract of employee/parents (as the case may be) from NSO
 - Original/certified copy of Birth Certificate of employee (if single) / surviving spouse/minor children from NSO (in case not yet registered, late NSO registration can be filed)
 - Proofs of Surviving Legal Heirs (notarized) signed by claimant and two (2) disinterested persons

TRANSACTION

DOCUMENTARY REQUIREMENTS

IV. Death Claim

- Birth Certificate of Legitimate/illegitimate child/ren (in case not yet registered, late NSO registration can be filed), if any
 - Affidavit of Surviving Legal Heirs (child/ren) stating among others that they are the only surviving legal heirs of the deceased
 - NSO Certified Marriage Certificate of married female children, if any
- **If there is/are no legitimate/illegitimate child/ren, Death benefits shall be payable to surviving parents, in which case, the following documents shall be required:**
- Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Birth Certificate of member
 - Original copy of NSO Marriage Contract of parents
 - Affidavit of Surviving Legal Heirs (parent/s) stating among others that the deceased member was not survived by a spouse and children
 - Original copy of NSO certified Birth Certificates of parents (in case not yet registered, late NSO registration can be filed), or in its absence, valid passport or visa, driver's license, PRC IDs
 - Two valid IDs of parents (Original to be shown, photocopy to be submitted)
 - Original copy of NSO issued Death Certificate of deceased parent, if only one parent survived
- **If both parents are deceased, Death benefits shall be payable to the surviving siblings in which case the following must be submitted:**
- Original copy of NSO certified Death Certificate of member
 - Original copy of NSO certified Birth Certificate of member
 - Original copy of NSO certified Death Certificate of parents
 - Original copy of NSO certified Birth Certificate of all brothers & sisters (in case not yet registered, late NSO registration can be filed)
 - Original copy of NSO certified Marriage Contract of all married sisters

TRANSACTION

DOCUMENTARY REQUIREMENTS

IV. Death Claim

- Original copy of NSO certified Death Certificate of deceased brothers & sisters
- Affidavit of surviving Legal Heirs stating among others that they are the only surviving legal heirs of the deceased member
- Two valid IDs of legal heirs whom death claim benefit shall be made payable (original to be shown, photocopy to be submitted)

➤ **Died Married**

- Original copy of NSO Certified Death Certificate of member
- Original copy of NSO Marriage Contract of the deceased
- Original copy of NSO Birth Certificate of all children and spouse (in case not yet registered, late NSO registration can be filed)
- Affidavit of Surviving Legal Heirs (please use prescribed form) stating among others that they are the only surviving legal heirs of the deceased
- Two valid IDs of all Surviving Legal Heirs (original to be shown, photocopy to be submitted)
- NSO Certified Marriage Certificate of Married Female Children

➤ **Died Widowed**

- Original copy of NSO Certified Death Certificate of member
- Original copy of NSO certified Marriage Contract of the deceased
- Original copy of NSO certified Death Certificate of spouse
- Original copy of NSO Birth Certificate of all children (in case not yet registered, late NSO registration can be filed)
- Affidavit of All Surviving Legal Heirs (please use prescribed form) stating among others that they are the only surviving legal heirs of the deceased
- Two valid IDs of all Surviving Legal Heirs (original to be shown, photocopy to be submitted)
- If there are no child/ren, claim shall be payable to surviving parents. If parents are already deceased, claim shall be payable to siblings (Refer to requirements for members who died single)
- NSO Certified Marriage Certificate of Married Female Children

TRANSACTION

DOCUMENTARY REQUIREMENTS

VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

III. Hospitalization Benefit - expenses paid by HMO

- Hospitalization Claim for Payment (Parts I, II and III)
- Certification from Head of Office/Health Insurance Company that employee is a policy holder of health insurance and he/she is personally paying the premiums either thru cash or salary deduction.
- Proof of payment of health insurance premiums (pay slip/original official receipts)
- Certification from Insurance Company that they have fully paid the hospital bills in the amount of _____ under O.R. No. _____ dated _____ and the original copies of hospital bills and other documents were filed with them.
- Certified copy of Statement of Accounts and itemized list and cost of all charges during confinement
- Certified copy of official receipts of hospital bills & doctor's fees

IV. Medical Benefit (with previously approved claim)

- Original official receipts of medicines purchased, consultation fees and other medical expenses.
- Medical Certificate
- Doctor's prescriptions

V. Death due to Sickness

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original/certified copy of Service Record/ Statement of Service
- Certified copy of all medical records of consultation/confinement which caused the death of the employee
- Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
- Original official receipts of hospital bills/ doctor's fees, medicines purchased
- Original/certified copy of Death Certificate of employee from NSO
- If employee is single, original/certified copy of Death Certificate of parents from NSO, if deceased

TRANSACTION

DOCUMENTARY REQUIREMENTS

VIII. EC Claims Under PD 626

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

- Proofs that occupation involves increased risk of contracting Pneumonia
- Statement of Actual Duties
- **BRONCHIAL ASTHMA**
 - Income Benefit Claim for Payment parts I and II
 - Hospitalization Claim for Payment parts I, II and III
 - Original/certified copy of Service Record/Statement of Service
 - Certified copy of approved leave application
 - Certified copy of medical records of consultation/confinement due to Bronchial Asthma
 - Chest x-ray film (latest)
 - Certified copy of result of Sensitivity Test to allergens in the workplace
 - Proofs that occupation involves increased risk of contracting Bronchial Asthma
- **OSTEOARTHRITIS (for Uniformed Personnel of the AFP)**
 - Income Benefit Claim for Payment parts I and II
 - Hospitalization Claim for Payment parts I, II and III
 - Authenticated copy of Statement of Service indicating date of Complete Disability Discharge (CDD)
 - Certified copy of hospital/clinical records during confinement
 - X-ray film of the affected area prior to CDD
 - Authenticated copy of CDD papers
- II. Hospitalization Benefit (with previous approved claims)**
 - Hospitalization Claim for Payment parts I, II and III
 - Statement of Accounts (original copy only)
 - Itemized list and cost of all charges during confinement (original)
 - Official receipts of hospital bills & doctor's fees (original)
 - Official receipts of medicines purchased (original)
 - Admitting History or Medical Abstract

TRANSACTION

DOCUMENTARY REQUIREMENTS

V. Cash Surrender Value

- Application for Retirement and Other Social Insurance Benefits duly signed by member and endorsed by authorized approving officer of Agency
- Certification of Last Day of Service
- In the event of death prior to payment of benefit, claim shall be payable to surviving legal heirs. Documentary requirements for LEP policy shall apply

VI. Maturity Claim

- Application for Retirement and Other Social Insurance Benefits duly signed by member
- In the event of death after maturity and prior to payment of the benefit, claim shall be payable to surviving legal heirs. Documentary requirements for LEP policy shall apply.

VII. Funeral Benefits

- **If claimant is the legal spouse**
 - Original copy of Death Certificate of the member from NSO
 - Original copy of Marriage Contract from NSO
 - Two valid ID (original to be shown, photocopy to be submitted)
 - Original copy of NSO certified Birth Certificate of the claimant (if there will be claims for death and survivorship benefits). If not registered, may apply for late registration.
 - For immediate full payment of the benefits, and in the absence of NSO Birth Certificate, -valid passport or visa; driver's license; PRC ID with record of birth may be presented.
- **If Claimant is other than the legal spouse**
 - GSIS Affidavit of Funeral Expense Form
 - Original copy of Death Certificate of the member from NSO
 - Original & Xerox copy of Official Receipt under the claimant's name.
 - Two valid ID's (original to be shown, photocopy to be submitted) Birth Certificate of the Claimant or valid ID issued by the government, indicating his/her date of birth

Note: If a Funeral Plan was used, the same can be used in lieu of the Official Receipts. However, the benefits shall be paid in accordance with the order of priorities as provided under R.A. 8291.

TRANSACTION

DOCUMENTARY REQUIREMENTS

**VIII. EC Claims
Under PD 626**

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

I. Sickness:

- Income Benefit Claim for Payment (Parts I and II) signed by employee/claimant and employer indicating logbook entry number and date of contingency.
 - Hospitalization Claim for Payment (Parts I, II and III) signed by Hospital Official, Attending Physician/Surgeon and Anesthesiologist.
 - Original/certified copy of updated Service Record/Statement of Service
 - Original/certified copy of approved leave application signed by employer or certification as to inclusive dates of leave of absence (with and without pay) signed by employer.
 - Certified copy of all medical records of consultation/confinement and laboratory results due to claimed ailment
 - Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
 - Original official receipts for payment of hospital bills/doctor's fees, medicines purchased and other medical expenses.
- **Hypertension/HCV/HASCVD/CAD/M.I/other ailments**
- Income Benefit Claim for Payment parts I and II
 - Hospitalization Claim for Payment parts I, II and III
 - Original/certified copy of Service Record/Statement of Service
 - Certified copy of approved leave application
 - Certified copy of previous medical records of consultation/confinement and laboratory results for the treatment of Hypertension
 - ECG tracings properly identified and 2D Echo/Stress Test if applicable
 - Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
 - Original official receipts for payment of hospital bills/doctor's fees, medicines purchased and other medical expenses

TRANSACTION

DOCUMENTARY REQUIREMENTS

**VIII. EC Claims
Under PD 626**

(Note: All EC Claims should have medical report from Medical Evaluation and Underwriting Department)

➤ **CVA**

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original/certified copy of Service Record/Statement of Service
- Certified copy of approved leave application
- Certified copy of previous and latest medical records of consultation/confinement and laboratory results for the treatment of Hypertension
- Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
- Original official receipts for payment of hospital bills/doctor's fees, medicines purchased and other medical expenses

➤ **PTB**

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original copy of Service Record/Statement of Service
- Certified copy of approved leave application
- Certified copy of hospital/clinical records due to PTB
- Chest x-ray film (latest)
- Certified copy of result of Sputum Examinations for AFB
- Original copy of Statement of Accounts and itemized list and cost of all charges during confinement
- Original official receipts for payment of hospital bills/doctor's fees, medicines purchased and other medical expenses.

➤ **PNEUMONIA**

- Income Benefit Claim for Payment parts I and II
- Hospitalization Claim for Payment parts I, II and III
- Original/certified copy of Service Record/Statement of Service
- Certified copy of approved leave application
- Certified copy of hospital/clinical records due to Pneumonia
- Chest x-ray film (latest)