

BUSINESS FORM

(For GSIS Old Age/EC Pensioners, and Survivors)

DATE

NAME:

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SURNAME

1ST NAME

MI

DATE OF BIRTH:

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MONTH

DAY

YEAR

RETIREMENT OR OLD ID NUMBER:

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CONTACT NUMBER:

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NATURE OF REQUEST: (Pls check the box and indicate the particulars)

PENSION PAYMENT/ACCRUAL

PERIOD COVERED: _____

PENSION LOAN APPLICATION/INQUIRY

RESUMPTION OF PENSION

DATE OF RESUMPTION: _____

ACTIVATION/REACTIVATION OF ECARDPLUS

TO REPORT AS DECEASED

DATE OF DEATH: _____

CHANGE OF ADDRESS/LOC. CODE

CLEANSING/UPDATING OF RECORD

(Name, Date of Birth, Address, Cellphone etc.)

ECARDPLUS ENROLMENT/RENEWAL

ECARDPLUS RELEASE/VERIFICATION

DATE ENROLLED: _____

ECARDPLUS REPLACEMENT DUE TO

ECARD PROBLEMS

REQUEST FOR HOME VISITATION

ADDRESS: _____

SIGNATURE

ACTION TAKEN: TO BE FILLED UP BY THE GSIS PROCESSORS

DATE:

By:

(Signature over Printed Name)