



OFFICE ORDER NO. 335-17

SUBJECT: Revised Documentary Requirements for Social Insurance Benefits and Other Related Claims and Transactions

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The following are the revised documentary requirements for Social Insurance benefits and other related claims and transactions. The list of acceptable government-issued identification cards and other pertinent application forms for each claim are herein provided for implementation of the operating units.

**A. RETIREMENT/ SEPARATION BENEFIT**

**1. Compulsory/ Optional Retirement (RA 8291, RA 660, PD1146, RA 1616)/ Separation Benefit (RA 8291)**

- a) Duly accomplished Application Form for Retirement/ Separation/ Life Insurance Benefits
- b) Service Record with Leave Without Pay (LWOP) Certification (indicating the specific dates and time of LWOP)
- c) Declaration of Pendency/ Non-Pendency of Case (DPNPC) Form (date administered/ notarized should be on or after receipt of notification from GSIS)

**2. Disability Retirement (RA 8291)**

- a) Duly accomplished Application Form for Disability Benefit
- b) Proofs of Disability Parts I, II, and III
- c) Service Record with Certification indicating the specific dates and time of sick leave with and without pay
- d) DPNPC Form (date administered/ notarized should be on or after receipt of notification from GSIS)

**3. Portability (RA 7699)**

- a) Duly accomplished Application Form for Retirement Benefit under RA 7699
- b) Certification of SSS premium contributions indicating number and inclusive months of contributions signed by authorized SSS Officer
- c) Service Record with LWOP Certification (indicating the specific dates and time of LWOP)
- d) DPNPC Form (date administered/ notarized should be on or after receipt of notification from GSIS)

**B. LIFE CLAIM**

**1. Maturity or Cash Surrender Value (Regular/ Optional)**

- a) Duly accomplished Application Form for Retirement/ Separation/ Life Insurance Benefits

- b) Service Record with LWOP Certification (indicating the specific dates and time of LWOP)

**2. Death Claim/ Accidental Death Benefit - Life Endowment Policy (LEP)**

- a) Duly accomplished Application Form for Retirement/ Separation/ Life Insurance Benefits
- b) Service Record with LWOP Certification (indicating the specific dates and time of LWOP)
- c) Death Certificate of member issued by Local Civil Registrar (LCR) or Philippine Statistics Authority (PSA) (formerly National Statistics Office or NSO); or authenticated by Philippine Consular Office, if died abroad
- d) Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form, if with minor/ incapacitated children (for cases with no designated beneficiaries only)
- e) Court Order, or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent
- f) Birth Certificate/s issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if designated beneficiary/ies /payee/s is/are not GSIS member
- g) Marriage Contract of female beneficiary/ies issued by LCR or PSA
- h) Police Investigation Report , if death is due to accident

**3. Death Claim (ELP Policy)**

- a) Duly accomplished Application Form for Retirement/ Separation/ Life Insurance Benefits
- b) Service Record with LWOP Certification (indicating the specific dates and time of LWOP)
- c) Death Certificate of member issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad
- d) Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form, if with minor/ incapacitated children
- e) Court Order, or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent
- f) Birth Certificate/s issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if designated beneficiary/ies /payee/s is/are not GSIS member
- g) Marriage Contract of female beneficiary/ies issued by LCR or PSA

**C. FUNERAL BENEFIT**

**1. Claimant is the spouse**

- a) Duly accomplished Application Form for Funeral Benefit
- b) Death Certificate of member issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad

- c) Marriage Contract of member with the surviving spouse issued by LCR or PSA
- d) Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if surviving spouse is not a GSIS member

**2. Claimant is Other than the Spouse**

- a) Duly accomplished Application Form for Funeral Benefit
- b) Death Certificate of member issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad
- c) Birth Certificate issued by PSA or two (2) valid government-issued IDs with date of birth and signature, if claimant is not a GSIS member
- d) Death Certificate of legal spouse issued by LCR or PSA, if married
- e) Notarized waiver in favor of the claimant with two (2) valid government-issued IDs of the legal spouse with signature, if legal spouse is living
- f) Affidavit of the claimant stating that despite earnest efforts, the legal spouse cannot be located to sign a notarized waiver in favor of the claimant attested by two (2) disinterested persons and their two (2) valid government-issued IDs, if the legal spouse cannot be located
- g) Official receipt of funeral expenses issued in the name of the claimant

**D. SURVIVORSHIP BENEFIT**

**1. Member/ Pensioner with Primary Beneficiary/ies**

- a) Married
  - i. Duly accomplished Application Form for Survivorship Benefit
  - ii. Death Certificate of member issued by PSA; or authenticated by Philippine Consular Office, if died abroad
  - iii. Marriage Contract of deceased member issued by LCR or PSA
  - iv. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
  - v. Birth Certificate/s of minor/ incapacitated children issued by LCR or PSA
  - vi. Birth Certificate issued by LCR or PSA, or valid passport, or two (2) valid government-issued IDs with date of birth and signature, if spouse is not a GSIS member
  - vii. Court Order, or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent
- b) Single
  - i. Duly accomplished Application Form for Survivorship Benefit
  - ii. Death Certificate of member issued by PSA; or authenticated by Philippine Consular Office, if died abroad
  - iii. Birth Certificate/s of minor/ incapacitated children issued by LCR or PSA
  - iv. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
  - v. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing or Court Order, if the guardian is not the natural parent

- vi. Birth Certificate issued by LCR or PSA, or valid passport or two (2) government-issued valid IDs with date of birth and signature, if guardian is not a GSIS member
2. **Member Is single without primary beneficiary and survived by parents only**
    - a) Duly accomplished Application Form for Survivorship Benefit
    - b) Death Certificate of member issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad
    - c) Birth Certificate of member issued by LCR or PSA
    - d) Birth Certificate of member's surviving parents issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature
  3. **Member Is Single without primary beneficiary and survived by siblings only**
    - a) Duly accomplished Application Form for Survivorship Benefit
    - b) Death Certificate of member issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad
    - c) Birth Certificate of member issued by LCR or PSA
    - d) Death Certificate of member's parents issued by LCR or PSA
    - e) Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
    - f) Birth Certificate of member's surviving heirs (siblings) issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature
  4. **Release of Pension Credited to E-card Account after Death**
    - a) Member's Request Form (MRF)

#### **E. PRE-NEED CLAIMS**

1. **Edu-child**
  - a) **Availment of College Education Benefit (CEB)**
    - i. **For initial availment**
      - a. Duly accomplished Application Form for Pre-Need Plans
      - b. Course Curriculum indicating the number of units and subjects to be taken by the scholar
      - c. Certificate of Full Payment (CFP), if issued to the planholder
      - d. Official Receipt of the tuition and other standard school fees
      - e. Registration Form with Assessment/ Schedule of Fees
    - ii. **For Succeeding Availments**
      - a. Duly accomplished Application Form for Pre-Need Plans
      - b. Registration Form with Assessment/ Schedule of Fees
      - c. Official Receipt of the tuition and other standard school fees
  - b) **Un-availed College Educational Benefit**
    - i. Duly accomplished Application Form for Pre-Need Plans
    - ii. Certificate of Full Payment (CFP), if issued to the planholder

- c) Unused Units/Retirement Benefit (10 years after graduation)
  - i. Duly accomplished Application Form for Pre-Need Plans
  - ii. Transcript of Records

**2. Memorial Plan**

- a) Enhanced Optional Exit Mechanism (EOEM)
  - i. Duly accomplished Application Form for Pre-Need Plans
  - ii. Certificate of Full Payment (CFP), if issued to the planholder
- b) Death Claim
  - i. Duly accomplished Application Form for Pre-Need Plans
  - ii. Death Certificate of planholder issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad
  - iii. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
  - iv. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification from DSWD office where the minor/incapacitated dependent child is residing, or Court Order, if the guardian is not the natural parent
  - v. Certificate of Full Payment (CFP), if issued to the planholder

**3. College Education Assurance Plan (CEAP)**

- a) Duly accomplished Application Form for Pre-Need Plans

**4. Family Hospitalization Plus Plan (No Availment Bonus)**

- a) Duly accomplished Application Form for Pre-Need Plans

**F. EMPLOYEES COMPENSATION**

**1. Sickness**

- a) Duly accomplished Form for Income Benefit Claim for Payment, Part I and II
- b) Duly accomplished Form for Hospitalization Claim for Payment, Parts I, II, and III
- c) Hospital/ Clinical records of confinement/ consultation due to claimed ailment
- d) Service Record with Certification indicating the specific dates and time of sick leave with and without pay

**2. Injury (Non-battle)**

- a) Duly accomplished Form for Income Benefit Claim for Payment, Part I and II
- b) Duly accomplished Form for Hospitalization Claim for Payment, Parts I, II, and III
- c) Hospital/ Clinical records of confinement/ consultation due to claimed ailment
- d) Service Record with Certification indicating the specific dates and time of sick leave with and without pay
- e) Certification under oath by Head of Office narrating in detail the circumstances surrounding the accident (e.g. time, date, place of accident, what employee was doing at the time of accident and reason or purpose of being there)
- f) Affidavit of witnesses to the accident

- g) Travel/ Mission Order/ Personnel Pass, if injury/ accident happened outside office premises
- h) Police Accident/ Investigation Report, if applicable (e.g. vehicular accident, shooting incident, stabbing incident, etc.)
- i) Line of Duty Board Proceedings for AFP members

**3. Wounded In Action (WIA)**

- a) Duly accomplished Form for Income Benefit Claim for Payment, Part I and II
- b) Duly accomplished Form for Hospitalization Claim for Payment, Parts I, II, and III
- c) Hospital/ Clinical records of confinement /consultation due to claimed ailment
- d) Service Record with Certification indicating the specific dates and time of sick leave with and without pay
- e) Certification under oath by Head of Office narrating in detail the circumstances surrounding the accident (e.g. time, date, place of accident, what employee was doing at the time of accident and reason or purpose of being there)
- f) Authenticated copy of Operations Center Journal Entry
- g) Original or Authenticated copy of Spot Report
- h) Original or Authenticated copy of Progress Report

**4. Death Claim (Non-battle) - see requirements a – i for Injury (Non Battle)**

- a) With primary beneficiary/ies
  - i. Death Certificate of member issued by LCR or PSA
  - ii. Marriage Contract of member issued by LCR or PSA
  - iii. Birth Certificate of legitimate minor/ incapacitated children, 21 years old and below issued by LCR or PSA
  - iv. Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if spouse is not a GSIS member/ pensioner
  - v. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
  - vi. Court Order or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification from DSWD office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent
- b) Secondary beneficiaries (parents and illegitimate children) - *see legal requirements a – i for Injury (Non Battle)*
  - i. Death Certificate of member issued by LCR or PSA
  - ii. Birth Certificate of member issued by LCR or PSA
  - iii. Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government issued IDs with date of birth and signature, if parents are not GSIS member/ pensioner
  - iv. Birth Certificate of illegitimate children 21 years old and below issued by LCR or PSA
  - v. Affidavit of parents that member died single with or without illegitimate children and that they are wholly dependent upon the deceased for support
  - vi. Death Certificate of parents, if deceased

- vii. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form for minor dependent child, if with minor/ incapacitated children
- viii. Court Order or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification from DSWD office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent

**5. Killed In Action (KIA) with primary beneficiaries**

- a) Duly accomplished Form for Income Benefit Claim for Payment, Parts I and II
- b) Service Record with Certification indicating the specific dates and time of sick leave with and without pay
- c) Certification under oath from the Head of Office/ Commanding Officer narrating in detail the circumstances surrounding the accident (e.g. time, date, place of accident, what employee was doing at the time of accident and reason or purpose of being there)
- d) Authenticated copy of Operations Center Journal Entry
- e) Original or Authenticated copy of Spot Report
- f) Original or Authenticated copy of Progress Report
- g) Original or authenticated copy of Casualty Report
- h) Death Certificate of member issued by LCR or PSA
- i) Marriage Contract of member issued by LCR or PSA
- j) Birth Certificate of legitimate minor/ incapacitated children, 21 years old and below issued by LCR or PSA
- k) Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if spouse is not a GSIS member/ pensioner
- l) Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
- m) Court Order or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification from DSWD office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent

**6. Killed In Action (KIA) with secondary beneficiaries (parents and illegitimate children) - see requirements a – e, h for Killed In Action (KIA) with primary beneficiaries**

- a) Birth Certificate of member issued by LCR or PSA
- b) Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government issued IDs with date of birth and signature, if parents are not GSIS member/ pensioner
- c) Birth Certificate of illegitimate children 21 years old and below issued by LCR or PSA
- d) Affidavit of parents that member died single with or without illegitimate children and that they are wholly dependent upon the deceased for support
- e) Death Certificate of parents, if deceased
- f) Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form for minor dependent child, if with minor/ incapacitated children

- g) Court Order or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification from DSWD office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent

**7. Death of a PTD Pensioner (Transfer of Pension)**

- a) Duly accomplished Application Form for Income Benefit Claim for Payment, Part I only
- b) Death Certificate of member-pensioner issued by LCR or PSA or authenticated by Philippine Consular Office, if died abroad

If qualified for transfer of pension, the following additional documents shall be required:

- a) Marriage Contract of deceased pensioner issued by LCR or PSA
- b) Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form
- c) Birth Certificate issued by LCR or PSA or valid passport, or two (2) valid government-issued IDs with date of birth and signature, if spouse is not a GSIS member
- d) Birth Certificate/s of minor/ incapacitated children issued by LCR or PSA
- e) Court Order or Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form supported by a Report or Certification from DSWD office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent

**G. OVER THE COUNTER (OTC) LOANS GRANTING**

**1. If with eCard/ UMID/ Temporary Card**

- a) Duly accomplished Application Form

Note: eCard/ UMID/ Temporary Card should be presented

**2. If lost/ defective/ damaged eCard**

- a) Duly accomplished Application Form
- b) Affidavit of loss
- c) Official Receipt issued by the servicing bank for replacement, if UMID card
- d) Valid passport or two (2) valid government-issued IDs

**H. REQUEST FOR CHECK REPLACEMENT**

**1. Check Released to Payee**

- a) Lost
  - i. Check Alteration and Replacement Form (CARF)
  - ii. Affidavit of Loss
- b) Damaged
  - i. CARF
  - ii. Physical Check



- iii. UMID or eCard or valid passport or two (2) valid government-issued IDs with date of birth and signature
- c) Deceased Payee
  - i. CARF
  - ii. Physical check
  - iii. Death Certificate issued by LCR or NSO; or authenticated by Philippine Consular Office if died abroad, if no claim for funeral benefit has been filed
  - iv. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form, if no claim for survivorship benefit has been filed
  - v. Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if payee is not a GSIS member
  - vi. Extra judicial settlement among the legal heirs of the deceased
- d) Wrong Payee Name
  - i. CARF
  - ii. Physical Check
  - iii. Birth Certificate of the Payee issued by LCR or NSO
  - iv. UMID or eCARD or valid passport or two (2) valid government-issued IDs
- e) Stale check
  - i. CARF
  - ii. Physical Check

## 2. Check with GSIS

- a) Lost
  - i. CARF
  - ii. Notarized Incident Report prepared by the concerned personnel with the custody of the check, duly noted by the DC, Officer I or Extension Head, whichever is applicable
- b) Deceased Payee
  - i. CARF
  - ii. Death Certificate issued by LCR or NSO; or authenticated by Philippine Consular Office if died abroad, if no claim for funeral benefit has been filed
  - iii. Affidavit of Surviving Legal Heirs/ Surviving Spouse/ Guardianship Form, if no claim for survivorship benefit has been filed
  - iv. Birth Certificate issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if payee is not a GSIS member
  - v. Extra judicial settlement among the legal heirs of the deceased
- c) Wrong Payee Name
  - i. CARF
  - ii. Birth Certificate of the Payee issued by LCR or NSO
  - iii. UMID or eCARD or valid passport or two (2) valid government-issued IDs
- d) Stale Check
  - i. CARF

## **I. CHECK RELEASING**

### **1. To Payee**

- a) Duly accomplished Check Delivery Receipt Form (CDRF)
- b) E-card/ UMID card/ valid passport or two (2) valid government-issued IDs and photocopies of the same

### **2. To Authorized Representative**

- a) Duly accomplished CDRF
- b) Written Authorization signed by the payee or duly notarized Power of Attorney, if payee is residing in the Philippines
- c) Special Power of Attorney (SPA) duly notarized in the Philippine Embassy where the payee is residing, if the payee is living abroad
- d) E-card or UMID card or valid passport or two (2) valid government-issued IDs of the payee and representative and photocopies of the same, if residing in the Philippines
- e) E-card/ UMID card/ valid passport or two (2) valid government-issued IDs of the representative and photocopies of the same, if living abroad

### **3. To Liaison Officer**

- a) Duly accomplished CDRF
- b) Liaison Officer's ID

## **J. LIST OF ACCEPTABLE GOVERNMENT-ISSUED IDENTIFICATION CARDS (IDs)/ DOCUMENTS**

1. e-Card/ UMID
2. Employee's ID/ Office ID
3. Driver's License \*
4. Professional Regulation Commission (PRC) ID \*
5. Passport \*
6. Senior Citizens ID
7. SSS ID
8. COMELEC/ Voters ID/ COMELEC Registration Form
9. NBI Clearance \*
10. Integrated Bar of the Philippines (IBP) ID
11. Firearms License \*
12. AFPSLAI ID \*
13. PVAO ID
14. AFP Beneficiary ID
15. BIR (TIN)
16. Pag-ibig ID
17. Persons With Disability (PWD) ID
18. Solo Parent ID
19. Pantawid Pamilya Pilipino Program (4Ps) ID \*
20. Barangay ID \*
21. Philippine Postal ID \*

22. Phil-health ID
23. School ID \*\*
24. Other valid government-issued IDs/ Documents with picture and signature

*\* within its validity period*

*\*\*private/ government school*


#### **K. OTHER PERTINENT RULES**

1. Additional documents may be required for purposes of further validation and verification (e.g., adverse claim, name, appellation, date of birth, presumption of death, etc.);
2. For disability and Employee Compensation benefits, other documents may be required by the Medical/ Legal Evaluator;
3. Original copies of documents should be presented by the member/ claimant;
4. If member dies while claim is being processed, additional requirements shall be required;
5. In case member is unable to sign, affix thumb mark and two (2) witnesses are required to sign in the form and present e-Card/ UMID or valid passport or two (2) valid government-issued IDs and their photocopies
6. The written authorization or Special Power of Attorney (SPA) should ensure that the following are present:
  - Date the instrument was executed
  - Names and complete addresses of the principal and the agent
  - Specific transaction the principal authorizes the agent to do in his/her behalf
  - Signature of the principal
  - Acceptance of the Agent or Attorney-in-fact
  - Acknowledgement, if SPA
7. Extra Judicial Settlement among the legal heirs of the deceased brother/ sister of the member designating one payee (if net proceeds is more than P100,000.00, publication of the same is required)
8. All pertinent documents such as Certificates of Birth, Marriage and Death issued abroad must be authenticated by the Philippine Consular Office.

The list of codified forms and attachments are shown in Annex "A".

All Office Orders, Circulars, Policy and Procedural Guidelines inconsistent herewith are hereby superseded, modified or repealed accordingly.

This Office Order shall take effect immediately.

  
**ATTY. NORA MALUBAY-SALUDARES**  
Officer-in-Charge, Office of the President and General Manager  
Date Signed: APR 26 2017,

## APPLICATION FOR RETIREMENT/SEPARATION/LIFE INSURANCE BENEFITS

(Please read Terms and Conditions and Documentary Requirements at the back)

**INSTRUCTIONS:** Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS Office.

**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, civil and/or criminal action.

Date: \_\_\_\_\_

I hereby apply for a retirement/separation/life insurance benefit with the GSIS and declare to the best of my knowledge the following:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)	Place of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Contact No. (Landline)	Cellphone No.	E-mail address	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower		If married, Name of Spouse: (Last Name, First Name, Middle Name) _____ Date of Marriage: _____	
Retirement/Separation Benefits Previously Availed (if applicable) <input type="checkbox"/> RA 660 <input type="checkbox"/> RA 1616 <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291			

I have the honor to apply for

Retirement benefits under the retirement mode marked below, effective \_\_\_\_\_, I affix my signature beside my chosen option. (Please refer to the Terms and Conditions of each retirement mode on subsequent pages)

RETIREMENT LAW	RETIREMENT OPTIONS	SIGNATURE
RA 660	<input type="checkbox"/> Below age 60, monthly annuity payable annually for 5 years <input type="checkbox"/> Aged 60 to below 63, 3-year lump sum, 2 years balance payable on the 63 <sup>rd</sup> Birthday; monthly annuity after the 5-year guaranteed period <input type="checkbox"/> Aged 63 and above, 5-year lump sum, monthly annuity after the 5-year Guaranteed period	_____
PD 1146	<input type="checkbox"/> Immediate Monthly Pension <input type="checkbox"/> 60 months x Basic Monthly Pension (BMP) and BMP after 5 years	_____
RA 8291	<input type="checkbox"/> Option 1: 60 months x BMP and BMP after 5 years <input type="checkbox"/> Option 2: 18 months x BMP and BMP to start on date of retirement	_____
RA 1616	<input type="checkbox"/> Refund of Retirement Premiums (Retirement gratuity to be paid by last Employer)	_____
<b>APPLICATION FOR CLASP</b>	<p><i>If you opt to retire under a retirement scheme with an Immediate monthly pension, you may settle your outstanding loan obligation on installment basis under the Choice of Loan Amortization Schedule for Pensioners (CLASP) program. The remaining balance of your outstanding obligation shall be restructured as a loan with an interest rate of 10% per annum compounded annually (paca). Please indicate your choices below:</i></p> <p>As payment for my outstanding obligation, please deduct from the proceeds of my retirement benefit the amount equivalent to:                      100%, since I am not availing the CLASP                      75%, remaining balance of 25% shall be paid through CLASP                      50%, remaining balance of 50% shall be paid through CLASP                      25%, remaining balance of 75% shall be paid through CLASP</p> <p>Preferred repayment term for the remaining balance: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years</p>	

<input type="checkbox"/> <b>SEPARATION BENEFIT (PD 1146/RA 8291) effective (mm/dd/yyyy)</b> _____		<b>SIGNATURE</b> _____ _____ _____
<input type="checkbox"/> PD 1146	<input type="checkbox"/> Below 60 years old with less than 15 years in service (Cash Benefit payable at age 60)	
<input type="checkbox"/> RA 8291	<input type="checkbox"/> Below 60 years old with less than 15 years in service (Cash Benefit payable at age 60) <input type="checkbox"/> Below 60 years old with more than 15 years in service (Cash Benefit payable upon separation and monthly pension upon reaching age 60)	

## TERMS AND CONDITIONS

### I. RETIREMENT

#### A. ELIGIBILITY REQUIREMENTS

- Member shall be entitled to the retirement benefit, provided Member is separated from the service at the time of application, and on condition that:

Under RA 660	<ol style="list-style-type: none"> <li>Member has been in the service on or before May 31, 1977;</li> <li>Member must be on permanent status at the time of retirement with continuous service for the last three (3) prior to retirement and has made contributions for at least five (5) years; and</li> <li>Member has met the age and service requirements (YOS) as indicated below: <table border="1" style="margin-left: 20px;"> <tr> <td>Age</td> <td>52</td> <td>53</td> <td>54</td> <td>55</td> <td>56</td> <td>57</td> <td>58</td> <td>59</td> <td>60</td> <td>61</td> <td>62</td> <td>63</td> <td>64</td> <td>65</td> </tr> <tr> <td>YOS</td> <td>35</td> <td>34</td> <td>33</td> <td>32</td> <td>31</td> <td>30</td> <td>28</td> <td>26</td> <td>24</td> <td>22</td> <td>20</td> <td>18</td> <td>16</td> <td>15</td> </tr> </table> </li> </ol>	Age	52	53	54	55	56	57	58	59	60	61	62	63	64	65	YOS	35	34	33	32	31	30	28	26	24	22	20	18	16	15
Age	52	53	54	55	56	57	58	59	60	61	62	63	64	65																	
YOS	35	34	33	32	31	30	28	26	24	22	20	18	16	15																	
Under PD 1146	<ol style="list-style-type: none"> <li>Member should have been separated/retired on or before June 23, 1997; and</li> <li>Member has rendered at least fifteen (15) years of service in the government.</li> </ol>																														
Under RA 8291	<ol style="list-style-type: none"> <li>Member should have been separated/retired on or after June 24, 1997;</li> <li>Member has rendered at least fifteen (15) years of service in the government;</li> <li>Member is at least sixty (60) years of age at the time of retirement;</li> <li>Member is not receiving a monthly pension benefit due to permanent total disability; and</li> <li>Member must not be a uniformed personnel of PNP, BJMP and BFP.</li> </ol>																														
Under RA 1616	<ol style="list-style-type: none"> <li>Member has been in the service on or before May 31, 1977;</li> <li>Member, regardless of age, must have at least twenty (20) years of service in the government at the time of retirement; and</li> <li>Member must have rendered continuous service for the last three (3) years and must not incur leave without pay of more than one (1) year except in cases of death, disability, abolition or phase-out of position due to reorganization. Except for teachers who are allowed more than one (1) year leave without pay under the Magna Carta for Teachers.</li> </ol>																														

- Request for conversion from one mode of retirement to another shall not be allowed.
- The retirement proceeds shall at all times be subject to deduction for any outstanding indebtedness the member may have incurred with GSIS, pursuant to Articles 1231 and 1278 of the Civil Code, GSIS Laws (RA 660, PD 1146, RA 1616, RA 8291 and PD 1146) and existing policies.

#### B. CONDITIONS FOR RECEIPT OF MONTHLY PENSION

Upon reaching the age 60, or after the end of the 5-year guaranteed period, the qualified pensioner is required to personally appear at GSIS Office nearest his/her place of residence. Member shall be required to fill up a *request for commencement of pension* and afterwards enroll for the *GSIS UMID-Compliant eCard/Kiosk transaction card*. Previously registered old-age and survivorship pensioners shall no longer be required to comply with the Annual Renewal of Active Status (ARAS) EXCEPT: 1) Pensioners on suspended status as of April 30, 2011 and has not renewed active status as of present date; and 2) Pensioners whose birth month falls in CY 2011 on the months of February, March or April. The pensioners living abroad or in the ARMM Region shall be required to comply with the ARAS on their birth month every year.

### II. SEPARATION

#### A. ENTITLEMENT TO SEPARATION BENEFITS UNDER RA 8291

A member who has accumulated a minimum of three (3) years creditable service shall be entitled to separation benefit upon resignation or separation under the following terms:

- For member with at least three (3) years but less than fifteen (15):

A cash payment equivalent to one hundred percent (100%) of the average monthly compensation for every year of creditable service the member has paid contributions, but not less than Twelve Thousand Pesos (P12,000.00), payable upon reaching sixty years of age or upon separation, whichever comes later.

- For member with at least fifteen (15) years of service and less than sixty (60) years of age upon separation:

- A cash payment equivalent to eighteen (18) times the basic monthly pension, payable at the time of resignation or separation;
- An old-age pension benefit equal to the basic monthly pension, payable monthly for life upon reaching age 60.

#### B. PRESCRIPTIVE PERIOD FOR FILING OF SEPARATION BENEFIT

Application for separation benefits must be filed within four (4) years from the date of separation as provided for under RA 8291.

### III. COMPULSORY LIFE INSURANCE BENEFITS UNDER THE LIFE ENDOWMENT POLICY (LEP)

A member under this policy may be entitled to any of the following benefits, depending on the circumstances:

1. Maturity benefit	The face amount payable to the member upon maturity of the policy.
2. Cash Surrender Value	The earned values during the term of the insurance payable to the member when he is separated from the service before maturity date of the policy or when he is considered as a case of Permanent Total Disability (PTD).
3. Death Benefit	The face value of the policy payable to designated beneficiary/beneficiaries or legal heirs, in the absence of the former, upon the death of the member.
4. Accidental Death Benefit	An additional benefit equivalent to the amount of Death Benefit when the member dies by accident. In this connection, proof must be presented to sufficiently establish that

<input type="checkbox"/> 60 years old and above with less than 15 years in service (Cash Benefit payable immediately)	_____
---	-------

<b>Declaration of Pendency/Non-Pendency of Case</b>	I undertake to submit my Declaration of Pendency/Non-Pendency of case, duly subscribed and sworn to before a Notary Public or Administering Officer of my agency-employer, as a condition for the release of my retirement benefit and in compliance with Section II of CSC Resolution No. 1302242 dated 1 October 2013.
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<input type="checkbox"/> <b>LIFE INSURANCE BENEFIT</b>	
Type of Life Insurance: <input type="checkbox"/> Compulsory <input type="checkbox"/> Optional	Policy No. (if claiming for Optional Policy): _____

**NAME OF CLAIMANT IF MEMBER IS DECEASED:**

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)	Relation to Deceased Member:	Contact No./Cellphone No.	

**Type of benefit applied for:**

Maturity Benefits


Cash Surrender Value/Termination Value, in view of my

- retirement effective \_\_\_\_\_
- resignation/separation from the government service on \_\_\_\_\_
- state other reason/s \_\_\_\_\_

Death Benefits: Date of Death: \_\_\_\_\_

Accidental Death Benefit (ADB) (applicable for CM(LEP)/Optional policies)

It is understood that the entire outstanding balance of my policy as well as the arrearages and balances of my other loans and accountabilities with the GSIS which are due and demandable shall be deducted from the said benefit pursuant to Articles 1231 and 1278 of the Civil Code of the Philippines, RA 8291 and the existing policies of the GSIS.

	<b>Printed Name and Signature of Witnesses to Thumb mark:</b>
	1. _____
	2. _____
_____ Signature of Applicant over Printed Name	_____ Thumb mark (if unable to affix signature)

*Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid through check.*

**TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER**

**1<sup>st</sup> Endorsement**

Respectfully forwarded to GSIS this application for retirement/separation/life insurance benefit with our recommendation for approval. It is hereby certified that the applicant: (Place a check (V) mark on the pertinent box only)

1.  has no pending administrative/criminal case.
2.  has pending administrative/criminal case at \_\_\_\_\_.
3.  has a decided administrative case with \_\_\_\_\_. (Please attach certified copy of Decision)
4.  has a decided criminal case with \_\_\_\_\_. (Please attach certified copy of Decision)
5.  is applying for Refund of Premiums under RA 1616 and the application for gratuity benefit has been approved by this Office.

_____ Signature over printed name of the Head of Agency or his Authorized Endorsing Officer	Date SIGNED: _____
Office Name _____	Office Address _____

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

TMS Reference No: \_\_\_\_\_

	the cause of the member's death is accidental. The right to present sufficient proof to show that death was accidental shall prescribe if the claim for ADB is filed four (4) years after the death of the member.
5. Cash Dividend	A policyholder is entitled to dividends subject to the guidelines as approved by the GSIS Board. This is not a guaranteed benefit.

**IV. COMPULSORY LIFE INSURANCE BENEFITS UNDER THE ENHANCED LIFE POLICY (ELP)**

A member under this policy may be entitled to any of the following benefits, depending on the circumstances:

1. Death Benefit	Equivalent to the latest annual salary multiplied by the amount of insurance (AOI) factor which is 1.5 or 18 times the current monthly salary of the member or as determined by the GSIS, payable to the legal heirs, less all outstanding obligations of the member in accordance with Articles 1231 and 1278 of the Civil Code, GSIS Laws (RA 660, PD 1146, RA 1616, RA 8291 and PD 1146) and existing policies.
2. Termination Value (TV)	The policy earns a TV during the life of the policy computed from the percentage of the life insurance premiums actually remitted and paid to GSIS. TV is equivalent to a percentage of monthly life insurance premiums as determined by the GSIS, due and paid in full, either by direct remittance or through an APL facility. The accumulated TV will grow at such rate as determined by the Actuary and shall be paid to the member upon his separation from the government service less all indebtedness of the member with the GSIS in accordance with Articles 1231 and 1278 of the Civil Code, GSIS Laws (RA 660, PD 1146, RA 1616, RA 8291 and PD 1146) and existing policies.
3. Cash Dividend	A policyholder is entitled to dividends subject to the guidelines as approved by the GSIS Board. This is not a guaranteed benefit.

**V. OPTIONAL LIFE INSURANCE POLICY (OLIP)**

A member under this policy may be entitled to any of the following benefits, depending on the circumstances:

1. Maturity Benefit	The face amount payable to the member upon maturity of the policy less indebtedness consisting of premium arrearages and policy loan balance.
2. Cash Surrender Value	The policy reserve earned by the policy at the end of each anniversary year. After the insurance have been in force for one (1) year, it begins to earn cash value which increases annually, but which never exceeds the face value of the policy. The CSV of the policy less indebtedness and surrender charge is the amount which the GSIS will pay to any policyholder in the event Member surrenders the policy.
3. Disability Benefit	A disability claim arises when during the paying period that the policy is in force; the policyholder becomes permanently and totally disabled before his 60 <sup>th</sup> birthday, whether the disability is caused by illness or injury. Upon permanent and total disability, premium payments on the policy will not be required from the approved date of disability.
4. Death Benefit	The face value of the policy payable to designated beneficiary/beneficiaries or legal heirs, in the absence of the former, upon the death of the member.
5. Accidental Death Benefit	An additional benefit equivalent to the amount of Death Benefit when death occurred within ninety (90) days from the date of the accident. In this connection, proof must be presented to sufficiently establish that the cause of the member's death is accidental.
6. Cash Dividend	A policyholder is entitled to dividends subject to the guidelines as approved by the GSIS Board. This is not a guaranteed benefit.

**VI. DOCUMENTARY REQUIREMENTS**

**A. Retirement/Separation Benefit**

1. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits
2. Service Record with Leave Without Pay (LWOP) Certification (*indicating the specific dates and time of LWOP*)
3. Declaration of Pendency/Non-Pendency of Case (PPNPC) form (*date administered/notarized should be on or after receipt of notification from GSIS*)

**B. Life Insurance Benefit**

Maturity or Cash Surrender Value (Regular/ Optional)	a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits b. Service Record with LWOP Certification ( <i>indicating the specific dates and time of LWOP</i> )
Death Claim/ Accidental Death Benefit (LEP)	a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits b. Service Record with LWOP Certification ( <i>indicating the specific dates and time of LWOP</i> ) c. Death Certificate of member issued by Local Civil Registrar (LCR) or Phil Statistics Authority (PSA) (formerly National Statistics Office or NSO); or authenticated by Philippine Consular Office, if died abroad d. Affidavit of Surviving Legal Heirs/Surviving Spouse/Guardianship Form, if with minor/incapacitated children (for cases with no designated beneficiaries only) e. Court Order, or Affidavit of Surviving Legal Heirs / Surviving Spouse/Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ Incapacitated dependent child is residing, if the guardian is not the natural parent f. Birth Certificate/s issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if designated beneficiary/ies /payee/s is/are not GSIS member g. Marriage Contract of female beneficiary/ies issued by LCR or PSA h. Police Investigation Report, if death is due to accident
Death Claim (ELP)	a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits b. Service Record with LWOP Certification ( <i>indicating the specific dates and time of LWOP</i> )

	<ul style="list-style-type: none"><li>c. Death Certificate of member Issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad</li><li>d. Affidavit of Surviving Legal Heirs / Surviving Spouse/Guardianship Form, if with minor/incapacitated children</li><li>e. Court Order, or Affidavit of Surviving Legal Heirs / Surviving Spouse/Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent</li><li>f. Birth Certificate/s Issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if designated beneficiary/ies /payee/s is/are not GSIS member</li><li>g. Marriage Contract of female beneficiary/ies issued by LCR or PSA</li></ul>
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**CHECK DELIVERY RECEIPT FORM**

(Please read instructions below)

**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, civil and/or criminal action.

Date: \_\_\_\_\_

Name of Payee/Authorized Representative/ Liaison Officer (please print) \_\_\_\_\_

Office Address/Telephone Number: \_\_\_\_\_

Home Address/Contact Number: \_\_\_\_\_

Payee	Kind of Check	Check Number	Check Date	Check Amount
1.				
2.				
3.				
4.				

I hereby affix my signature/thumb mark to attest that I am the rightful payee/authorized representative/liaison officer of the above mentioned check/s and I have received the same to my full satisfaction.

Signature over Printed Name \_\_\_\_\_

Thumb mark  
(If unable to affix signature)

Printed Name and Signature of Witnesses to Thumb mark:

1. \_\_\_\_\_

2. \_\_\_\_\_

IDs presented	
1.	3.
2.	4.

Application Received By: \_\_\_\_\_

Date Released: \_\_\_\_\_

**DOCUMENTARY REQUIREMENTS**

PAYEE	AUTHORIZED REPRESENTATIVE	LIAISON OFFICER
1. Duly accomplished Check Delivery Receipt Form (CDRF)	1. Duly accomplished CDRF	1. Duly accomplished CDRF
2. E-card/UMID card/valid passport or two (2) valid government-issued IDs and photocopies of the same	2. Written Authorization signed by the payee or duly notarized Power of Attorney, if payee is residing in the Philippines	2. Liaison Officer's ID
	3. Special Power of Attorney (SPA) duly notarized in the Philippine Embassy where the payee is residing, if the payee is living abroad	
	4. E-card or UMID card or valid passport or two (2) valid government-issued IDs of the payee and representative and photocopies of the same, if residing in the Philippines	
	5. E-card/UMID card/valid passport or two (2) valid government-issued IDs of the representative and photocopies of the same, if living abroad	

The written authorization or Special Power of Attorney (SPA) should ensure that the following are present: a) Date the instrument was executed ; b) Names and complete addresses of the principal and the agent; c) Specific transaction the principal authorizes the agent to do in his/her behalf; d) Signature of the principal; e) Acceptance of the Agent or Attorney-in-fact; and f) Acknowledgement, if SPA

**LIST OF ACCEPTABLE GOVERNMENT-ISSUED IDs/DOCUMENTS (within its valid period)**

e-Card/UMID	AFPSLA/ ID
Employee's ID/Office ID	PVAO ID
Driver's License	AFP Beneficiary ID
Professional Regulation Commission (PRC) ID	BIR (TIN)
Passport	Pag-ibig ID
Senior Citizens ID	Persons With Disability (PWD) ID
SSS ID	Solo Parent ID
COMELEC/Voters ID/COMELEC Registration Form	Pantawid Pamilya Pilipino Program (4Ps) ID
NBI Clearance	Barangay ID
Integrated Bar of the Philippines (IBP) ID	Philippine Postal ID
Firearms License	Phil-health ID

Note: Other valid government-issued IDs/Documents may be accepted if with picture and signature

**APPLICATION FOR PRE-NEED PLANS**  
(Please read Documentary Requirements at the back)

**INSTRUCTIONS:** Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS Office.

**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, civil and/or criminal action.

Date: \_\_\_\_\_

**MEMBER'S INFORMATION**

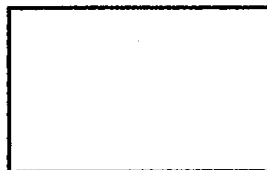
Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Residence/Complete Mailing Address			
Date of Birth (mm/dd/yyyy)	Place of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Contact No. (Landline)	Cellphone No.	E-mail address	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower		If married, Name of Spouse: (Last Name, First Name, Middle Name)	
Type of Pre-need Plan <input type="checkbox"/> Edu-child <input type="checkbox"/> Memorial Plan <input type="checkbox"/> CEAP		Plan Agreement Number	

**TYPE OF BENEFIT APPLIED FOR:**

<input type="checkbox"/> Edu-child	
<input type="checkbox"/> Availment of College Education Benefit	Semester/School Year:
<input type="checkbox"/> Un-availed College Education Benefit (Sec. XVI of the Plan Agreement)*	
<input type="checkbox"/> Refund of Premiums Paid after Cancellation of the Plan Agreement	
<input type="checkbox"/> Refund of Unused Units	Date graduated:
<input type="checkbox"/> Retirement Benefit	Date graduated:
<input type="checkbox"/> Reconciliation and request for issuance of Certificate of Full Payment	
<input type="checkbox"/> Others, please specify	
<input type="checkbox"/> Memorial	
<input type="checkbox"/> Enhanced Optional Exit Mechanism (EOEM)	
<input type="checkbox"/> Death Benefit/Basic Plan Value (BPV) (for Genesis Plus Plan)	
<input type="checkbox"/> Refund of Premiums Paid after Cancellation of the Plan Agreement	
<input type="checkbox"/> Reconciliation and request for issuance of Certificate of Full Payment	
<input type="checkbox"/> Others, please specify	
<input type="checkbox"/> College Education Assurance Plan (CEAP)	
<input type="checkbox"/> Annual Allowance	
<input type="checkbox"/> Others, please specify	

*\*If you apply for the lump sum refund of your Un-availed College Education Benefit, your Plan Agreement is automatically cancelled upon payment of said benefit.*

I hereby waive and release GSIS from, any further action, cause of action, demand, damages or any claim whatsoever against the GSIS, after receipt of the payment of the above stated claim.



Printed Name and Signature of Witnesses to Thumb mark:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant over Printed Name

\_\_\_\_\_  
Thumb mark  
(if unable to affix signature)

*Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid thru check.*

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_  
TMS Reference No: \_\_\_\_\_

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## **DOCUMENTARY REQUIREMENTS**

### **1. Edu-child**

#### **a. Availment of College Education Benefit (CEB)**

##### **1) For initial availment**

- a) Duly accomplished Application Form for Pre-Need Plans
- b) Course Curriculum Indicating the number of units and subjects to be taken by the scholar
- c) Certificate of Full Payment (CFP), if issued to the planholder
- d) Official Receipt of the tuition and other standard school fees
- e) Registration Form with Assessment/Schedule of Fees

##### **2) For Succeeding Availments**

- a) Duly accomplished Application Form for Pre-Need Plans
- b) Registration Form with Assessment/Schedule of Fees
- c) Official Receipt of the tuition and other standard school fees

#### **b. Unavailed College Educational Benefit**

- 1) Duly accomplished Application Form for Pre-Need Plans
- 2) Certificate of Full Payment (CFP), if issued to the planholder

#### **c. Unused Units/Retirement Benefit (10 years after graduation)**

- 1) Duly accomplished Application Form for Pre-Need Plans
- 2) Transcript of Records

### **2. Memorial Plan**

#### **a. Enhanced Optional Exit Mechanism (EOEM)**

- 1) Duly accomplished Application Form for Pre-Need Plans
- 2) Certificate of Full Payment (CFP), if issued to the planholder

#### **b. Death Claim**

- 1) Duly accomplished Application Form for Pre-Need Plans
- 2) Death Certificate of planholder issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad
- 3) Affidavit of Surviving Legal Heirs/Surviving Spouse/Guardianship Form
- 4) Affidavit of Surviving Legal Heirs/Surviving Spouse/Guardianship Form supported by a Report or Certification from DSWD office where the minor/ incapacitated dependent child is residing, or Court Order, if the guardian is not the natural parent
- 5) Certificate of Full Payment (CFP), if issued to the planholder

### **3. College Education Assurance Plan (CEAP)**

- a. Duly accomplished Application Form for Pre-Need Plans

# AUTHORIZATION

Form No. \_\_\_\_\_

I, \_\_\_\_\_ of legal age,  
(single/married/widow/widower) and a resident of \_\_\_\_\_  
do hereby name, constitute and appoint Mr./Ms.  
\_\_\_\_\_ of legal age, (single/married/widow/widower) and a  
resident of \_\_\_\_\_ to be my  
authorized representative to do and perform the following acts, to wit:

To file, deliver, and follow up Application for GSIS benefits and documents  
relative thereto;

To receive the check, fund, and/or benefit proceed from GSIS as well as to sign  
any document/s necessary for its release;

To perform any other act necessary to carry out any or all of the foregoing.

Hereby giving and granting authority unto my said authorized agent / representative,  
whose signature appears below, full power and authority to carry out the foregoing and hereby  
**CONFIRMING AND RATIFYING** all that my said authorized agent/representative shall do  
and perform by virtue hereof

In witness thereof, I have hereunto set my hand this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal over Printed Name



Thumb mark  
(if unable to affix  
signature)

Printed Name and Signature of  
Witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

Authorized agent/representative:

IDs presented:

- 1.
- 2.
- 3.
- 4.

\_\_\_\_\_  
Signature over Printed Name

Note: Fill in all the blanks completely and correctly. Write NONE or NOT APPLICABLE, if it is such. Incorrect or incomplete information may cause delay.

REPUBLIC OF THE PHILIPPINES )  
 CITY/MUNICIPALITY OF \_\_\_\_\_)S.S

**AFFIDAVIT OF SURVIVING HEIRS/SURVIVING SPOUSE/  
 GUARDIAN OF MINOR OR DEPENDENT CHILD/REN**

After having been duly sworn to in accordance with law, I/we hereby depose and state as follows:

1. Name in full of deceased member/pensioner/retiree \_\_\_\_\_
2. Residence of deceased at the time of death \_\_\_\_\_
3. Name of office/position of the deceased \_\_\_\_\_
4. Date and place of birth of the deceased \_\_\_\_\_
5. Date and place of death of the deceased \_\_\_\_\_
6. Is the estate of the deceased under administration? If so, attach a certified true copy of appointment of the administrator. \_\_\_\_\_

**I. Declaration of Surviving Heirs**

The deceased is survived by the following heirs:

- a) Widow or widower \_\_\_\_\_
- b) Children (Include all children whether legitimate, legitimated, legally adopted, or illegitimate. Attach their birth certificates and/or adoption papers. In the absence of any children in any of the categories, the word NONE instead of the words NOT APPLICABLE should be clearly indicated under such category/ies.)

Name	Date of Birth	Order of Birth	Legitimate/Legitimated/ Legally Adopted/Illegitimate

- c) Father and mother of the deceased in the absence of legitimate/d children: \_\_\_\_\_
- d) Paternal and maternal grandparents in the absence of persons under items (b) & (c) above: \_\_\_\_\_
- e) Brothers and sisters in the absence of persons under items (b), (c), & (d) above:

Name	Date of Birth	Order of Birth	Relationship (e.g. full brother/sister; half brother/sister)

- f) Children of deceased brothers and sisters in the absence of persons under items (b), (c), (d) and (e) above:

Name	Date of Birth

**II. Declaration of Surviving Spouse**

I, \_\_\_\_\_ (name of widow/widower), have not remarried, cohabited with another person, or otherwise engaged in a common-law relationship since the death of my spouse. I acknowledge that, if granted, my entitlement to survivorship benefit from the GSIS will automatically and permanently terminate the moment that I re-marry, co-habit with any person, or engage in a common-law relationship, whether of the same or opposite sex, and whether such a relationship is still subsisting.

I hereby agree unconditionally to reimburse/return to the GSIS, without need of demand or judicial action, all survivorship benefits that I may unduly receive after my entitlement thereto is terminated as stated above.

**III. Declaration of Guardian of Minor and/or Dependent Children**

I \_\_\_\_\_ (name of guardian) am the \_\_\_\_\_ (state relationship with the child/ren, e.g. father/mother/aunt/uncle, etc.) and the legal guardian of the following minor and/or incapacitated child/ren:

*Note: Only child/ren who is/are below 18 years old (if claiming for survivorship benefit under RA 8291) or below 21 years of age (if claiming for survivorship benefit under PD 1146) and/or incapacitated children, regardless of age, should be included in the list.*

Name of MINOR or DEPENDENT child/ren	Date of Birth	Order of Birth	Nature of incapacity (if applicable)

I am fully aware that if the said child/ren is/are granted survivorship benefit by the GSIS, his/her/their entitlement thereto will automatically and permanently terminate the moment he/she/they is/are over 18 years old or if incapacitated, upon his/her/their death. Consequently, I hereby unconditionally make myself personally and solidarily liable with the child/ren for whatever survivorship benefit that the latter may unduly receive from the GSIS after his/her/their entitlement thereto is terminated as stated above.

**IV. Other Important Declarations (Common to all Affiants)**

Pursuant to and consistent with the declarations made above, I/we hereby authorize the GSIS to secure information from the Philippine Statistics Authority (PSA), or other relevant government offices, or private entities to validate or check the facts herein declared.

I/we fully understand that any inaccurate and untruthful statement in this affidavit shall render me/us criminally and civilly liable.

I/we hereby agree that the written statements, affidavits or all other papers called for in relation to my/our claim before the Government Service Insurance System (GSIS) shall constitute and be made part of this document.

I/we further agree that the furnishing of this document or of any other forms supplemental thereto to the said System shall not constitute or be considered as an admission by the System that the deceased was entitled to the benefits under CA 186 as amended, PD 1146, PD 626 as amended, or RA 8291. This should not likewise be construed as waiver of any of GSIS' rights or defenses.

I/we am/are executing this affidavit to attest to the truth of the foregoing statements in support of my/our application with the GSIS and for other legal purposes it may serve.

\_\_\_\_\_  
Legal Spouse - Affiant

\_\_\_\_\_  
Parent - Affiant

\_\_\_\_\_  
Parent - Affiant

\_\_\_\_\_  
Child - Affiant

\_\_\_\_\_  
Child - Affiant

\_\_\_\_\_  
Child - Affiant

\_\_\_\_\_  
Child - Affiant

\_\_\_\_\_  
Child - Affiant

**CORROBORATION**

We, \_\_\_\_\_ and \_\_\_\_\_, both of legal age, single/married, hereby confirm the foregoing statements of the claimant/s to be true and correct. We further state that we have known the deceased for around \_\_\_\_ years and that the deceased was buried at \_\_\_\_\_.

\_\_\_\_\_  
Name and Signature of Witness

\_\_\_\_\_  
Name and Signature of Witness

Republic of the Philippines  
Municipality/City of \_\_\_\_\_ S.S. }

BEFORE ME, a Notary Public for and in \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, personally appeared the following:

Name	Type of Government ID	Date of Issue/Expiry	Place issued

who acknowledged that the foregoing statements made by them on this document are true and correct to the best of their knowledge and belief.

TO THE TRUTH OF THE FOREGOING, witness now my hand and seal on the date and place mentioned above.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

*Notary Public*