

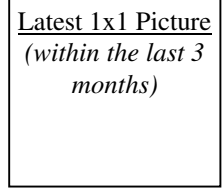
APPLICATION FOR RETIREMENT AND OTHER SOCIAL INSURANCE BENEFITS

(Please read instructions at the back)

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

TO BE FILLED UP BY THE APPLICANT

_____ Date



THE PRESIDENT & GENERAL MANAGER

Government Service Insurance System
Financial Center, Roxas Blvd., Pasay City 1308

Sir:

I have the honor to apply for the benefit indicated herein (please check), effective _____ :

Under RA 660

- Below age 60, automatic monthly annuity; Aged 60, 3 years lump sum, monthly annuity beginning on the 63rd birthday;
 Aged 63 and over, 5 years lump sum, monthly annuity after the 5-year period; Survivorship; Permanent total disability

Under RA 1616

- Gratuity benefit payable by last employer plus refund of premium contributions payable by the GSIS; Permanent total disability;
 Survivor's benefit

Under PD 1146

- OLD-AGE BENEFITS: Monthly annuity; 5 years lump sum; Survivorship; Permanent total disability; SURVIVORSHIP BENEFITS: 30 months; Cash payment benefit; DISABILITY: Permanent total disability

Under RA 8291

- OPTION 1: 5 years lump sum, pension after 5 years; OPTION 2: Aged 60, Cash benefit of 18 BMP, BMP starting on date of retirement; Below age 60, cash payment of 18 BMP, pension at age 60; Separation benefit; Unemployment benefit;
 Permanent total disability; Survivorship benefit – cash payment

For the information of the System, I hereby declare to the best of my knowledge the following:

Date of Birth: _____ Place of Birth: _____ Sex: _____ Civil Status: _____
Telephone No.: _____ Policy/CM No. _____ Permanent Address: _____

Name and Address of Last Office: _____

Previously Retired? YES NO; If YES, Date and Mode of Retirement: _____ Amount: _____

Beneficiaries:	<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Very truly yours,

Signature of Claimant over
Printed Name

TO BE FILLED UP BY THE EMPLOYER

_____ (Date)

Respectfully forwarded to the President and General Manager, GSIS, Pasay City, recommending approval of the application for _____ of Mr./Ms. _____ to take effect on _____.

For guidance in adjudication, it is hereby certified that:

LAST DAY OF ACTUAL SERVICE: _____

EXPIRY DATE OF ACCRUED VACATION & SICK LEAVE: _____

- APPLICANT HAS: Been cleared of money and property accountability? YES NO If not, state amount _____
No pending criminal/administrative case? YES NO
Filed his/her Statement of Assets and Liabilities? YES NO

In support thereof, the following supporting documents are submitted:

1. Updated Service Record indicating inclusive dates of sick/vacation leave of absence without pay
2. Original copy of Ombudsman Clearance and/or Certified True Copy thereof
3. Certified true copy of Contract of Employment for periods of contractual service

Signature over Printed Name of Head of Office
or Authorized Indorsing Official

Position Title

INSTRUCTIONS

1. Check to ensure that the application form is properly filled up.
 2. Office to submit two (2) copies of the accomplished application form to the nearest GSIS Office.
 3. To make possible the payment of retirement benefits on the date of retirement, the application form and the necessary documents must be submitted to the GSIS two months before date of retirement.
 4. In case of death of an applicant before retirement benefits are received, the following additional documents must be submitted:
 - 4.1 Death Certificate* of Member/Applicant
 - 4.2 Marriage Contract* of Member, if member is married; Birth Certificate* and Marriage Contract* of Parents if member is single
 - 4.3 Birth Certificates* of Children
 - 4.4 Proofs of Surviving Legal Heirs and Guardianship**
 - Bond of Indemnity (if share of minor is more than P50,000.00 and/or guardian is other than the natural parent)
- * Original or certified true copy duly certified by the Local Civil Registrar (National Statistics Office)
** GSIS prescribed form

THIS APPLICATION FORM IS NOT FOR SALE AND MAY BE REPRODUCED