



APPLICATION FOR SURVIVORSHIP 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.

Date of Filing of Application: _____
 (Must be filed with GSIS within four (4) years from the Date of Death of Deceased Member)

A. DECEASED MEMBER

NAME _____
Last Name
First Name
Middle Name

POLICY NO: _____ GSIS ID NO: _____

NAME & ADDRESS OF LAST GOVERNMENT OFFICE : _____

DATE OF DEATH: _____ CIVIL STATUS _____

DEATH CERTIFICATE ATTACHED: [] YES [] NO

If none, state and attach other evidence of death: _____

STATUS OF EMPLOYMENT AT THE TIME OF DEATH (check applicable status):

[] PENSIONER [] SEPARATED [] ACTIVE SERVICE

IF PENSIONER/SEPARATED, DATE OF RETIREMENT/SEPARATION: _____

B. SURVIVING HEIRS

PRIMARY BENEFICIARIES

I. Surviving Spouse:

Name: _____ Date of Birth _____
Last
First
Middle

Mailing Address: _____

ATTACHED DOCUMENTS:

- [] Marriage Certificate Certified by NSO
- [] Two valid IDs with picture of spouse (Driver's license, Passport, SSS/GSIS ID, Office ID)
- [] Affidavit of Surviving Spouse stating under oath that he/she is the surviving spouse of deceased member/pensioner, that he/she was dependent for support upon the deceased member/pensioner and that he/she is unmarried at the time of application for survivorship

II. Surviving Dependent Children:

NAME	BIRTH DATE	ADDRESS

ATTACHED DOCUMENTS:

- [] Birth Certificate Certified by NSO of all dependent children listed above
- [] If guardian is not the parent of dependent children, a Letter of Guardianship issued by the court
- [] Affidavit of Guardianship by the guardian stating that he/she is the legal guardian of the above listed dependent children, that all of them are unmarried, not gainfully employed, not over the age of majority, or if over the age of majority, is incapacitated and incapable of self-support due to a mental or physical defect acquired prior to the age of majority
- [] Two valid IDs of Guardian (Driver's license, Passport, SSS/GSIS ID, Office ID)
- [] If Dependent Child is more than age of majority, Doctor's Certificate certifying under oath that the dependent child is incapable of self support due to mental or physical defect acquired before reaching the age of majority

(Please see back portion for continuation of the application form and signature of applicant)

SECONDARY BENEFICIARIES (In the absence of Primary Beneficiaries)

I. Surviving Parents

Name of Father: _____ Date of Birth _____

Last First Middle

Mailing Address: _____

Name of Mother: _____ Date of Birth _____

Last First Middle

Mailing Address: _____

ATTACHED DOCUMENTS:

- Two valid IDs with picture of parent's (Driver's license, Passport, SSS/GSIS ID, Office ID)
- 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 they were dependent for support from the said deceased member/pensioner
- Birth Certificate of Deceased member/pensioner certified by NSO

II Surviving Dependent Grandchildren

NAME	BIRTH DATE	ADDRESS

ATTACHED DOCUMENTS:

- Birth Certificate Certified by NSO of all dependent grandchildren listed above
- Birth Certificate of the parents of the dependent grandchildren showing that the said parents were the legitimate children of the deceased member/pensioner certified by NSO
- If guardian is not the parent of dependent grandchildren, a letter of guardianship issued by the court
- Affidavit of Guardianship by the guardian stating that he/she is the legal guardian of the above listed dependent grandchildren, that they are all the legitimate grandchildren of the deceased member/pensioner, that all of them are unmarried, not gainfully employed, not over the age of majority, or if over the age of majority, is incapacitated and incapable of self-support due to a mental or physical defect acquired prior to the age of majority, and that the deceased member is not survived by a spouse or dependent children
- Two valid IDs of Guardian (Driver's license, Passport, SSS/GSIS ID, Office ID)
- If Dependent grandchildren is more than age of majority, Doctor's Certificate certifying under oath that the dependent child is incapable of self support due to mental or physical defect acquired before reaching the age of majority

III Surviving Legal Heirs by Intestate Succession (In the absence of primary or secondary beneficiary heirs)

NAME	RELATIONSHIP	ADDRESS

ATTACHED DOCUMENTS:

- Birth Certificate of Deceased member/pensioner certified by NSO
- Birth Certificate of legal heirs certified by NSO
- Marriage Certificate of the independent spouse certified by NSO
- Deed of Extra-judicial settlement of legal heirs of deceased member/pensioner
- Proof of Publication of the Deed of Extra-Judicial Settlement in a newspaper of general circulation

CERTIFICATION

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

Signature of Applicant/Representative
over Printed Name

Date _____

Tel # of Claimant _____