



Republic of the Philippines
SOCIAL SECURITY SYSTEM/GOVERNMENT SERVICE INSURANCE SYSTEM
APPLICATION FOR DEATH/DISABILITY/RETIREMENT BENEFIT
(Under the Portability Law)



(Please Use Black Ink Only)

NAME OF MEMBER: Last Name			First Name			Middle Name			SS NUMBER:		
CLAIMANT'S ADDRESS:						GSIS MEMBERSHIP NUMBER:					
CIVIL STATUS			BANK NAME, BRANCH AND ADDRESS:								
<div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 5px;"></div> THUMBMARK (in lieu of signature)			PRINTED NAME AND SIGNATURE OF MEMBER/CLAIMANT			WITNESSES TO THUMBMARK: (SIGN OVER PRINTED NAME) 1. _____ 2. _____			SAVINGS ACCT. NO.		
									CLAIM TYPE: <input type="checkbox"/> Retirement/Old Age <input type="checkbox"/> Death/Survivorship <input type="checkbox"/> Disability		
For Old Age/Retirement/Disability Claim Only						For Death/Survivorship Claim Only					
DATE OF BIRTH:			PLACE OF BIRTH:			DATE OF DEATH:					
CERTIFICATION OF SEPARATION FROM LAST EMPLOYER (For Old Age/Retirement Claim Only)											
This is to certify that the Employee named herein was separated from our employ on: _____ (Exact date of separation)						ADDRESS OF EMPLOYER:					
						PRINTED NAME & SIGNATURE OF AUTHORIZED REPRESENTATIVE:					
NAME OF EMPLOYER:						POSITION/TITLE:					
SSS DATA											
QUALIFIED DEPENDENTS:											
NAMES OF LEGITIMATE CHILDREN				DATE OF BIRTH				ADDRESS			
1.											
2.											
3.											
4.											
5.											
I CERTIFY: <ol style="list-style-type: none"> 1. That the above-mentioned minors are under my care and custody; 2. That I am competent to receive in behalf of the said minors the amount due them as dependents of the subject member of the Social Security System; 3. That I have not abandoned, neglected or refused to support said minors, nor caused them to commit offenses against the law; 4. That I will immediately notify the SSS should any of the above-listed minors die, marry or become gainfully employed; and 5. That none of the aforesaid minors are married or employed with a salary of P300.00 or more a month. 											
_____ Signature Over Printed Name											
CLEARANCE (For SSS Use Only)											
<input type="checkbox"/> NO OTHER CLAIM FILED			REMARKS:			CLEARED BY:			DATE:		
SSS / GSIS CERTIFICATION											
This is to certify that the above member has: _____ total number of contributions from _____ to _____ _____ total number of creditable years of service						Printed Name and Signature of Certifying Official					
						Position/Title					
FOR: SSS/GSIS <input type="checkbox"/> Information <input type="checkbox"/> Certification											



Republic of the Philippines
 SOCIAL SECURITY SYSTEM/GOVERNMENT SERVICE INSURANCE SYSTEM
APPLICATION FOR DEATH/DISABILITY/RETIREMENT BENEFIT
 (Under the Portability Law)



(Please Use Black Ink Only)

NAME OF MEMBER: (Last Name, First Name, Middle Name)

For Retirement/Old Age/Disability Claim Only

GSIS DATA

1ST INDORSEMENT

_____ (Date)
 _____ (Office)

Respectfully forwarded to the President and General Manager, GSIS, Manila recommending approval of the application for retirement of _____ to take effect on _____.

For guidance in adjudication, it is hereby certified that:

1. Last day of actual service was/will be rendered on _____;
2. Accrued vacation and sick leaves expire(d) on _____;
3. Applicant has:
 - a. been cleared of money and property accountability;
 - b. property and money accountability in the amount of P _____;
4. Applicant has no pending Administrative and criminal case(s);
5. Applicant has filed his/her Statement of Assets and Liabilities;

An up-to-date statement of service record indicating the inclusive dates of sick/vacation leaves of absence without pay, original copy of Ombudsman Clearance and other papers in support of this application, as required by the System are attached.

 Printed Name and Signature of Indorsing Official

 Title/Position

MEMBER'S SERVICE RECORD:

Inclusive Dates		Designation	Status	Annual Salary	Name of Office & Station	LAWOP	Remarks
From	To						

CERTIFIED CORRECT:

 Printed Name and Signature of Head of Office
 or His Duly Authorized Representative

 Official Designation

 Date

CERTIFICATION OF ENTITLEMENT/ELIGIBILITY

The above member is:

ENTITLED to the benefit under the Portability Law (RA7966)

NOT ENTITLED to the benefit under the Portability Law (RA7966)

PROCESSED AND APPROVED BY:

Signature:

Date:

N.B.

1. If there are periods of contractual service, please attach contract of employment.
2. In claims for death/survivorship benefits, Ombudsman Clearance is not required.