



UNIVERSITY OF THE PHILIPPINES
Provident Fund

BENEFIT CLAIM APPLICATION

Name: _____ Campus: _____ Date Filed: _____
Unit/Department: _____ Position: _____ Employee No.: _____ Contact No.: _____
Address: _____ E-mail address: _____

Mode of Separation from U.P. (please check one): Effective Date of Separation: _____
 Retirement Resignation Death Others (specify) _____

- Requirements:
- 1 Service Record from HRDO, indicating the effective date of separation
 - 2 Photocopy of 2 Valid Identification Cards (ID)
 - 3 Complete U. P. Clearance Sheet
 - 4 Authorization letter or Special Power of Attorney (if necessary)
 - 5 Photocopy of 2 Valid Identification Cards (ID) of the authorized person
 - 6 Written request if check be made payable other than the payee/claimant

I agree that maintenance and dormancy fees of P500 / month will be deducted from my benefit proceeds if the complete requirements are not submitted within six (6) months from the effective date of separation.

SIGNATURE OVER PRINTED NAME



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