

# APPLICATION FOR RETIREMENT/ SEPARATION/ LIFE INSURANCE BENEFITS

Form No. 06302017-RET

**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 Maili	ng Address								
Date of Birth (n	nm/dd/yyyy)	Pla	ace of Birth		Gender 🔲 Female 🔲 Mal				
Contact No. (La	indline)	Cellphone No.		E-mail address					
Civil Status	Married	Single	If married, Name of Spouse: (Last Name, First Name, Middle N						
	Separated	Widow/Widower	Date of N	larriage:					
Retirement/Sep	paration Benefit RA 660	s Previously Availed (if ap RA 1616	plicable) PD 1146	<b>RA 8291</b>					
I have the hor	nor to apply fo								
		ler the retirement mode r			I affix my signature				
beside m	ny chosen option				ement mode on subsequent pages)				
LAW			MENT OPT		SIGNATURE				
RA 660		60, monthly annuity paya							
		o below 63, 3-year lump s nnuity after the 5-year gu			the 63 Birthday;				
		nd above, 5-year lump su			year guaranteed period				
PD 1146		e Monthly Pension							
		s x Basic Monthly Pension	(BMP) and	BMP after 5 years					
RA 8291		60 months x BMP and BM							
	Option 2:	18 months x BMP and BM	IP to start o	n date of retiremen	t				
RA 1616		Retirement Premiums (Re							
APPLICATION FOR CLASP					e monthly pension, you may settle you				
FUR CLASP					Loan Amortization Schedule for Pensioner ion shall be restructured as a loan with a				
	(CLASP) program. The remaining balance of your outstanding obligation shall be restructured as a loan wit interest rate of 10% per annum compounded annually (paca). Please indicate your choices below:								
	As payment for my outstanding obligation, please deduct from the proceeds of my retirement be								
	amount equivalent to:								
	-				SIGNATORE				
		nce I am not availing the C		brough CLASD					
	75%, remaining balance of 25% shall be paid through CLASP 50%, remaining balance of 50% shall be paid through CLASP								
		naining balance of 75% sha							
	Preferred repa	ayment term for the rema	ining balan	ce:					
	1 year				<del>.</del>				
	2 years 3 years								
					<b>TURED LOAN (PRL)</b> Terms and Conditions an				
					erwise known as the "Credit Information Syster e and consent to: 1) the regular submission an				
	disclosure of m	y basic credit data and upda	tes thereon	to the Credit Informat	ion Corporation (CIC); and 2) the sharing of m				
		a with lenders authorized by to the provisions of R.A. No.			ncies and outsource entities duly accredited b				
		to the provisions of N.A. No.	5510, its inn		and regulations.				

Page 2 of 4

	NEFIT RA 8	8291 effec	tive (mm/dd/	(үүүү)					SIGNATURE
			n 15 years in s		Benefit pay	able at	age 6	0)	
Below 60 ye	ars old wit	h more th	an 15 years in				-	-	
and monthly			ning age 60) 5 than 15 year	rs in service /	Cash Renefi	t naval	ole im	mediately)	
Declaration ofI undertake to submit my Declaration of Pendency/Non-Pendency of case, duly subscribed and swoPendency/Non-before a Notary Public or Administering Officer of my agency-employer, as a condition for the release									
Pendency of Case									2242 dated 1 October
	2013.								
			_						
Type of Life Insuran	ce: 🔲 Co	mpulsory	Optiona	al Policy	No. (if claim	ing for	Optio	nal Policy):	
NAME OF CLAIMA	NT IF ME	r							
Last Name		First Nar	me		Middle Na	ame		GSIS Busines	ss Partner (BP) No.
Complete Mailing A	ddress								
Date of Birth (mm/d	ld/yyyy)		Relation to D	Deceased Me	ember:		Cont	act No./Cellph	none No.
Type of benefit app Maturity Benefit									
Cash Surrender		nination V	alue, in view o	of my					
retiremer	nt effective								
			he governmer						
Death Benefits:	Date of De	ath:				_			
Accidental Deat									
It is understood			-		•••				•
									nandable shall be of the Philippines,
RA 8291 and the		-				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		civil coue o	
		policies	of the GSIS	5.					
		poncies	of the GSIS	S				ame and Sign	ature of Witnesses
		poncies	of the GSIS	5.		Prin	ited N	ame and Sign mark:	
		poncies	of the GSIS	5.		Prin	ited N	-	
		poncies	of the GSIS	5		Prin to T	ited N	-	
		ponees	of the GSIS	5		Prin to T	ited N	-	
Signature of Appli	cant over l		Ime	Thumb m	ark	Prin to T 1.	ited N	-	· · ·
		Printed Na	ime (if un	Thumb m nable to affix	ark signature)	Prin to T 1. 2.	ited N	mark:	ature of Witnesses
	l be electro	Printed Na	nme (if un dited to your	Thumb m nable to affix eCard/UMIE	ark signature)	Prin to T 1. 2.	ited N	mark:	
Claim proceeds shall ATM. If you have no	l be electro eCard/UN	Printed Na nically cre 11D, the pr	ime (if un dited to your roceeds will be	Thumb m nable to affix eCard/UMIC e paid throug	ark ( signature) ) account an ph check.	Prin to T 1. 2. d may	ited Ni humb	mark:	ature of Witnesses
Claim proceeds shall ATM. If you have no	l be electro eCard/UN	Printed Na nically cre 11D, the pr	ime (if un dited to your roceeds will be	Thumb m nable to affix eCard/UMIC e paid throug	ark ( signature) ) account an ph check.	Prin to T 1. 2. d may	ited Ni humb	mark:	ature of Witnesses
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement	l be electro o eCard/UM BE FILLED	Printed Na nically cre AID, the pr O OUT BY	ime (if un odited to your coceeds will be HEAD OF AC	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I	ark signature) account an h check. HIS AUTHO aration/life	Prin to T 1. 2. d may	be with the second seco	mark: hdrawn from ORSING OFF	ature of Witnesses
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no	be electro c eCard/UN BE FILLED ded to GSIS by certified pending ac	Printed Na nically cre AID, the pr DOUT BY 5 this appli that the a Iministrati	ime (if un dited to your coceeds will be HEAD OF AC cation for ret pplicant: (Plac ve/criminal ca	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR GENCY OR irement/sep ce a check (v asse.	ark signature) account an h check. HIS AUTHO aration/life ) mark on th	Prin to T 1. 2. RIZED	be with the be	mark: thdrawn from ORSING OFF nefit with our box only)	ature of Witnesses your nearest bank or ICER recommendation for
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no	be electro c eCard/UN BE FILLED ded to GSIS by certified pending ac	Printed Na nically cre AID, the pr DOUT BY 5 this appli that the a Iministrati	ime (if un dited to your coceeds will be HEAD OF AC cation for ret pplicant: (Plac ve/criminal ca	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR GENCY OR irement/sep ce a check (v asse.	ark signature) account an h check. HIS AUTHO aration/life ) mark on th	Prin to T 1. 2. RIZED	be with the be	mark: thdrawn from ORSING OFF nefit with our box only)	ature of Witnesses your nearest bank or ICER recommendation for
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no 2. has per 3. has a d	be electro c eCard/UM BE FILLED ded to GSIS by certified pending ac nding admi ecided adm	Printed Na nically cre AID, the pr O OUT BY this appli that the a lministrati nistrative/ ninistrative/	ime (if un odited to your coceeds will be HEAD OF AC cation for ret opplicant: (Plac ve/criminal case e case with	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR irement/sep ce a check (v ase. at	ark signature) account an h check. HIS AUTHO aration/life ) mark on th	Prin to T 1. 2. d may RIZED	be with the second seco	mark: hdrawn from ORSING OFF nefit with our box only) ttach certified	ature of Witnesses ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision)
Claim proceeds shall ATM. If you have not TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no 2. has per 3. has a d 4. has a d 5. is apply	be electro o eCard/UM BE FILLEC ded to GSIS by certified pending admi ecided admi ecided admi ecided crin ving for Ref	Printed Na nically cre AID, the pr O OUT BY this appli that the a lministrati nistrative/ ninistrative/ ninistrative/	Imme (if un odited to your occeeds will be HEAD OF AC cation for ret opplicant: (Plac ve/criminal case e case with with	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I irement/sep ce a check (v ase. at	ark signature) account an h check. HIS AUTHO aration/life ') mark on th	Prin to T 1. 2. d may RIZED insuration pert	be with the second seco	mark: hdrawn from ORSING OFF nefit with our box only) ttach certified	ature of Witnesses your nearest bank or ICER recommendation for
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no 2. has per 3. has a d 4. has a d	be electro o eCard/UM BE FILLEC ded to GSIS by certified pending admi ecided admi ecided admi ecided crin ving for Ref	Printed Na nically cre AID, the pr O OUT BY this appli that the a lministrati nistrative/ ninistrative/ ninistrative/	Imme (if un odited to your occeeds will be HEAD OF AC cation for ret opplicant: (Plac ve/criminal case e case with with	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I irement/sep ce a check (v ase. at	ark signature) account an h check. HIS AUTHO aration/life ') mark on th	Prin to T 1. 2. d may RIZED insuration pert	be with the second seco	mark: hdrawn from ORSING OFF nefit with our box only) ttach certified	ature of Witnesses ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision) d copy of Decision)
Claim proceeds shall ATM. If you have not TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no 2. has per 3. has a d 4. has a d 5. is apply	be electro o eCard/UM BE FILLEC ded to GSIS by certified pending admi ecided admi ecided admi ecided crin ving for Ref	Printed Na nically cre AID, the pr O OUT BY this appli that the a lministrati nistrative/ ninistrative/ ninistrative/	Imme (if un odited to your occeeds will be HEAD OF AC cation for ret opplicant: (Plac ve/criminal case e case with with	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I irement/sep ce a check (v ase. at	ark signature) account an h check. HIS AUTHO aration/life ') mark on th	Prin to T 1. 2. d may RIZED insuration pert	be with the second seco	mark: hdrawn from ORSING OFF nefit with our box only) ttach certified	ature of Witnesses ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision) d copy of Decision)
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no 2. has no 3. has per has a d 4. has a d 5. is apply by this	be electro o eCard/UM BE FILLEC ded to GSIS by certified pending admi ecided admi ecided admi ecided crim ring for Ref Office.	Printed Na nically cre <u>AID, the pr</u> O OUT BY this appli that the a liministrative/ ninistrative/ ninistrative/ ninistrative/ ninal case und of Pre-	Imme (if un odited to your occeeds will be HEAD OF AC cation for ret opplicant: (Plac ve/criminal case e case with with emiums under e Head of Age	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR irement/sep ce a check (v ase. at r RA 1616 an	ark signature) account an h check. HIS AUTHO aration/life mark on th mark on th	Prin to T 1. 2. d may RIZED insuran he pert	be win	mark: hdrawn from ORSING OFF nefit with our box only) ttach certified	ature of Witnesses ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision) d copy of Decision) as been approved
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereb 1. has no 2. has per 3. has per 3. has a d 4. has a d 5. Signature over	be electro o eCard/UM BE FILLED ded to GSIS by certified pending adminecided adminecided adminecided adminecided crim ving for Ref Office.	Printed Na nically cre AID, the pr DOUT BY 5 this appli that the a liministrative/ ninistrative/ ninistrative/ ninistrative/ ninal case und of Pre	ime (if un dited to your coceeds will be HEAD OF AC cation for ret pplicant: (Plac ve/criminal case e case with with emiums under e Head of Age icer	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I :irement/sep ce a check (v ase. at r RA 1616 an ency	ark signature) account an h check. HIS AUTHO aration/life aration/life mark on th d the applica Date signed	Prin to T 1. 2. d may RIZED insuration pe pert	be with the second seco	mark: thdrawn from ORSING OFF nefit with our box only) ttach certified ttach certified ttach certified	ature of Witnesses ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision) d copy of Decision) as been approved
Claim proceeds shall ATM. If you have not TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is hereford 1. has no 2. has per 3. has a d 4. has a d 5. Signature ove or his Auth	be electro o eCard/UM BE FILLED ded to GSIS by certified pending adminecided adminecided adminecided adminecided crim ving for Ref Office.	Printed Na nically cre AID, the pr DOUT BY 5 this appli that the a liministrative/ ninistrative/ ninistrative/ ninistrative/ ninal case und of Pre	ime (if un dited to your coceeds will be HEAD OF AC cation for ret pplicant: (Plac ve/criminal case e case with with emiums under e Head of Age icer	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I :irement/sep ce a check (v ase. at r RA 1616 an ency	ark signature) account an h check. HIS AUTHO aration/life aration/life mark on th d the applica Date signed	Prin to T 1. 2. d may RIZED insuration pe pert	be with the second seco	mark: thdrawn from ORSING OFF nefit with our box only) ttach certified ttach certified ttach certified	ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision) d copy of Decision) as been approved
Claim proceeds shall ATM. If you have no TO 1 <sup>st</sup> Endorsement Respectfully forward approval. It is heret 1. has no 2. has per 3. has a d 4. has a d 5. Signature ove or his Auth	be electro o eCard/UM BE FILLED ded to GSIS by certified pending admi ecided admi ecided admi ecided crim ring for Ref Office.	Printed Na nically cre <u>AID, the pr</u> O OUT BY 5 this appli that the a lministrative/ ninistrative/ ninistrative/ ninistrative/ ninal case und of Pre	Internet (if un dited to your coceeds will be HEAD OF AC cation for ret opplicant: (Plac ve/criminal case e case with with emiums under e Head of Age icer	Thumb m nable to affix eCard/UMIC e paid throug GENCY OR I :irement/sep ce a check (w ase. at r RA 1616 an ency	ark signature) account an <u>h check.</u> HIS AUTHO aration/life aration/life ) mark on th d the applica Date signed Office add	Prin to T 1. 2. d may RIZED insuration pe pert (Pl ation for d:	be with the second seco	mark:	ature of Witnesses ature of Witnesses your nearest bank or ICER r recommendation for d copy of Decision) d copy of Decision) as been approved

# 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 650	1. 2. 1.	Member prior to Member	er mu o retiri	st be ( emeni	on per t and l	mane has mu	nt sta ade co	tus at	the ti ution:	me of s for a	retire t least	five	5) yea	rs; and	1	ervice	for the last three (3)
		Ace	52	53	54	55	56	57	58	59	60	61	62	63	64	65	1
Constant and		705	35	34	33	32	31	30	28	26	24	22	20	18	16	15	
Under PD 1146	1. 2.	Membe					1 March 10 March 10							1 C C C C C C C C C C C C C C C C C C C			
Under RA 8291	1. 2. 3. 4. 5.	<ol> <li>Nember has rendered at least fifteen [15] years of service in the government;</li> <li>Nember is at least sluty (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> </ol>															
Under RA 1616																	

- 2. 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/Klosk 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 fails 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.

#### IL 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:

1. 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.

- 2. 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;
  - b. 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 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 ISSIS 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	a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits
(Regular/ Optional)	b. Service Record with LWOP Certification (indicating the specific dates and time of LWOP)
Death Claim/ Accidental Death	a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits
Benefit (LEP)	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 Phil Statistics Authority (PSA) (former 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 or 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 (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 die 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 Repor
	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 or 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