



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