



**Government Service Insurance System**  
Paseguruhan ng mga Naglilingkod sa Pamahalaan

Form No. 02202024-MRF-REV 02



# GSIS MEMBER'S REQUEST FORM (MRF)

**INSTRUCTIONS:** Ensure that the request form is properly filled out and submitted 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, as well as obtaining any benefit pursuant to this request shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

Date: \_\_\_\_\_

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	<b>Suffix</b>
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Gender</b>	<b>Civil Status</b>		<b>GSIS Business Partner (BP) No.</b>	
<b>Mailing Address</b>					<b>Zip Code</b>
<b>Agency Name and Address</b>					
<b>Mobile Number</b>		<b>Email Address</b>		<b>Landline Number</b>	

**Instruction: Please check (✓) the applicable transaction request/s and indicate the particulars.**

GSIS Accounts	Claim Transaction
<p><i>Type of Account</i></p> <input type="checkbox"/> GSIS Premium Contributions <input type="checkbox"/> GSIS Loan/s <input type="checkbox"/> Multi-Purpose Loan (MPL) <input type="checkbox"/> Consolidated Loan (CNL) <input type="checkbox"/> GSIS Financial Assistance Loan (GFAL) <input type="checkbox"/> GFAL Educational Loan <input type="checkbox"/> Emergency Loan (EML) <input type="checkbox"/> Policy Loan <input type="checkbox"/> Others: _____ <hr/> <p><b>Nature of Request:</b></p> <input type="checkbox"/> Reconciliation of GSIS Premium Contributions <i>(Please attach Service Record)</i> <input type="checkbox"/> Statement of Loan Account (SOLA) <input type="checkbox"/> Certification of Full Payment (CFP) <input type="checkbox"/> GSIS Clearance <input type="checkbox"/> Certificate of No Loan/ Loan Balance <input type="checkbox"/> Transfer of Claim Check/s to preferred Branch <i>Details:</i> _____ <input type="checkbox"/> Others: _____ _____ _____	<p><i>Type of Claim</i></p> <input type="checkbox"/> Maturity <input type="checkbox"/> Cash Surrender Value (CSV)/ Termination Value (TV) <input type="checkbox"/> Death Claim <input type="checkbox"/> Retirement/ Separation <input type="checkbox"/> Funeral Benefit <input type="checkbox"/> Survivorship <input type="checkbox"/> Pre-need <input type="checkbox"/> Edu-Child <input type="checkbox"/> College Education Assurance Plan (CEAP) <input type="checkbox"/> Memorial <input type="checkbox"/> Others: _____ <hr/> <input type="checkbox"/> Employees' Compensation (EC) <input type="checkbox"/> Others: _____ <p><b>Nature of Request:</b></p> <input type="checkbox"/> Payment of Benefit RA 8291 (Future Payee) <input type="checkbox"/> Recomputation of GSIS Benefit <input type="checkbox"/> Payment of Benefit (under Pre-need) <input type="checkbox"/> Payment of Benefit (under EC) <i>Details:</i> _____ <input type="checkbox"/> Others: _____ _____ _____
<b>Other Transactions</b>	
<p><b>Details of Request:</b> _____            _____            _____</p>	

### DATA PRIVACY CONSENT

*I hereby confirm my understanding of the Privacy Policy of the GSIS pursuant to the requirements of R.A. 10173, otherwise known as the DPA, its Implementing Rules and Regulations and other issuances of the National Privacy Commission and consent to the manner of and safety measures to be observed in the collection, use, access, disclosure, processing and disposal of my personal and sensitive personal data by the GSIS.*

\_\_\_\_\_  
*Signature over printed name*

Thumb mark  
(if unable to affix  
signature)

Printed Name and Signature of Witnesses to  
Thumb mark:  
(Both witnesses must provide photocopy of 2  
valid government issued IDs)

1. \_\_\_\_\_
2. \_\_\_\_\_