



Government Service Insurance System
Paseguruhan ng mga Naglilingkod sa Pamahalaan



APPLICATION FOR RETIREMENT UNDER RA 7699 (PORTABILITY LAW)

Form No. 02202024-RET-PORT-REV 01

(Please Read Terms and Conditions and Documentary Requirements)

INSTRUCTIONS: Ensure that the form is properly filled out and submit the duly accomplished form to the nearest GSIS/Handling Office. Do not leave any blank items and indicate check marks () on the provided boxes, when necessary.

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. **THIS FORM IS NOT FOR SALE.**

Date: _____

I hereby apply for a retirement/separation 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 Mailing Address			
Date of Birth (mm/dd/yyyy)		Place of Birth	
Contact No. (Landline)		E-mail address:	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			Gender
If married, Name of Spouse: (Last Name, First Name, Middle Name)		Retirement/Separation Benefits Previously Availed (if applicable):	
Date of marriage: _____		<input type="checkbox"/> RA 660	<input type="checkbox"/> RA 1616
		<input type="checkbox"/> PD 1146	<input type="checkbox"/> RA 8291

I choose to avail of retirement benefits under RA 7699 (Portability Law), effective _____.
(Please refer to Terms and Conditions of each retirement mode on subsequent pages)

DECLARATION OF PENDENCY/ NON-PENDENCY OF CASE	I undertake to submit my Declaration of Pendency/Non-Pendency of Case, duly subscribed and sworn to before a Notary Public or Administering Officer of my agency-employer, as a condition for the release of my retirement benefit and in compliance with Section II of CSC Resolution No. 1302242 dated 01 October 2013.
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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.

<p>Signature of applicant over printed name</p>	<p>Thumbmark (If unable to affix signature)</p>	<p>Printed name and signature of witnesses to thumbmark:</p> <p>1. _____</p> <p>2. _____</p>
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Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid thru check

CLEARANCE/CERTIFICATION (For SSS use only)

This is to certify that the above-named member has:

- no other claim filed.
- total number of _____ monthly contributions. Under SSS Number _____, covering the period _____ to _____.
- others: _____

Signature over Printed Name
and Designation of Certifying Official

Date

TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER

1st Endorsement

Respectfully forwarded to GSIS this application for retirement/separation benefit with our recommendation for approval.

It is hereby certified that the applicant: (Place a check [] mark on the pertinent box only)

1. has rendered/will render his Last Day of Actual Service (LDAS) on _____.
2. has not incurred Leave of Absence Without Pay (LWOP).
3. has incurred Leave of Absence Without Pay (LWOP) from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____. (Please attach separate sheet if necessary)
4. has no pending administrative/criminal case.
5. has pending administrative/criminal case at _____.
6. has a decided administrative case with _____. (Please attach certified copy of decision)
7. has a decided criminal case with _____. (Please attach certified copy of decision)
8. is applying for Refund of Premiums under RA1616 and the application for gratuity benefit has been approved by this Office.

Office Name

Signature over Printed Name of the Head of
Agency or his Authorized Endorsing Officer

Office Address

Date: _____

TERMS AND CONDITIONS

I. COVERAGE

These rules and regulations shall apply to all worker-members of the Government Service Insurance System (GSIS) and/or Social Security System (SSS) who transfer from one sector to another, and who wish to retain their membership in both Systems.

II. DEFINITION OF TERMS

The following terms shall mean:

- a) **Contributions** – shall refer to the contributions paid by the employer or worker to either the Government Service Insurance System (GSIS) or the Social Security System (SSS) on account of the worker's membership.
- b) **Portability** – shall refer to the transfer of funds for the account and benefit of a worker who transfers from one system to the other.
- c) **Sector** – shall refer to employment either in the public or private sector.
- d) **System** – shall refer to either the GSIS as created under Commonwealth Act No. 186 as amended by Presidential Decree No. 1146 or the SSS as created under Republic Act No. 1161, as amended.
- e) **Totalization** – shall refer to the process of adding up the period of creditable services or contributions under each of the Systems, for purposes of eligibility and computation of benefits.
- f) **Creditable services** – for the public sector, the following shall be considered creditable services:
 - All previous services rendered by an official/employee pursuant to an appointment whether permanent, provisional or temporary.
 - All previous services rendered by an official/employee pursuant to a duly approved appointment to a position in the Civil Service with compensation or salary;
 - The period during which an official/employee was on authorized sick leave of absence without pay not exceeding one year;
 - The period during which an official or employee was out of the service as a result of illegal termination of his service as finally decided by the proper authorities; and
 - All previous services with compensation or salary rendered by elective officials.
- g) **Period of contribution** – for the private sector, the periods of contribution shall refer to the periods during which a person renders services for an employer with compensation or salary and during which contributions were paid to SSS. For the purpose of this Section, a self-employed person shall be considered an employee and employer at the same time.
- h) **Eligibility** – means the workers has satisfied the requirements for entitlement to the benefits provided for under the Act.
- i) **Overlapping of periods** – shall refer to the periods during which a worker simultaneously contributes to both Systems.
- j) **Benefits** – shall refer to the following:
 - Old-age benefit
 - Disability benefit
 - Survivorship benefit Sickness benefit
 - Philhealth benefit, provided that the member shall claim said benefit from the System where he was last a member, and
 - Such other benefits common to both Systems that may be availed of through totalization.

III. TOTALIZATION

1. All creditable services or periods of contributions made continuously or in the aggregate of a worker under either of the Sectors shall be added up and considered for purposes of eligibility and computation of benefits.
2. All services rendered or contributions paid by a member personally and those that were paid by the employers to either System shall be considered in the computation of benefits, which may be claimed from either or both Systems. However, the amount of benefits to be paid by one System shall be in proportion to the services rendered/periods of contributions made to that System.
3. Totalization shall apply in the following instances:
 - a) If a worker is not qualified for any benefits from both Systems;
 - b) If a worker in the public sector is not qualified for any benefits in the GSIS; or
 - c) If a worker in the private sector is not qualified for any benefits from the SSS.

For the purpose of computation of benefits, totalization shall apply in all cases so that the contributions made by the worker-member in both Systems shall provide maximum benefits which otherwise will not be available. In no case shall the contribution be lost or forfeited.

4. If after totalization the worker-member still does not qualify for any benefit in II(j), the member will then get whatever benefits correspond to his/her contributions in either or both Systems.
5. If a worker qualifies for benefits in both Systems, totalization shall not apply.
6. The process of totalization of creditable services or periods of contributions and computation of benefits provided for under the Act shall be the joint responsibility of the GSIS and the SSS.
7. Overlapping periods of creditable services or contributions in both Systems shall be credited only once for purposes of totalization.

IV. DOCUMENTARY REQUIREMENTS

1. Application Form
2. Certification of SSS premium contributions indicating number and inclusive months of contributions signed by authorized SSS Officer
3. Service Record with LWOP Certification (indicating the specific dates and time of LWOP) signed by authorized officer
4. Declaration of Pendency/ Non-Pendency of Case (DPNPC) Form (***date administered/ notarized should be on or after receipt of notification from GSIS***)