



## **GENERAL INSTRUCTIONS**

1. Accomplish this form in one (1) copy without erasures or alterations.
2. If claimant cannot sign, affix right thumbmark and right index on the spaces provided and must be identified by two (2) witnesses.
3. If the benefit option selected is pension, submit photocopy together with the original copy of single savings account passbook.

### **WARNING**

ANY PERSON WHO MAKES FALSE STATEMENTS IN THIS APPLICATION OR SUBMITS FALSIFIED DOCUMENTS IN CONNECTION WITH HIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS.

## **CHECKLIST OF REQUIRED DOCUMENTS AND SPECIFIC INSTRUCTIONS**

### **DEATH**

#### **Primary Beneficiaries**

- |  |  |
|--|--|
| <input type="checkbox"/> Death Certificate of member   | - Duly registered with Local Civil Registry Office                           |
| <input type="checkbox"/> Marriage Certificate  | - Duly registered with Local Civil Registry Office                           |
| <input type="checkbox"/> Birth/Baptismal Certificates of minors  | - Duly registered with Local Civil Registry Office/Parish Church             |
| <input type="checkbox"/> Medical Certificate of incapacitated child, if any  | - To be accomplished by the child's attending physician                      |
| <input type="checkbox"/> Death Certificate of spouse, if already deceased  | - Duly registered with Local Civil Registry Office                           |
| <input type="checkbox"/> Application for Representative Payee (CLD-15)   | - To be accomplished by the guardian of the minor children other than parent |
| <input type="checkbox"/> Guaranteed Bond Form (BPN-107)  | - To be accomplished by a guarantor, if minor children are under a guardian  |
| <input type="checkbox"/> Proof of relationship such as record of birth, a statement before a court of record or any authentic writing/document | - To be submitted for illegitimate children                                  |

#### **Secondary Beneficiaries**

##### If Claimant is Parent

- |   |  |
|---|--|
| <input type="checkbox"/> Death Certificate of member          | - Duly registered with Local Civil Registry Office               |
| <input type="checkbox"/> Birth Certificate of deceased member | - Duly registered with Local Civil Registry Office/Parish Church |
| <input type="checkbox"/> Marriage Certificate of parents      | - Duly registered with Local Civil Registry Office/Parish Church |

##### If Claimant is other than Parents

- |   |  |
|---|--|
| <input type="checkbox"/> Death Certificate of parents                     | - To be submitted if parents are deceased                            |
| <input type="checkbox"/> Birth Certificate of the deceased brother/sister | - To be submitted to prove claimant's relationship with the deceased |
| <input type="checkbox"/> Birth Certificate of minor beneficiaries         | - Duly registered with Local Civil Registry Office/Parish Church     |

### **DISABILITY**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Certificate (MMD-102)   | - To be accomplished by the claimant's attending physician |
| <input type="checkbox"/> Operating Room Record   | - To be secured if claimant has been operated on           |
| <input type="checkbox"/> Accident Report (B-309)   | - To be secured from the employer                          |
| <input type="checkbox"/> Other medical records that may be requested by the Medical Benefits Section, Diliman Branch |  |

### **RETIREMENT**

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate of member | - To be submitted if with discrepancy in the date of birth |
|--|--|