

**GSIS MEMBER'S REQUEST FORM**

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

Time: \_\_\_\_\_

Name: \_\_\_\_\_  
 (please write full name with middle initial)

GSIS Policy No./Retirement No. \_\_\_\_\_ GSIS ID No. \_\_\_\_\_

Agency/Office Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel. No. (Office Landline): \_\_\_\_\_ Residence Landline: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cellphone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ For DEP ED: Employee No. \_\_\_\_\_ STN No. \_\_\_\_\_ DIV. No. \_\_\_\_\_

**Nature of Business/Request/Transaction (Please check appropriate box):**

Loans Transaction		Date Filed	Membership Transaction		Date Filed
<input type="checkbox"/>	Consolidated Loan		<input type="checkbox"/>	Issuance of Business Partner No.	
<input type="checkbox"/>	Policy Loan		<input type="checkbox"/>	Re-insurance	
<input type="checkbox"/>	Housing Loan		<input type="checkbox"/>	Conversion of Life Policy (ELP)	
<input type="checkbox"/>	Refund/Recomputation		<input type="checkbox"/>	Request for duplicate copy of contract	
<input type="checkbox"/>	Request for GSIS Clearance		<input type="checkbox"/>	Change of name/status/birth	
<input type="checkbox"/>	Others:		<input type="checkbox"/>	Others:	
For DEP ED Employees		Date Filed	CLAIMS		Date Filed
<input type="checkbox"/>	Request for stoppage of loan deduction		<input type="checkbox"/>	CSV	
<input type="checkbox"/>	Request for deduction of loan amortization		<input type="checkbox"/>	Maturity	
			<input type="checkbox"/>	Retirement/Survivorship	
			<input type="checkbox"/>	Burial	
E-SERVICES		Date Filed			
<input type="checkbox"/>	Pension Loan		<input type="checkbox"/>	Death Claim	
<input type="checkbox"/>	Old Age Pension		<input type="checkbox"/>	CEAP	
<input type="checkbox"/>	Survivorship Pension		<input type="checkbox"/>	HIP	
<input type="checkbox"/>	Commencement of Pension		<input type="checkbox"/>	Pre-need	
<input type="checkbox"/>	Accrual of Pension		<input type="checkbox"/>	EC	
<input type="checkbox"/>	Request for Home Visit		<input type="checkbox"/>	OLID	
<input type="checkbox"/>	Others:		<input type="checkbox"/>	Disability	
			POSTING		Date Filed
<input type="checkbox"/>	Other Transactions		<input type="checkbox"/>	Others:	
			<input type="checkbox"/>	Others:	

*Specify type of loan and payment months and year*

Details of Request: \_\_\_\_\_

MSO's Analysis and Recommendation: \_\_\_\_\_

Signature over full name of transacting member

Signature over full name of attending MSO