



PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN
 (GOVERNMENT SERVICE INSURANCE SYSTEM)
 Financial Center, Roxas Boulevard, Pasay City 1308

GSIS UMID-eCARD ENROLLMENT FORM
 (With GSIS eCARD PLUS)

PLEASE CHECK THE TYPE OF MEMBER

- ACTIVE
 SURVIVORSHIP PENSIONER
 OLD AGE PENSIONER
 LEGAL GUARDIAN

Read instructions at the back before accomplishing this form:

MEMBER'S INFORMATION												
Personal Information	Mailing Address/Contact Information											
First Name	Rm/Floor/Unit No. & Bldg. Name (if applicable)											
Middle Name	House or Lot and Block No.											
Last Name	Street Name											
Suffix (i.e., Sr., Jr., III, etc.)	Subdivision											
Maiden Name (if married female employee)	Brgy/District/Locality											
Date of Birth (DD-MM-YYYY)	Municipality/City											
Place of Birth-City	Country											
Place of Birth-Province	Postal Code											
Place of Birth-Country (if born outside of the Philippines)	Cell Phone No.											
Marital Status	Home Phone											
Gender	Email Address											
*GSIS ID No. (the 11 digit number below your name in the eCard)	TIN No.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												
Additional Information												
Office Name	Office Address											
	Certified By:											
_____ Signature of Member/Pensioner over Printed Name and Date	_____ (For active Member) Signature of AAO											
(Please bring eCARD and Company ID)												
GSIS PORTION												
Validated by:	Enrolled by:											
Date:	Date:											
ANNOTATION												
I hereby certify that the member/applicant named above is physically impaired and no biometrics can be captured.												
_____ Printed Name of Enrolment Officer / Date												

GUIDELINES ON FILLING OUT THE ENROLLMENT FORM

1. Use **BLOCK** letters or **UPPER CASE** letters in filling out the form;
2. Fill-out all information indicated in the form (Please do not leave any field blank). For fields not applicable, please write **N/A**;
3. **For married female** member-enrollee, indicate your maiden name following the format: (First Name, Middle Name, Last Name)
4. For date of birth, follow the format indicated in the field. Example: Date of Birth (**dd-mm-yyyy**) should be written as: **06-02-1965**;
5. For field on **Height**: Report this in centimeters (cm.). Use these conversion factors: 1 ft. = 12 in; 1 in. = 2.54 cm.

Example: five feet and 2 inches (5'2") = (5 x 12 = 60 in. + 2 in.
= 62 in. x 2.54 cm. = 157.48 cm.)

6. For field on **Weight**: Report this in kilograms (kg.). Use these conversion factors: 1 kg. = 2.2 lbs.

Example: 162 lbs. = 162 / 2.2 = 73.63 kgs.

7. Distinguishing Features. Limit the distinguishing features to those that can be found on the face. Example: Birth marks, moles, dimples, etc.

Note: **Please bring your Office/Agency/Company ID and your eCARD Plus (if any) or any government issued ID (i.e., passport, driver's license, etc.)**