## FOR AGENCY REMITTANCE ADVICE

FORM A. List of employees with life and retirement premium remittance but without existing record in the GSIS Database.

Last Name	First Name	Suffix	Middle Name	Mailing Address / Zip Code	Cellular Phone no.	Email Address	Sex	Civil Status	Date of Birth	Place of Birth	Basic Monthly Salary	Effectivity Date	Position	Status of Employment	BP NUMBER	REMARKS

If any or all of the employees listed above are new employees in that Agency, please provide the above information in the appropriate column.

NOTE: No need to attach supporting documents such as: 1) IMI 2) Birth Certificate etc.

Agency	Name:
Agency	<b>BP Number</b>

# FOR AGENCY REMITTANCE ADVICE

## FORM B. List of Transferees

	T	T		<u> </u>	T				Agency Name (v	vith agency BP no.)
Member BP Number	Last Name	First Name	Suffix	МІ	Date of Transfer	Salary	Position	Employment status	FROM	то
			·							
			<del></del>							
							<del></del>			
		<u> </u>								
							<del></del>			
		<u> </u>					<del></del>			
						<del></del>				
						· · · · · · · · · · · · · · · · · · ·	<del> </del>			
						_				

If any or all of the employees listed above are transferees, please provide the information required.

## FOR AGENCY REMITTANCE ADVICE

**FORM C**. List of employees with salary adjustments for confirmation as to correct amount of monthly salary and effectivity date to be supplied below.

Member BP Number	Last Name	First Name	Suffix	MI	Salary	Effectivity Date	Position	Employment status
							ļ	
		+						
-								
							ļ	
		-						<del> </del>
		<del></del>						
								<u> </u>

Note: No need to attach the Notice Of Salary Adjustment (NOSA) and Notice of Salary Increase (NOSI)

#### FOR AGENCY REMITTANCE ADVICE

FORM D. List of employees with no premium remittance for 2 consecutive months.

Member BP Number	Last Name	First Name	Suffix	MI	Reason <sup>1</sup>	Effectivity Date	Remarks <sup>2</sup>
				ļ			
		<u> </u>			<u> </u>		
		ļ					

<sup>1</sup> Reason: please specify whether transferred to other office / resigned / retired / deceased / dismissed / laid-off / end of term / end of contract / dropped from the rolls / suspended / on Leave without pay, etc.

<sup>2</sup> Remarks: in case transferred to other office, please indicate new office (if available)

## FOR AGENCY REMITTANCE ADVICE

FORM E. List of employees with changes / correction in their Personal Data

Member BP Number	Last Name		First Name		Suffix		Middle Name		Mailing Address / Zip Code		Cellular Phone no.		Email Address		Civil Status		Date of Birth *		Place of Birth		Position / Title		Status of Employment	
	From	То	From	То	From	То	From	То	From	То	From	То	From	То	From	То	From	То	From	То	From	То	From	Te
			<u> </u>									_		ļ <u> </u>										
														<u> </u>	<del>                                     </del>		<u> </u>							-
···-		<del></del>																						$\vdash$
	-						ļ		<u> </u>		ļ													
														l	<del>  </del>									<u> </u>
															<del></del>									$\vdash$
																					-			-
					-		ļ <u>.</u>																	
	L		ll		زا		I					1												ſ

Issue No. 01, Rev No. 0, (16 August 2016), FM-GSIS-OPS-UMR-05

<sup>\*</sup> For Change of date of birth please attach scanned copy of Original PSA authenticated Birth Certficate

\* For Change of Last Name (to Married Name, for females) or Status (from 'Single' to 'Married') please attach scanned copy of Original PSA authenticated Marriage Certficate