

Agency Name:  
Agency BP Number:

**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.

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### FORM B. List of Transferees

[illegible]

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

Agency Name:  
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**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

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

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

[illegible]

1 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.

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

