



APPLICATION FOR DISABILITY RETIREMENT (RA 660/RA 8291)

(Please Read Terms and Conditions and Documentary Requirement at the back)

INSTRUCTIONS: Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS/Handling Office.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

Date: _____

I hereby apply for a retirement/separation benefit with the GSIS and declare to the best of my knowledge the following:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)		Place of Birth	
Contact No. (Landline)	Cellphone No.	E-mail address:	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
If married, Name of Spouse: (Last Name, First Name, Middle Name)		Date of Marriage	

I choose to avail of retirement benefits due to disability, effective _____.

I affix my signature beside my chosen option. (Please refer to Terms and Conditions of each retirement mode on subsequent pages)

RETIREMENT LAW	RETIREMENT OPTIONS	SIGNATURE
RA 660	<input type="checkbox"/> Below age 60, monthly annuity payable annually for 5 years	_____
	<input type="checkbox"/> Aged 60 to below 63, 3-year lump sum, 2 years balance payable on the 63rd birthday; monthly annuity after the 5-year guaranteed period	_____
	<input type="checkbox"/> Aged 63 and above, 5-year lump sum, monthly annuity after the 5-year guaranteed period	_____
RA 8291	<input type="checkbox"/> Option 1: 60 months x BMP, and BMP after 5 years	_____
	<input type="checkbox"/> Option 2: 18 months x BMP and BMP to start on date of retirement	_____
DECLARATION OF PENDENCY/ NON-PENDENCY OF CASE	I undertake to submit my Declaration of Pendency/Non-Pendency of Case, duly subscribed and sworn to before a Notary Public or Administering Officer of my agency-employer, as a condition for the release of my retirement benefit and in compliance with Section II of CSC Resolution No. 1302242 dated 01 October 2013.	

Signature of Applicant over Printed Name



Thumb mark
(if unable to affix signature)

Printed Name and Signature of
Witnesses to Thumb mark:

1. _____

2. _____

- continue at the back page -

Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid thru check.

TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER

1st Endorsement

Respectfully forwarded to GSIS this application for retirement/separation benefit with our recommendation for approval.

It is hereby certified that the applicant: (Place a check [✓] mark on the pertinent box only)

1. ☐ has rendered/will render his Last Day of Actual Service (LDAS) on _____.
2. ☐ has not incurred Leave of Absence Without Pay (LWOP).
3. ☐ has incurred Leave of Absence Without Pay (LWOP) from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____. (Please attach separate sheet if necessary)
4. ☐ has no pending administrative/criminal case.
5. ☐ has pending administrative/criminal case at _____.
6. ☐ has a decided administrative case with _____. (Please attach certified copy of Decision)
7. ☐ has a decided criminal case with _____. (Please attach certified copy of Decisi
8. ☐ is applying for Refund of Premiums under RA1616 and the application for gratuity benefit has been approved by this Office.

Office Name

Signature over Printed Name of the Head of
Agency or his Authorized Endorsing Officer

Office Address

Date: _____

Application Received By: _____

Date Received: _____

TMS Reference No.: _____

DOCUMENTARY REQUIREMENTS

1. Application Form
2. Proofs of Disability Parts I, II, and III
3. Declaration of Pendency/Non-Pendency of Case
4. Other documents that may be required by the GSIS' Medical Evaluator