



APPLICATION FOR RETIREMENT/ SEPARATION/ LIFE INSURANCE BENEFITS

Form No. 06302017-RET

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INSTRUCTIONS: Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS 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/life insurance 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	Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
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	If married, Name of Spouse: (Last Name, First Name, Middle Name) Date of Marriage: _____	
Retirement/Separation Benefits Previously Availed (If applicable) <input type="checkbox"/> RA 660 <input type="checkbox"/> RA 1616 <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291			

I have the honor to apply for

☐ Retirement benefits under the retirement mode marked below, effective _____, I affix my signature beside my chosen option. (Please refer to the 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 63 rd 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	_____ _____ _____
PD 1146	<input type="checkbox"/> Immediate Monthly Pension <input type="checkbox"/> 60 months x Basic Monthly Pension (BMP) and BMP after 5 years	_____ _____
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	_____ _____
RA 1616	<input type="checkbox"/> Refund of Retirement Premiums (Retirement gratuity to be paid by last Employer)	_____
APPLICATION FOR CLASP	<p>If you opt to retire under a retirement scheme with an immediate monthly pension, you may settle your outstanding loan obligation on installment basis under the Choice of Loan Amortization Schedule for Pensioners (CLASP) program. The remaining balance of your outstanding obligation shall be restructured as a loan with an interest rate of 10% per annum compounded annually (paca). Please indicate your choices below:</p> <p>As payment for my outstanding obligation, please deduct from the proceeds of my retirement benefit the amount equivalent to:</p> <div><input type="checkbox"/> 100%, since I am not availing the CLASP <input type="checkbox"/> 75%, remaining balance of 25% shall be paid through CLASP <input type="checkbox"/> 50%, remaining balance of 50% shall be paid through CLASP <input type="checkbox"/> 25%, remaining balance of 75% shall be paid through CLASP</div> <p>Preferred repayment term for the remaining balance:</p> <div><input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years</div> <p>I confirm that I have read and fully understood the PENSIONER RESTRUCTURED LOAN (PRL) Terms and Conditions and undertake to comply with them. Pursuant to Republic Act (R.A.) No. 9510, otherwise known as the "Credit Information System Act", and its Implementing Rules and Regulations (IRR), I hereby acknowledge and consent to: 1) the regular submission and disclosure of my basic credit data and updates thereon to the Credit Information Corporation (CIC); and 2) the sharing of my basic credit data with lenders authorized by the CIC, and credit reporting agencies and outsource entities duly accredited by the CIC, subject to the provisions of R.A. No. 9510, its IRR and other relevant laws and regulations.</p>	

<input type="checkbox"/> SEPARATION BENEFIT RA 8291 effective (mm/dd/yyyy) _____	SIGNATURE _____ _____ _____ _____
<input type="checkbox"/> Below 60 years old with less than 15 years in service (Cash Benefit payable at age 60)	
<input type="checkbox"/> Below 60 years old with more than 15 years in service (Cash Benefit payable upon separation and monthly pension upon reaching age 60)	
<input type="checkbox"/> 60 years old and above with less than 15 years in service (Cash Benefit payable immediately)	

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 1 October 2013.

☐ **LIFE INSURANCE BENEFIT**

Type of Life Insurance: ☐ Compulsory ☐ Optional Policy No. (if claiming for Optional Policy): _____

NAME OF CLAIMANT IF MEMBER IS DECEASED:

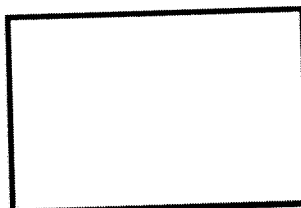
Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)	Relation to Deceased Member:	Contact No./Cellphone No.	

Type of benefit applied for:

- ☐ Maturity Benefits
☐ Cash Surrender Value/Termination Value, in view of my
 ☐ retirement effective _____
 ☐ resignation/separation from the government service on _____
 ☐ state other reason/s _____
☐ Death Benefits: Date of Death: _____
☐ Accidental Death Benefit (ADB) (applicable for CM(LEP)/Optional policies)

It is understood that the entire outstanding balance of my policy as well as the arrearages and balances of my other loans and accountabilities with the GSIS which are due and demandable shall be deducted from the said benefit pursuant to Articles 1231 and 1278 of the Civil Code of the Philippines, RA 8291 and the existing policies of the GSIS.

Signature of Applicant over Printed Name



Thumb mark
(if unable to affix signature)

Printed Name and Signature of Witnesses to Thumb mark:

1. _____
2. _____

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 through 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/life insurance benefit with our recommendation for approval. It is hereby certified that the applicant: (Place a check (v) mark on the pertinent box only)

1. ☐ has no pending administrative/criminal case.
2. ☐ has pending administrative/criminal case at _____ (Please attach certified copy of Decision)
3. ☐ has a decided administrative case with _____ (Please attach certified copy of Decision)
4. ☐ has a decided criminal case with _____ (Please attach certified copy of Decision)
5. ☐ is applying for Refund of Premiums under RA 1616 and the application for gratuity benefit has been approved by this Office.

Signature over printed name of the Head of Agency or his Authorized Endorsing Officer

Date signed: _____

Office name _____

Office address _____

Application Received By: _____

Date Received: _____

TMS Reference No: _____