

## GSIS MEMBER'S REQUEST FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name: \_\_\_\_\_  
(please write full name with middle initial)

GSIS Policy No./Retirement No. \_\_\_\_\_ GSIS ID No. \_\_\_\_\_

Agency/Office Address: \_\_\_\_\_ GSIS ID No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel. No. (Office Landline): \_\_\_\_\_ Residence Landline: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ For DEP ED: Employee No. \_\_\_\_\_ STN No. \_\_\_\_\_ DIV No. \_\_\_\_\_

For BSA: Employee No. \_\_\_\_\_ STN No. \_\_\_\_\_ DIV. No. \_\_\_\_\_

**Nature of Business/Request/Transaction (Please check appropriate box):**

Nature of Business/Request Transaction (Please check appropriate box):			
<b>Loans Transaction</b>	<b>Date Filed</b>	<b>Membership Transaction</b>	<b>Date Filed</b>
<input type="checkbox"/> Consolidated Loan		<input type="checkbox"/> Issuance of Business Partner No.	
<input type="checkbox"/> Policy Loan		<input type="checkbox"/> Re-insurance	
<input type="checkbox"/> Housing Loan		<input type="checkbox"/> Conversion of Life Policy (ELP)	
<input type="checkbox"/> Refund/Recomputation		<input type="checkbox"/> Request for duplicate copy of contract	
<input type="checkbox"/> Request for GSIS Clearance		<input type="checkbox"/> Change of name/status/birth	
<input type="checkbox"/> Others:		<input type="checkbox"/> Others:	
<b>For DEP ED Employees</b>	<b>Date Filed</b>	<b>CLAIMS</b>	<b>Date Filed</b>
<input type="checkbox"/> Request for stoppage of loan deduction		<input type="checkbox"/> CSV	
<input type="checkbox"/> Request for deduction of loan amortization		<input type="checkbox"/> Maturity	
		<input type="checkbox"/> Retirement/Survivorship	
		<input type="checkbox"/> Burial	
<b>E-SERVICES</b>	<b>Date Filed</b>	<input type="checkbox"/> Death Claim	
<input type="checkbox"/> Pension Loan		<input type="checkbox"/> CEAP	
<input type="checkbox"/> Old Age Pension		<input type="checkbox"/> HIP	
<input type="checkbox"/> Survivorship Pension		<input type="checkbox"/> Pre-need	
<input type="checkbox"/> Commencement of Pension		<input type="checkbox"/> EC	
<input type="checkbox"/> Accrual of Pension		<input type="checkbox"/> OLID	
<input type="checkbox"/> Request for Home Visit		<input type="checkbox"/> Disability	
<input type="checkbox"/> Others:			
		<b>POSTING</b>	<b>Date Filed</b>
<input type="checkbox"/> Other Transactions		<input type="checkbox"/> Others:	
		<input type="checkbox"/> Others:	

### Details of Request:

*Specify type of loan and payment months and year*

**MSO's Analysis and Recommendation:**

Signature over full name of transacting member

Signature over full name of attending MSO