

I have the honor to submit herewith a claim application for benefit under the PPSTA Mutual Aid System (MAS) /or New Mutual Retirement Benefit System (NMRBS) / Mutual Retirement Benefit System Plus (MRBS+). The following requirements are hereby furnished for the death benefit of the late _____.

GENERAL REQUIREMENTS

- Original Death Certificate (DC)** of Deceased member issued by NSO or DC duly signed & Sealed by the **Local Civil Registrar** and duly **Authenticated** by NSO.
- Original PPSTA MAS or MAS65 / MRBS / NMRBS / MRBS Plus Policy Contract** in case of loss, please submit **Affidavit of Loss (re: PPSTA-MAS or MAS65/ MRBS / NMRBS / MRBS Plus Policy Contract)**
- Updated Service Record (reflecting date of retirement / date of death)**
- CERTIFICATION OF DEATH (to establish Date of Death)**
 - If deceased member** was in the **ACTIVE SERVICE** at death, **Original Certification** must be signed by the **Chapter President, Administrative Officer, Division Superintendent or School Principal, who must be a PPSTA member.**
 - If deceased member** is a **RETIREE**, **Original Certification** must be signed by the **Chapter President, who must be a PPSTA member**
*If the signatory to the **Certification** is unavailable please submit **Original Certification** from the **Brgy. Chairman (re: Date of Death)** and Photocopy of **DILG ID** of the **Chairman with signature or other ID/s** reflecting his clear signature and his position as **Brgy. Chairman.**
- Original Duly Accomplished Information Sheet** of all beneficiary / ies
*If **MAS claim application** is for **Plan 2 (P 30,000), Plan 1 (P 14,000) or Plan 0 (P 7,000)**, **only 1 of the beneficiaries may submit an information sheet who shall be considered as the claimant as per IPM No. 2011-03-36 and MG No. 2012-12-36**
- Photocopy of two (2) valid IDs with signatures** of all beneficiary / ies
***Signature in two (2) valid IDs must be similar with signature in Information sheet**
*If **MAS claim application** is for **Plan 2 (P 30,000), Plan 1 (P 14,000) or Plan 0 (P 7,000)**, **only the claimant-beneficiary shall submit this requirement**
- FOR MAS Claim application** under **Plan 0, Plan 1, or Plan 2**, **sole claimant-beneficiary must submit a duly executed affidavit of liability**

SPECIAL REQUIREMENTS for SPECIAL CIRCUMSTANCES

MINOR BENEFICIARY

- Share of P 20,000.00 and above
 - 1. Original Affidavit of Guardianship** executed by a parent of the minor beneficiary; or
 - 2. If both parents are deceased, LETTERS OF GUARDIANSHIP** issued by a competent court
 - 3. Duly signed Information sheet and Photocopy of two valid IDs of GUARDIAN**
- Share of less than P 20,000.00
 - 1. Original Affidavit of Guardianship** executed by a parent of the minor beneficiary or the person having actual custody of the latter

2. Duly signed Information sheet and Photocopy of two valid IDs of GUARDIAN

WOMAN BENEFICIARY

- Marriage Contract** if the designation was made at the time that she was still single

UNDECLARED BENEFICIARY

- Marriage Certificate** if the undeclared beneficiary is the surviving spouse
 Birth Certificate if the undeclared beneficiary is a child of the deceased

DECEASED BENEFICIARY

- Death Certificate** issued by **LCR** or **NSO**.

ACCIDENTAL DEATH (IF DECEASED IS 69 YEARS OLD OR BELOW AND A MEMBER OF EITHER MAS PLAN 2, MAS PLAN 3, MAS PLAN 4, or MAS PLAN 5; IF DECEASED IS A MEMBER OF MAS 65 AND BELOW 65 YEARS OLD)

- Original Certification of attending physician** or **Medico Legal (Certified True Copy)**
 Police Report (Certified True Copy)

WAIVER/RENUNCIATION OF RIGHTS

(Assignee must be one of the beneficiaries or a child/grandchild/ sibling/spouse of the deceased)

- Original Affidavit of Waiver of Rights** in favor of an assignee; or
 For Beneficiaries Abroad, originally signed **LETTER OF WAIVER** and **photocopy of two valid ID's** (back and front) with specimen signature

NOTE: If assignee is not one of the beneficiaries, he must submit duly accomplished and signed information sheet and photocopy of at least two (2) valid IDs with signature

REQUEST THAT THE CHECK BE ENTRUSTED TO A PERSON OTHER THAN THE PAYEE

- Special Power of Attorney and original two (2) valid IDs of the beneficiary / ies**

NOTE: Attorney-in-fact must be one of the beneficiaries, child or spouse of the deceased or if he/she is single, sibling or parent.

DISCREPANCIES

- Original **Affidavit** of two Disinterested Persons (re: **Discrepancy of Name, Date of Birth**) and Photocopy of atleast one valid ID with signature of **each Affiants**

Contact Number

Your relationship to member

Signature over printed name of Informant

Processor

Mailing Address

Plan: _____

Status of membership: _____

Amount: _____

Note:

As per PPSTA Membership Guideline No. 2013-06-40; No Application nor queries shall be entertain by Claims Department if the person concern does not fall in any of the following categories:

1. A member of the Immediate family of the member; (with SPA)
2. A beneficiary of the member

