1st floor (Records Department) -Get Certified True Copy of List of Beneficiaries. **3rd floor (Loans Department)** -Get Loan Clearance

I have the honor to submit herewith a claim application for benefit under the PPSTA Mutual Aid System (MAS). 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 / 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.**

☐ **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 **ID**s 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 or child/grandchild/ sibling/spouse of the deceased*

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: _____