

**PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION**

PPSTA Bldg No.2, 245 Banawe Street, corner Quezon Avenue, Quezon City

**Claims Department**

Website: [www.ppsta.net](http://www.ppsta.net); Email: [ppstaclaims@gmail.com](mailto:ppstaclaims@gmail.com) / [support@ppsta.net](mailto:support@ppsta.net)

Tel. No. (02) 8988-1415 loc. 119,121,137 -138 & 142-143

**INFORMATION SHEET FOR BENEFICIARIES**

**Guro Lingap Pamilya Program (GLPP)**

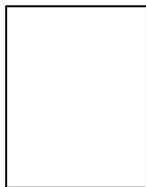
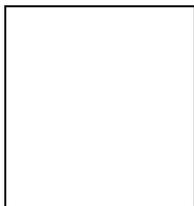
(To be accomplished by Claimant/Beneficiary of Legal Age)

1. Name of Claimant / Beneficiary: \_\_\_\_\_
2. Present Address: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_
4. Occupation: \_\_\_\_\_ Place of Business / Employment: \_\_\_\_\_
5. Name of Deceased Member: \_\_\_\_\_
6. Cause of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_
7. Name of Parents of the Deceased  
 (Indicate if Parents are already deceased)      Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_
8. Your relationship with the deceased: \_\_\_\_\_
9. State name of beneficiaries who are minors (below 18 years old):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Minor children under the custody of their:  
 Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

**THUMBMARKS**

Left

Right



Recent ID Picture

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
E-mail Address

*\*Please ensure that your signature in this form is similar with your signature in the two (2) valid Ids that you will submit.  
\*Strictly no erasure*

**Please send the proceeds thru:**

**Bank Remittance** (Reference Number will be sent at stated Mobile Number)

**BDO**

**PNB**

**Direct Deposit**

To ensure that we are crediting the correct bank account, kindly provide the accurate bank account and personal details listed below for us to deposit your check.

1. **Account Name:** \_\_\_\_\_

2. **Name of Bank:** \_\_\_\_\_

3. **Bank Account Number:** \_\_\_\_\_ **Account Type:**  **Current**  **Savings**  **Others**

4. **Bank Address/Branch:** \_\_\_\_\_

5. Any of the following scanned or photographed copy of your record or evidence of bank account **CLEARLY** showing both **ACCOUNT NAME** and **ACCOUNT NUMBER**

5a. Bank account Passbook

5b. Validated deposit slip

5c. Bank Statement of Account

5d. Screenshot of online banking account details

*In the event of the approval of my application for death claim, I hereby authorize PPSTA to credit the proceeds of the said benefit to my personal account I have indicated.*

**Regional Office** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

I hereby certify that the foregoing facts are thru and correct. Further, I understand that upon receipt of the proceeds of this claim, the PPSTA shall be released and forever discharge from any liability whatsoever arising from the membership of the deceased with the PPSTA.

\_\_\_\_\_  
**Signature Over Printed Name  
(Beneficiary)**