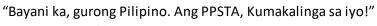
## PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION



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

Claims Department

Website: <a href="mailto:www.ppsta.net">www.ppsta.net</a> Email Addresses: <a href="mailto:ppsta.net">ppstaclaims@yahoo.com</a> and <a href="mailto:support@ppsta.net">support@ppsta.net</a> Tel. No. (02) 8988-1415 loc. 119,121,137 -138 & 142-143

Mutual Rehereby fu	e honor to submit herewith a claim application for benefit under the PPSTA Mutual Aid System (MAS) or New etirement System (NMRBS) / Mutual Retirement Benefit System Plus (MRBS+). The following requirements are mished for the death benefit of the late died				
	AL REQUIREMENTS				
	Original Death Certificate (DC) of Deceased member issued by PSA or Original DC duly signed & Sealed by the Local Civil Registrar and duly Authenticated by PSA.				
	Original PPSTA MAS / MAS65 / MRBS / NMRBS / MRBS Plus / NMAS Policy Contract in case of loss, please submit Affidavit of Loss (re: PPSTA-MAS / MAS65 / MRBS / NMRBS / MRBS Plus NMAS Policy Contract)				
	Updated Service Record (reflecting date of retirement / date of death)				
	ORIGINAL CERTIFICATION OF DEATH (to establish Date of Death)				
	☐ If deceased member was in the <u>ACTIVE SERVICE</u> 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 <u>RETIREE</u> , 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 0 (P 7,000), Plan 1 (P 14,000) and Plan 2 (P 30,000), only 1 of the beneficiaries may submit an information sheet who shall be considered as the claimant as per IPM No. 2011-03-36 but If the civil status of deceased member of MAS claim application for Plan 2 (P 30,000) is SINGLE upon death all her/his listed beneficiaries must file death claim as per 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				
	FOR MAS Claim application under Plan 0, Plan 1, or Plan 2, sole claimant-beneficiary must submit a duly executed affidavit of liability				
<b>SPEC</b>	AL REQUIREMENTS for SPECIAL CIRCUMSTANCES				
N	INOR BENEFICIARY  If the guardian is a parent of the minor and one of the beneficiaries, he will be required to submit the following:				
	1. Original Affidavit of Guardianship executed by a parent of the minor and 2. Original Copy of the Birth Certificate of the minor issued by PSA.				
	☐ If the guardian is a parent of the minor but NOT one of the beneficiaries or grandparent, eldest sibling of the legal age or relative, the following shall be required:				

- 1. Original Affidavit of Guardianship executed by a parent of the minor beneficiary or the person having actual custody of the latter;
- 2. Original Copy of the Birth Certificate of the minor issued by PSA;
- 3. Original Barangay Certification signed by the Chairman attesting that he is indeed the guardian of the minor and Photocopy of DILG ID of the Chairman with signature or other ID/s reflecting his clear signature and his position as Brgy. Chairman; and
- 4. Information sheet and Photocopy of 2 valid IDs of the guardian.

Amount	t <b>:</b>						
Status o	of membe	rship:					
Plan: _							
	Processor		Mailing Address				
	Contact	Number	Your relationship to member	Signature over printed name of Informant			
	DISCREPANCIES  Original Affidavit of two Disinterested Persons (re: Discrepancy of Name, Date of Birth) and of atleast one valid ID with signature of each Affiants						
	REQUE	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.					
	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 I (back and front) with specimen signature  NOTE: If assignee is not one of the beneficiaries, he must submit duly accomplished and sign information sheet, photocopy of at least two (2) valid IDs with signature, original PSA Birth cert, Orig						
	ild/grandchild/ sibling/spouse of the deceased)						
	ACCIDI	ACCIDENTAL DEATH (IF DECEASED IS 69 YEARS OLD OR BELOWAND 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 NMAS AND BELOW 65 YEARS OLD)  Original Certification of attending physician or Medico Legal (Certified True Copy)  Police Report (Certified True Copy)					
	DECEAS	SED BENEFIC Death Certifica	IARY te issued by LCR or PSA.				
	UNDEC		age Certificate if the undeclared b	eneficiary is the surviving spouse issued by <b>PSA</b> iciary is a child of the deceased issued by <b>PSA</b>			
	WOMA	N BENEFICIAI Marriage Cont	RY ract if the designation was made at	the time that she was still single			