

PHILIPPINE PUBLIC SCHOOL TEACHER ASSOCIATION
245 Banawe St., corner Quezon Ave., Quezon City
Claims Department
(02) 988-1400-99/0917-5715263/0905-5355858/0918-4439122/0918-5448046

APPLICATION FORM
CANCELLATION OF OLD MUTUAL AID SYSTEM MEMBERSHIP (PLAN 0-5)

DATE: _____

TO: **PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION**
245 Banawe St., Quezon City

This is to request from your office the cancellation of my old MAS membership under Certificate # _____ and to withdraw the corresponding equity value less indebtedness.

I understand that the termination of my MAS membership shall take effect upon receipt of this application by PPSTA.

MAS Member (Signature over printed name)

Division No. – Station No. – Employee No.

Date of Birth of Member

Contact Number

Mailing Address

Requirements:

(to be attached to this application form)

1. Original PPSTA-MAS certificate, in case of loss, originally signed affidavit of loss (re: PPSTA-MAS Policy)
2. Photocopy of two valid IDs reflecting clear signature

**This application must be originally signed by the applicant.*

**The signature in this application must be similar with the applicant's signature in the valid IDs that he/she will submit.*