



PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

“Bayani ka, gurong Pilipino. Ang PPSTA, Kumakalinga sa iyol!”

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

Claims Department

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

I have the honor to submit herewith a claim application for benefit under the **Guro Lingap Pamilya Program (GLPP)**. The following requirements are hereby furnished for the death benefit of the late _____.

GENERAL REQUIREMENTS

- Original Death Certificate (DC)** of Deceased member issued by **PSA** or Original DC duly signed & Sealed by the **Local Civil Registrar**.
- Original GLPP Policy Contract**, in case of loss, please submit **Affidavit of Loss (re: GLPP Policy Contract)**
- Original Duly Accomplished Information Sheet** for **Guro Lingap Pamilya Program (GLPP)** of all beneficiary / ies
- 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*

SPECIAL REQUIREMENTS for SPECIAL CIRCUMSTANCES

MINOR 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. **Copy of the Birth Certificate** of the minor.
- 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. **Copy of the Birth Certificate** of the minor;
 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.**

WOMAN BENEFICIARY

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

DECEASED BENEFICIARY

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

ACCIDENTAL DEATH

- 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**

CONTESTABILITY *(If death occurs within the contestable period of one (1) year from the time of effectivity of her/his membership)*

1. **Medical records/history beginning from her/his first treatment;**
2. **Clinical abstract;**
3. **Certification from her/his physician; and**
4. **Originally signed questionnaire**

Contact Number	Your relationship to member	Signature over printed name of Informant
Processor	Mailing Address	

Status of membership: _____

Amount: _____