



APPLICATION FOR PRE-NEED PLANS

(Please Read Documentary Requirements at the back)

**INSTRUCTIONS:** Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS/Handling Office.

**WARNING:** Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

Date

MEMBER’S INFORMATION

Last Name		First Name		Middle Name
Residence/Complete Mailing Address				GSIS Business Partner (BP) No.
Date of Birth (mm/dd/yyyy)		Place of Birth		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Contact No. (Landline)		Cellphone No.		E-mail Address
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			If married, Name of Spouse (Last Name, First Name, Middle Name)	
Type of Pre-need Plan <input type="checkbox"/> Edu-child <input type="checkbox"/> Memorial Plan <input type="checkbox"/> CEAP				Plan Agreement Number

TYPE OF BENEFIT APPLIED FOR:

<input type="checkbox"/> <b>EDU-CHILD</b>	
<input type="checkbox"/> Availment of College Education Benefit	Semester/School Year:
<input type="checkbox"/> Unavailed College Education Benefit (under Section XVI)	
<input type="checkbox"/> Refund of Premiums Paid after Cancellation of the Plan Agreement	
<input type="checkbox"/> Refund of Unused Units	Date Graduated:
<input type="checkbox"/> Retirement Benefit	Date Graduated:
<input type="checkbox"/> Reconciliation and request for Issuance of Certificate of Full Payment	
<input type="checkbox"/> Others, please specify	
<input type="checkbox"/> <b>MEMORIAL</b>	
<input type="checkbox"/> Enhanced Optional Exit Mechanism (EOEM)	<input type="checkbox"/> Reconciliation and request for Issuance of Certificate of Full Payment
<input type="checkbox"/> Death Benefit/ Basic Plan Value (BPV) (for Genesis Plus Plan)	<input type="checkbox"/> Others, please specify
<input type="checkbox"/> Refund of Premiums Paid after Cancellation of the Plan Agreement	
<input type="checkbox"/> <b>COLLEGE EDUCATION ASSURANCE PLAN (CEAP)</b>	
<input type="checkbox"/> Annual Allowance	<input type="checkbox"/> Others, please specify

Signature of Applicant/Claimant over Printed Name

Right Thumbmark  
(if unable to affix signature)

Witnesses to thumbmark:

1. \_\_\_\_\_
2. \_\_\_\_\_

Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest ATM. If you have no eCard/UMID, the proceeds will be paid through check.

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

TMS Reference No.: \_\_\_\_\_

## **DOCUMENTARY REQUIREMENTS FOR PRE-NEED CLAIMS:**

### **1. EDU-CHILD**

- a. Availment of College Education Benefit (CEB)
  - 1) For initial availment
    - a) Duly accomplished Application Form for Pre-Need Plans
    - b) Course Curriculum indicating the number of units and subjects to be taken by the scholar
    - c) Certificate of Full Payment (CFP), if issued to the planholder
    - d) Official Receipt of the tuition and other standard school fees
    - e) Registration Form with Assessment/Schedule of Fees
  - 2) For Succeeding Availments
    - a) Duly accomplished Application Form for Pre-Need Plans
    - b) Registration Form with Assessment/Schedule of Fees
    - c) Official Receipt of the tuition and other standard school fees
- b. Unavailed College Educational Benefit
  - 1) Duly accomplished Application Form for Pre-Need Plans
  - 2) Certificate of Full Payment (CFP), if issued to the planholder
- c. Unused Units/Retirement Benefit (10 years after graduation)
  - 1) Duly accomplished Application Form for Pre-Need Plans
  - 2) Transcript of Records

### **2. MEMORIAL PLAN**

- a. Enhanced Optional Exit Mechanism (EOEM)
  - 1) Duly accomplished Application Form for Pre-Need Plans
  - 2) Certificate of Full Payment (CFP), if issued to the planholder
  - 3) Duly accomplished Form for GSIS Memorial Plan Quit Claim
- b. Death Claim
  - 1) Duly accomplished Application Form for Pre-Need Plans
  - 2) Death Certificate of planholder issued by LCR or NSO
  - 3) Affidavit of Surviving Legal Heirs stating among others that affiants are the only surviving legal heirs of the deceased member, their date of birth and relationship to the deceased member and that they are executing the document for the purpose of claiming the benefit from GSIS
  - 4) If with minor children, Affidavit of Legal/Certified Guardianship Form for minor dependent child Form
  - 5) If with incapacitated children, Affidavit of Legal/Certified Guardianship Form for incapacitated dependent child
  - 6) If the guardian is not the natural parent, Court Order or Affidavit of Guardianship Form supported by DSWD and Barangay Certification where the minor/incapacitated dependent child is residing
  - 7) Certificate of Full Payment (CFP), if issued to the planholder

### **3. COLLEGE EDUCATION ASSURANCE PLAN (CEAP)**

- a. Duly accomplished Application Form for Pre-Need Plans