

I have the honor to submit herewith a claim application for benefit under the PPSTA Mutual Aid System (MAS). The following requirements are hereby furnished for the death benefit of the late \_\_\_\_\_.

**GENERAL REQUIREMENTS**

- Original Death Certificate (DC)** of Deceased member issued by NSO or DC duly signed & Sealed by the **Local Civil Registrar** and duly **Authenticated** by NSO.
- Original PPSTA MAS or MAS65, MRBS, NMRBS or MRBS Plus Policy Contract** in case of loss, please submit **Affidavit of Loss (re: PPSTA-MAS or MAS65, MRBS, NMRBS or MRBS Plus)**
- Updated Service Record**
- Original Certification** signed by the **Chapter President/Administrative Officer/Division Superintendent/School Principal, who must be a PPSTA member**, regarding the member's **Date of Death**. **If this is not available, please submit Original Certification from the Brgy. Chairman (re: Date of Death) and Photocopy of DILG ID of the Chairman with signature**  
*\*Required if death certificate is not in NSO security paper (Note: NSO security paper is either color yellow or green)*
- Original Duly Accomplished Information Sheet** of all beneficiary / ies  
*\*If MAS claim application is for Plan 1 (P 14,000) or Plan 0 (P 7,000), only 1 of the beneficiaries may submit an information sheet who shall be considered as the claimant as per IPM No. 2011-03-36*
- Photocopy of two (2) valid IDs with signatures** of all beneficiary / ies  
*\*If MAS claim application is for Plan 1 (P 14,000) or Plan 0 (P 7,000), only the claimant-beneficiary shall submit this requirement*
- FOR MAS Claim application under Plan 0 and Plan 1, sole claimant-beneficiary must submit a duly executed affidavit of liability**

**SPECIAL REQUIREMENTS for SPECIAL CIRCUMSTANCES**

**MINOR BENEFICIARY**

- Share of P 20,000.00 and above
  1. **Original Affidavit of Guardianship** executed by a parent of the minor beneficiary; or
  2. **If both parents are deceased, LETTERS OF GUARDIANSHIP** issued by a competent court
  3. **Duly signed Information sheet and Photocopy of two valid IDs of GUARDIAN**
- Share of less than P 20,000.00
  1. **Original Affidavit of Guardianship** executed by a parent of the minor beneficiary or the person having actual custody of the latter
  2. **Duly signed Information sheet and Photocopy of two valid IDs of GUARDIAN**

**WOMAN BENEFICIARY**

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

**UNDECLARED BENEFICIARY**

- Marriage Certificate** if the undeclared beneficiary is the surviving spouse
- Birth Certificate** if the undeclared beneficiary is a child of the deceased

**DECEASED BENEFICIARY**

- Death Certificate** issued by LCR or NSO.

**ACCIDENTAL DEATH** (IF DECEASED IS 69 YEARS OLD OR BELOW AND 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 IS 65 YEARS OLD OR BELOW)

- 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 (Attorney-in-fact must be one of the beneficiaries or child/grandchild/ sibling/spouse of the deceased)**

**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**

	Relationship to member	Signature over printed Name of Informant	
Processor	Contact Number	Mailing Address	

