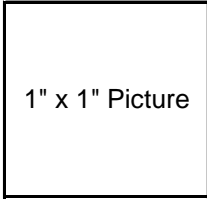




ppsta form no. 02-2007



**APPLICATION FORM FOR MEMBERSHIP  
 Mutual Retirement Benefit System Plus (MRBS Plus)**

Print Legibly

Name of Applicant ( family name, first name, middle name )

Home address, exact mailing address number, street, Barangay  
 Region Division Station Employee number  
 Date of Birth:(mm-dd-yyyy) Sex Civ.Stat.  
 Zipcode: Chapter

Name of School:  
 Sch. Address:  
 MRBS Plus Cert .No.:

Status of Employment:  Permanent  Provisional Mode of Payment  Monthly  Quarterly  Annually  
 Payment  IBM National  IBM Regional  Direct  Local Email Address:  
 Cellphone No.: Contact No.:

Beneficiaries

Name (Surname, First Name Middle Name)	Date of Birth(mm-dd-yyy)	Relation	Allocation

**ENROLLMENT:**

1. A teacher-member shall not be more than 54 years at the time of enrollment.
2. Must be Mutual Aid System (MAS) member .
3. All applicants must submit application and shall pay a monthly premium contribution up to age 65 according to the premium schedule below:

MRBS Plus	Age group	Premium	Plan 25	Plan 50	Plan 75	Plan 100
Retirement Benefit			P 25,000	P 50,000	P 75,000	P 100,000
Hospitalization			P 250/day	P 500/day	P 750/day	P 1,000/day
	Less than 34		P 90.00	P 180.00	P 270.00	P 360.00
	34 - 39		P 95.00	P 190.00	P 285.00	P 380.00
	40 - 44		P 103.00	P 206.00	P 309.00	P 412.00
	45 - 49		P 136.00	P 272.00	P 408.00	P 544.00
	50 - 54		P 209.00	P 418.00	P 627.00	P 836.00

**VENUE OF ACTION**

I hereby agree that all actions relating therewith shall be brought before the Regional Trial Court of Quezon City.

**RECOMMENDING APPROVAL:**

Signature of Division Chapter President or his Authorized Representative above Printed Name

Customary Signature of Applicant above Printed Name

MRBS Plus Certificate No.:

Solicitor: Signature over Printed Name

Date of Effectivity:

Solicitors MAS No.

Div-Sta-Empl.No.:

Address:

**REQUIREMENTS:**

- Submit latest medical certificate of good health
- Submit permanent appointment / latest service record
- Attached 1"X1" I.D. picture
- Please accomplish in duplicate
- Latest payslip
- Xerox copy of at least 3 valid ID's

**RECOMMENDING APPROVAL:**

Chief, Membership

APPROVED:

General Manager

**AUTHORIZATION FOR DepED-IBM SALARY DEDUCTION FOR PPSTA MRBS Plus CODE 0044C**

The Chief  
 Regional Payroll Service Unit  
 Department of Education

Sir/Madam,

Upon approval of this application, I hereby authorize the Payroll Service Unit, Department of Education to deduct the corresponding contribution to my age under code 0044C for MRBS Plus (Retirement) Contribution from my monthly salary. It is understood that the said deduction shall continue unless revoked by the undersigned in writing and sanctioned by the Philippine Public School Teachers Association.

Div-Sta-Empl no.:

Customary Signature of Applicant above Printed Name