

PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION, INC.

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

Claims Department

Website: www.ppsta.net; Email: ppstaclaims@yahoo.com / support@ppsta.net

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

INFORMATION SHEET FOR BENEFICIARIES

Guro Lingap Pamilya Program (GLPP)

(To be accomplished by Claimant/Beneficiary of Legal Age)

1. Name of Claimant / Beneficiary: _____
2. Present Address: _____
3. Date of Birth: _____ Age: _____ Civil Status: _____
4. Occupation: _____ Place of Business / Employment: _____
5. Name of Deceased Member: _____
6. Cause of Death: _____ Date of Death: _____
7. Your relationship with the Deceased Member: _____
8. Name of Parents and Spouse of the Deceased Member: *(Indicate date of death if they are already deceased)*
Father: _____ Date of death: _____
Mother: _____ Date of death: _____
Spouse: _____ Date of death: _____
9. Total number of children of the Deceased Member: *(Surviving and deceased children)* _____

<i>Name of Children of Deceased Member (in chronological order)</i>	<i>Date of Birth</i>	<i>Date of death</i>
1 st _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____
4 th _____	_____	_____
5 th _____	_____	_____

**if the space provided is not enough, please continue at page2*

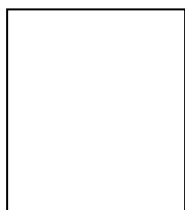
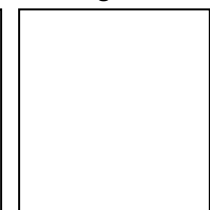
10. State name of beneficiary/ies who are minor (*below 18 years old*) or incapacitated beneficiary/ies, name of their actual guardian or custodian and their relationship:

<i>Name of Minor or Incapacitated beneficiary/ies</i>	<i>Name of Guardian or Custodian</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

THUMBMARKS

Left

Right

		
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Recent ID Picture

Beneficiary's Signature

Mobile Number

E-mail Address

**Please ensure that your signature in this form is similar with your signature in the two (2) valid IDs that you will submit.*

**Strictly no erasure*

** Always Indicate "N/A" or "Not Applicable" if the required data is not applicable*

(Continuation...)

<i>Name of Children of Deceased Member (in chronological order)</i>	<i>Date of Birth</i>	<i>Date of death</i>
6 th _____	_____	_____
7 th _____	_____	_____
8 th _____	_____	_____
9 th _____	_____	_____
10 th _____	_____	_____

Please send the proceeds thru:

☐ **BDO Bank Remittance** (Note: Reference Number will be sent at stated Mobile Number)

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☐ **Direct Deposit to Personal Account** (Note: Commercial Banks Only)

To ensure that we are crediting the correct bank account, kindly provide the accurate bank account and personal details listed below for us to deposit your check.

1. **Account Name:** _____

2. **Name of Bank:** _____

3. **Bank Account Number:** _____ **Account Type:** ☐ Current ☐ Savings ☐ Others

4. **Bank Address/Branch:** _____

5. Any of the following scanned or photographed copy of your record or evidence of bank account **CLEARLY** showing both **ACCOUNT NAME** and **ACCOUNT NUMBER**

5a. Bank account Passbook

5b. Validated deposit slip

5c. Bank Statement of Account

5d. Screenshot of online banking account details

In the event of the approval of my application for death claim, I hereby authorize PPSTA to credit the proceeds of the said benefit to my personal account I have indicated.

☐ **Regional Office** _____

☐ **Mailing Address** _____

I hereby certify that the foregoing facts are true and correct. Further, I understand that upon receipt of the proceeds of this claim, the PPSTA shall be released and forever discharge from any liability whatsoever arising from the membership of the deceased with the PPSTA.

**Signature Over Printed Name
(Beneficiary)**