



PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION, INC.

"Bayani ka, gurong Pilipino. Ang PPSTA, Kumakalinga sa iyo!"

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 PPSTA Mutual Aid System (MAS) or New Mutual Retirement System (NMRBS) / Mutual Retirement Benefit System Plus (MRBS+). The following requirements are hereby furnished for the death benefit of the late _____ died on _____.

GENERAL REQUIREMENTS

- ☐ **Original Death Certificate (DC)** of Deceased member issued by **PSA** or **Original DC** duly signed & Sealed by the **Local Civil Registrar** and duly **Authenticated** by **PSA**.
- ☐ **Original PPSTA MAS / MAS65 / MRBS / NMRBS / MRBS Plus / NMAS Policy Contract** in case of loss, please submit **Affidavit of Loss (re: PPSTA-MAS / MAS65 / MRBS / NMRBS / MRBS Plus / NMAS Policy Contract)**
- ☐ **Updated Service Record (reflecting date of retirement / date of death)**
- ☐ **ORIGINAL CERTIFICATION OF DEATH (to establish Date of Death)**
 - ☐ If deceased member was in the **ACTIVE SERVICE** at death, **Original Certification** must be signed by the **Chapter President, Administrative Officer, Division Superintendent or School Principal, who must be a PPSTA member.**
 - ☐ If deceased member is a **RETIREE**, **Original Certification** must be signed by the **Chapter President, who must be a PPSTA member**
*If the signatory to the **Certification** is unavailable please submit **Original Certification** from the **Brgy. Chairman (re: Date of Death)** and Photocopy of **DILG ID** of the **Chairman with signature or other ID/s** reflecting his clear signature and his position as **Brgy. Chairman.**
- ☐ **Original Duly Accomplished Information Sheet** of all beneficiary / ies
*If MAS claim application is for **Plan 0 (P 7,000), Plan 1 (P 14,000) and Plan 2 (P 30,000)**, only 1 of the beneficiaries may submit an information sheet who shall be considered as the claimant as per **IPM No. 2011-03-36** but If the civil status of deceased member of MAS claim application for **Plan 2 (P 30,000)** is **SINGLE** upon death all her/his listed beneficiaries must file death claim as per **MG No. 2012-12-36.**
- ☐ **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
- ☐ **FOR MAS Claim application under Plan 0, Plan 1, or Plan 2, sole claimant-beneficiary must submit a duly executed affidavit of liability**

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. **Original Copy of the Birth Certificate** of the minor issued by **PSA.**

- ☐ 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. **Original Copy of the Birth Certificate** of the minor issued by PSA;
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

UNDECLARED BENEFICIARY

- ☐ **Original Marriage Certificate** if the undeclared beneficiary is the surviving spouse issued by PSA
☐ **Original Birth Certificate** if the undeclared beneficiary is a child of the deceased issued by PSA

DECEASED BENEFICIARY

- ☐ **Death Certificate** issued by LCR or PSA.

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 NMAS AND BELOW 65 YEARS OLD)

- ☐ **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, photocopy of at least two (2) valid IDs with signature, original PSA Birth cert, Original Marriage cert if married.

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**

Contact Number

Your relationship to member

Signature over printed name of Informant

Processor

Mailing Address

Plan: _____

Status of membership: _____

Amount: _____