# GSIS MEMBER'S REQUEST FORM

Date: _____      Time: _____

Name: _____
     (please write full name with middle initial)

GSIS Policy No./Retirement No. _____    GSIS ID No. _____

Agency/Office Address: _____

Mailing Address: _____

Tel. No. (Office Landline): _____    Residence Landline: _____

Fax Number: _____    Cellphone No.: _____

E-mail Address: _____   For DEP ED: Employee No. _____   STN No. _____   DIV. No. _____

**Nature of Business/Request/Transaction (Please check appropriate box):**

| Loans Transaction | Date Filed | Membership Transaction | Date Filed |
|---|---|---|---|
| ☐ Consolidated Loan | | ☐ Issuance of Business Partner No. | |
| ☐ Policy Loan | | ☐ Re-insurance | |
| ☐ Housing Loan | | ☐ Conversion of Life Policy (ELP) | |
| ☐ Refund/Recomputation | | ☐ Request for duplicate copy of contract | |
| ☐ Request for GSIS Clearance | | ☐ Change of name/status/birth | |
| ☐ Others: | | ☐ Others: | |
| | | | |
| | | | |

| For DEP ED Employees | Date Filed | CLAIMS | Date Filed |
|---|---|---|---|
| ☐ Request for stoppage of loan deduction | | ☐ CSV | |
| ☐ Request for deduction of loan amortization | | ☐ Maturity | |
| | | ☐ Retirement/Survivorship | |
| | | ☐ Burial | |

| E-SERVICES | Date Filed | CLAIMS | Date Filed |
|---|---|---|---|
| ☐ Pension Loan | | ☐ Death Claim | |
| ☐ Old Age Pension | | ☐ CEAP | |
| ☐ Survivorship Pension | | ☐ HIP | |
| ☐ Commencement of Pension | | ☐ Pre-need | |
| ☐ Accrual of Pension | | ☐ EC | |
| ☐ Request for Home Visit | | ☐ OLID | |
| ☐ Others: | | ☐ Disability | |

| | | POSTING | Date Filed |
|---|---|---|---|
| ☐ Other Transactions | | ☐ Others: | |
| | | ☐ Others: | |

*Specify type of loan and payment months and year*

Details of Request: _____
_____
_____

MSO's Analysis and Recommendation: _____
_____
_____
_____

_____        _____
Signature over full name of transacting member      Signature over full name of attending MSO