Government Service Insurance System
Paseguruhan ng mga Naglilingkod sa Pamahalaan

ANNUAL PENSIONERS INFORMATION REVALIDATION (APIR) FORM
Form No. 02202024-APIR-REV 01

INSTRUCTIONS: Ensure that the form is properly filled out and submit the duly accomplished form to the nearest GSIS/Handling Office. Do not leave any blank items and indicate check marks (☐) on the provided boxes, when necessary.
WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

Date: _____

PENSION TYPE:

☐ Old Age Pension
☐ Survivorship Pension (with Self-Declaration of Surviving Spouse)
☐ Old Age and Survivorship (with Self-Declaration of Surviving Spouse)
☐ Disability Pension (PTD/TTD)
☐ Incapacitated Dependent
☐ Minor Dependent

Last Name	First Name	Middle Name
Residential Address (House No., Street, Barangay, City/Municipality, Province/State and Zip Code)		New Address: ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy)	Age	GSIS Business Partner (BP) No. / Purpose: ☐ APIR ☐ Milestone Benefit
Contact No. (Landline)	Mobile Phone No.	E-mail address
Current Pensioner Status: ☐ Active ☐ Suspended since _____		

DATA PRIVACY CONSENT

I hereby confirm my understanding of the Privacy Policy of the GSIS pursuant to the requirements of R.A. 10173, otherwise known as the DPA, its Implementing Rules and Regulations and other issuances of the National Privacy Commission and consent to the manner of and safety measures to be observed in the collection, use, access, disclosure, processing and disposal of my personal and sensitive personal data by the GSIS.

_____
Signature of Pensioner

Pensioner's Thumbmark
(if unable to affix signature)

Printed Name and Signature of Witnesses to the Thumbmark:
(Both witnesses must provide photocopy of 2 valid government-issued IDs)

1. _____

2. _____

***FOR GSIS USE ONLY (MANUAL APIR)**: Pensioner **personally** appeared and was interviewed by the undersigned:*

_____ _____ _____
Signature over printed name of GSIS Personnel | *Unit/Department/Branch* | *Date*