Government Service Insurance System
Paseguruhan ng mga Naglilingkod sa Pamahalaan
Form No. 02202024-MRF-REV 02

GSIS MEMBER'S REQUEST FORM (MRF)

INSTRUCTIONS: Ensure that the request form is properly filled out and submitted to the nearest GSIS Office.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, as well as obtaining any benefit pursuant to this request shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

Date: _____

Last Name	**First Name**	**Middle Name**	**Suffix**

Date of Birth (mm/dd/yyyy)	**Gender**	**Civil Status**	**GSIS Business Partner (BP) No.**

Mailing Address	**Zip Code**

Agency Name and Address

Mobile Number	**Email Address**	**Landline Number**

Instruction: Please check (✓) the applicable transaction request/s and indicate the particulars.

GSIS Accounts

Type of Account

- ☐ GSIS Premium Contributions
- ☐ GSIS Loan/s
  - ☐ Multi-Purpose Loan (MPL)
  - ☐ Consolidated Loan (CNL)
  - ☐ GSIS Financial Assistance Loan (GFAL)
  - ☐ GFAL Educational Loan
  - ☐ Emergency Loan (EML)
  - ☐ Policy Loan
  - ☐ Others: _____

Nature of Request:

- ☐ Reconciliation of GSIS Premium Contributions *(Please attach Service Record)*
- ☐ Statement of Loan Account (SOLA)
- ☐ Certification of Full Payment (CFP)
- ☐ GSIS Clearance
- ☐ Certificate of No Loan/ Loan Balance
- ☐ Transfer of Claim Check/s to preferred Branch
  Details: _____
- ☐ Others: _____

Claim Transaction

Type of Claim

- ☐ Maturity
- ☐ Cash Surrender Value (CSV)/ Termination Value (TV)
- ☐ Death Claim
- ☐ Retirement/ Separation
- ☐ Funeral Benefit
- ☐ Survivorship
- ☐ Pre-need
  - ☐ Edu-Child
  - ☐ College Education Assurance Plan (CEAP)
  - ☐ Memorial
  - ☐ Others: _____
- ☐ Employees' Compensation (EC)
- ☐ Others: _____

Nature of Request:

- ☐ Payment of Benefit RA 8291 (Future Payee)
- ☐ Recomputation of GSIS Benefit
- ☐ Payment of Benefit (under Pre-need)
- ☐ Payment of Benefit (under EC)
  Details: _____
- ☐ Others: _____

Other Transactions

Details of Request: _____

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 over printed name

Thumb mark
(if unable to affix signature)

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

1. _____

2. _____