



**IF DISABILITY PENSION IS BEING CLAIMED, PLEASE FILL OUT ITEM 4**

<b>4. Documents to support disability claim</b>	
4.1 Attachments	<input type="checkbox"/> Physician's medical certificate issued by (name of physician) _____. <input type="checkbox"/> Detailed medical report (LU/PH 8).
4.2 Name of illness/injury	_____

**IF A SURVIVORSHIP OR DEATH PENSION IS BEING CLAIMED, PLEASE FILL OUT ITEMS 5 & 6**

<b>5. Particulars of the deceased insured person</b>	
5.1 Date (dd/mm/yyyy) and place of death. (Attach copy of death certificate)	_____
5.2 Was the deceased receiving pension from the SSS/GSIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of pension _____ Amount of monthly pension _____

<b>6. Particulars of the surviving spouse</b>	
6.1 Address	_____
6.2 Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Was the marriage subsisting at the time of death of the insured person? <input type="checkbox"/> Yes (Attach proof of marriage) <input type="checkbox"/> No (Attach supporting document)

<b>7. Particulars of the guardian (to be filled out only if child/insured person is under guardianship)</b>	
7.1 Name	Relationship to the child/insured person
7.2 Address	_____

8. Investigating institution	
8.1	Date of introduction of the application _____ (dd/mm/yyyy)
8.2	<input type="checkbox"/> The above-mentioned data has been authenticated and we confirm that it is corroborated by original documents.
8.3	<input type="checkbox"/> Certificate of insurance record LU/PH 7 in annex
8.4	Name of the institution _____ _____
8.5	Address _____ _____
	E-mail _____
8.6	Stamp
	8.7 Date (dd/mm/yyyy) ____/____/____
	8.8 Signature of Authorized Officer

**Explanatory Notes**

- (1) Indicate city or province and country only.
- (2) The spouse pertains only to a legally married or duly registered marriage, excluding common law spouses/living in partners.
- (3) Pertains to legitimate, legitimated, legally adopted or acknowledged natural children who are unmarried, or not gainfully employed and not over 21 years of age, or over 21 years of age provided they are incapacitated and incapable of self-support due to physical or mental disability which is congenital or acquired during minority.