Agreement on Social Security between the Republic of the Philippines and the Grand Duchy of Luxembourg

CLAIM FOR A PHILIPPINE PENSION:

☐ Retirement		☐ Disability	☐ Survivorship/Death	☐ Survivorship/Death				
Article 6 of the Administrative Arrangement								
Philip	ppine Insurance Number		Personal identifi	Personal identification number in Luxembourg:				
SSS No.:								
GSIS BP No.:								
1.	Particulars of the insured person (member)							
1.1	1.1 Name (Last name, Given name, Middle name)							
1.2	Date of birth (dd/mm/yyyy)	Place of birth (N	ationality				
1.3	Sex □ Male	Civil Status	□ Single	☐ Married				
	□ Female)	☐ Legally Separated	□ Widow/er				
1.4	Current Address							
2.	Particulars of the spouse	e (2) of the insured person						
2.1	Name (Last name, Given name, Middle name) Date of birth (dd/mm/yyyy) Nationality							
2.2	Date of Marriage (dd/mm/yyyy)							
3.	Name of Qualified Dependent/s Child/ren (3)							
	Name	Age	Date of birth (dd/mm/yyyy		;d)			
3.1								
3.2								
3.3								
3.4								
0.0								

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

4.	Documents to support disability claim					
4.1	Attachments					
	□ Physician's medical certificate issued by (name of physician)					
	□ 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						
5.	Particulars of the deceased insured person					
5.1	Date (dd/mm/yyyy) and place of death. (Attach copy of death c	Date (dd/mm/yyyy) and place of death. (Attach copy of death certificate)				
5.2	Was the deceased receiving pension from the SSS/GSIS?	□ Yes	□ No			
	If yes, type of pension					
	Amount of monthly pension					
•						
	-					
6.	Particulars of the surviving spouse					
6. 6.1	Particulars of the surviving spouse Address					
	Address	Sex				
6.1	Address	Sex □ Male	□ Female			
6.1	Address	☐ Male	□ Female			
6.1	Address Nationality	☐ Male				
6.1	Address Nationality Was the marriage subsisting at the time of death of the insured Yes (Attach proof of marriage)	☐ Male person? ☐ No (Attach suppor	ting document)			
6.1	Address Nationality Was the marriage subsisting at the time of death of the insured	☐ Male person? ☐ No (Attach suppor	ting document)			
6.1	Nationality Was the marriage subsisting at the time of death of the insured Yes (Attach proof of marriage) Particulars of the guardian (to be filled out only if child/insured)	☐ Male person? ☐ No (Attach suppor	ting document)			
6.1	Nationality Was the marriage subsisting at the time of death of the insured Yes (Attach proof of marriage) Particulars of the guardian (to be filled out only if child/insured)	☐ Male person? ☐ No (Attach suppored person is under guare	ting document)			
6.1	Nationality Was the marriage subsisting at the time of death of the insured Yes (Attach proof of marriage) Particulars of the guardian (to be filled out only if child/insured Name Relationships R	☐ Male person? ☐ No (Attach suppored person is under guare	ting document)			
6.1 6.2 7.	Nationality Was the marriage subsisting at the time of death of the insured Yes (Attach proof of marriage) Particulars of the guardian (to be filled out only if child/insured Name Relationships R	☐ Male person? ☐ No (Attach suppored person is under guare	ting document)			

8.	Investigating institution				
8.1	Date of introduction of the application	(dd/mm/yyyy)			
8.2	☐ The above-mentioned data has been authenticated and we confirm that it is corroborated by original documents.				
8.3	☐ 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

- Indicate city or province and country only.
- The spouse pertains only to a legally married or duly registered marriage, excluding common law spouses/living in partners. 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.