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

FORM FOR COMMUNICATION BETWEEN THE LIAISON / COMPETENT INSTITUTIONS

☐ **Request for information**
☐ **Transmission of information**
☐ **Request for forms**
☐ **Reminder**

Concerning:
☐ **an employed person**
☐ **a pension claimant**
☐ **a pension beneficiary**
☐ **a member of family**

1. Addressed liaison / competent institution

1.1 Name .....

1.2 Address .....

.....

2. Information concerning the insured person

2.1 Last name _____

2.2 First name _____

2.3 Middle name (if applicable) _____

2.4 Insurance number in the Philippines SSS No. | | | | | | | | | | |

GSIS BP No. | | | | | | | | | | |

Personal identification number in Luxembourg _____

2.5 Date of Birth (dd/mm/yyyy) ____/____/_____

2.6 Sex ☐ Male ☐ Female

2.7 Address _____

_____

3. Information concerning the claimant

3.1 Last name _____

3.2 First name _____

3.3 Middle name (if applicable) _____

3.4 Insurance number in the Philippines SSS No. | | | | | | | | | | |

GSIS BP No. | | | | | | | | | | |

Personal identification number in Luxembourg _____

3.5 Date of Birth (dd/mm/yyyy) ____/____/_____

3.6 Sex ☐ Male ☐ Female

3.7 Address _____

_____

4.	**Transmitted documents and/or information**		
☐	Pension claim/other benefits*	Date of claim (dd/mm/yyyy)	____/____/_____
☐	Statement of the creditable periods in Luxembourg/Philippines*	Date of claim (dd/mm/yyyy)	____/____/_____
☐	A copy of the final Philippine/Luxembourg decision		
☐	No period of coverage		
☐	A copy of our medical records		
☐	The Philippine/Luxembourg decision(s) has (have) been notified to the applicant on (dd/mm/yyyy)		____/____/_____
☐	Appeal (against Luxembourg/Philippine decision)	Date of claim (dd/mm/yyyy)	____/____/_____
☐	Others: _____		
	* Specify form(s) transmitted		

5.	**Documents and/or information requested**		
☐	Old-age benefit application		
☐	Survivors' pension application		
☐	Disability pension application		
☐	Certificate of insurance record in Luxembourg/Philippines		
☐	A copy of the decision of Luxembourg/Philippines		
☐	Date of the Luxembourg/Philippines decision	(dd/mm/yyyy)	____/____/_____
☐	A copy of your medical records		
☐	Others: _____		

6.	**Remarks**
	_____
	_____
	_____
	_____
	_____

7.	**Competent Institution that completed the form**	☐ **Philippines**	☐ **Luxembourg**

7.1 Name _____

7.2 Address _____

_____

7.3 Stamp

7.4 Date (dd/mm/yyyy) ____/____/_____

7.5 Signature of Authorized Officer