

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

CLAIM FOR LUXEMBOURG OLD-AGE PENSION

Article 6 of the Administrative Arrangement

1. Addressed institution	
1.1	Name _____ _____
1.2	Address _____ _____ _____
	E-mail _____

2. Applicant	
2.1	Last name _____
2.2	First name _____
2.3	Middle name (if applicable) _____
2.4	Date of Birth (dd/mm/yyyy) ____/____/____
2.5	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
2.6	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legal Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
2.7	Current address _____ _____ _____
	E-mail _____
	Telephone _____
2.8	Personal identification number in Luxembourg: _____
	Insurance number in the Philippines: SSS No. GSIS BP No.
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Professional situation	
3.1	Last professional activity <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed
3.2	Amount of professional income <input type="checkbox"/> Annual <input type="checkbox"/> Monthly _____
3.3	Last day of activity (dd/mm/yyyy) ___/___/_____
3.4	Name and address <input type="checkbox"/> of the last employer <input type="checkbox"/> of the employer (if still working)
3.5	Nature of self-employed activity _____

4. The applicant referred to in frame 2		claimed for	benefits from
4.1	Payment of the salary by the employer in case of sickness	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Sickness cash benefits	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Disability pension	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Old-age pension	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Survivor/Death pension	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Benefits for work-related accident/illness	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Unemployment or pre-retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Refund of contributions	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Other 		
4.10	Benefit	Payment period	Monthly amount
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4.11	Institution responsible for the payment of the benefit 		

5. Spouse or legal partner	
5.1	Last name _____
5.2	First name _____
5.3	Middle name (if applicable) _____
5.4	Date of birth (dd/mm/yyyy) ____/____/_____
5.5	Address _____ _____ _____
5.6	Date of marriage or legal partnership (dd/mm/yyyy) _____
5.7	Personal identification number in Luxembourg _____

6. Children					
Last name	First name	Middle Name	Date of birth (dd/mm/yyyy)	Date of marriage (dd/mm/yyyy)	Date of death (dd/mm/yyyy)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. Bank account details of the applicant	
7.1	Last name and first name of the holder _____
7.2	Name of the bank _____
7.3	Address of the bank _____ _____ _____
7.4	Code Bank BIC _____
7.5	Bank account IBAN and/or SWIFT code _____

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 PH/LU 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