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

CLAIM FOR LUXEMBOURG SURVIVOR PENSION

Article 6 of the Administrative Arrangement

1.	Addressed institution
1.1	Name
1.2	Address
	E-mail

2.	Deceased ins	ured person			
2.1	Last name				
2.2	First name				
2.3	Middle name (i	f applicable)			
2.4	Date of Birth (c	ld/mm/yyyy)	//		
2.5	Sex	□ Male	Female		
2.6	Civil Status	□ Single		□ Married	□ Widow/er
		□ Legal F	Partner	□ Divorced	□ Separated
2.7	Last address				
2.8	Personal identi	fication number in Lux	embourg:		
	Insurance num	ber in the Philippines:	SSS No.		GSIS BP No.

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Professional situation of the deceased person						
Date and place of d	eath					
The death	□ is	□ is not	presumed to	be the consequ	uence of an acc	cident at work or professional disease.
The death	□ is	□ is not	presumed to	have been cau	sed by a third p	party.
At the date of his/he	er death,	the insured pe	erson	□ has	□ has not	pursued a professional activity.
Until when did the in	nsured p	erson pursue l	his/her profes	sional activity: _		(dd/mm/yyyy).
Name and address	of the las	st employer				
Nature of the self-e	mployed	activity				
	er marria	ge the	□ was		а	recipient of a pension.
	or death t	he deceased				recipient of a pension.
At the date of his/he	er ueatri t				a	recipient of a pension.
The deceased			□ has		re	eceived a refund of contributions
If yes, competent in	stitution	for the payme	nt of the pens	ion or for the re	fund	
	Date and place of d The death The death At the date of his/he Until when did the in Name and address Nature of the self-en At the date of his/he deceased At the date of his/he	Date and place of death The death The death Date and place of death I is The death I is At the date of his/her death, Until when did the insured per Name and address of the las Nature of the self-employed At the date of his/her marriag deceased At the date of his/her death term	Date and place of death The death is The death is The death is The death is At the date of his/her death, the insured person pursue Until when did the insured person pursue Name and address of the last employer Nature of the self-employed activity At the date of his/her marriage the deceased At the date of his/her death the deceased The deceased	Date and place of death The death is not presumed to The death is is not presumed to At the date of his/her death, the insured person until when did the insured person pursue his/her profes Name and address of the last employer Nature of the self-employed activity At the date of his/her marriage the deceased At the date of his/her death the deceased At the date of his/her at the date of his/her death the deceased At the date of his/her at the date of his/her at the date of his/her death the deceased The deceased at the date of his/her at the date date date date date date date dat	Date and place of death The death is is not presumed to be the consequence The death is is not presumed to have been cau At the date of his/her death, the insured person Intil when did the insured person pursue his/her professional activity: Name and address of the last employer Nature of the self-employed activity At the date of his/her marriage the deceased Was not At the date of his/her death the deceased Intil when did the insured person pursue his/her professional activity:	Date and place of death The death is is not presumed to be the consequence of an accord The death is is not presumed to have been caused by a third presum of the the date of his/her marriage the date of his/her marria

4.	Information concerning the survivor				
4.1	Last Name	First I	Name	Middle Name	
					_
4.2	Date of birth (dd/mm/yyyy)	//			
4.3	Address				
4.4	Date of marriage with the dece	eased			
4.5	Are there children?	□ Yes	□ No		
4.6	Date of Separation	□ Divorce	Remarriage		
4.7	In the case of remarriage, last name and first name/s of new spouse				
4.8	Last name and first name/s of	other family mer	mbers that lived in the ho	usehold of the deceased insur	ed person:

5.	Personal situation of the spouse/legal partner					
	The person me	entioned in case 4				
5.1	□is	□ is not	pursuing a profession	□ employed	□ self-employed	activity
	If yes, amount	of professional incom	ie			
	Annual		Monthly		Currency	
5.2	□ was	□ was not	dependent on the deceas	sed insured pers	on	
5.3	□ is	□ is not	receiving a pension			
	If yes, amount	of pension				
	Annual		Monthly		Currency	
	Name of comp	petent institution for th	e payment of the pension			
5.4	□ is	□ is not	Raising a child/ren.			

6. Cl	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)		
6.1								
6.2								
6.3								
6.4								
6.5								
	□ The child/ren men	tioned under point/s _	is/are studer	nts.				
	Certificate/s □ is/are	□ is/are not joined.						

7.	Bank account details of the claimant	
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	

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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