



Government Service Insurance System
Paseguruhan ng mga Naglilingkod sa Pamahalaan

Form No. 02202024-MRF-REV 02



GSIS MEMBER'S REQUEST FORM (MRF)

INSTRUCTIONS: Ensure that the request form is properly filled out and submitted to the nearest GSIS Office.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, as well as obtaining any benefit pursuant to this request shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

Date: _____

Last Name		First Name		Middle Name	Suffix
Date of Birth (mm/dd/yyyy)	Gender	Civil Status		GSIS Business Partner (BP) No.	
Mailing Address					Zip Code
Agency Name and Address					
Mobile Number		Email Address		Landline Number	

Instruction: Please check (✓) the applicable transaction request/s and indicate the particulars.

GSIS Accounts	Claim Transaction
Type of Account <input type="checkbox"/> GSIS Premium Contributions <input type="checkbox"/> GSIS Loan/s <input type="checkbox"/> Multi-Purpose Loan (MPL) <input type="checkbox"/> Consolidated Loan (CNL) <input type="checkbox"/> GSIS Financial Assistance Loan (GFAL) <input type="checkbox"/> GFAL Educational Loan <input type="checkbox"/> Emergency Loan (EML) <input type="checkbox"/> Policy Loan <input type="checkbox"/> Others: _____	Type of Claim <input type="checkbox"/> Maturity <input type="checkbox"/> Cash Surrender Value (CSV)/ Termination Value (TV) <input type="checkbox"/> Death Claim <input type="checkbox"/> Retirement/ Separation <input type="checkbox"/> Funeral Benefit <input type="checkbox"/> Survivorship <input type="checkbox"/> Pre-need <input type="checkbox"/> Edu-Child <input type="checkbox"/> College Education Assurance Plan (CEAP) <input type="checkbox"/> Memorial <input type="checkbox"/> Others: _____
Nature of Request: <input type="checkbox"/> Reconciliation of GSIS Premium Contributions (Please attach Service Record) <input type="checkbox"/> Statement of Loan Account (SOLA) <input type="checkbox"/> Certification of Full Payment (CFP) <input type="checkbox"/> GSIS Clearance <input type="checkbox"/> Certificate of No Loan/ Loan Balance <input type="checkbox"/> Transfer of Claim Check/s to preferred Branch Details: _____ <input type="checkbox"/> Others: _____	<input type="checkbox"/> Employees' Compensation (EC) <input type="checkbox"/> Others: _____ Nature of Request: <input type="checkbox"/> Payment of Benefit RA 8291 (Future Payee) <input type="checkbox"/> Recomputation of GSIS Benefit <input type="checkbox"/> Payment of Benefit (under Pre-need) <input type="checkbox"/> Payment of Benefit (under EC) Details: _____ <input type="checkbox"/> Others: _____
Other Transactions Details of Request: _____	

DATA PRIVACY CONSENT

I hereby confirm my understanding of the Privacy Policy of the GSIS pursuant to the requirements of R.A. 10173, otherwise known as the DPA, its Implementing Rules and Regulations and other issuances of the National Privacy Commission and consent to the manner of and safety measures to be observed in the collection, use, access, disclosure, processing and disposal of my personal and sensitive personal data by the GSIS.

Signature over printed name

Thumb mark
(if unable to affix
signature)

Printed Name and Signature of Witnesses to
Thumb mark:
(Both witnesses must provide photocopy of 2
valid government issued IDs)

1. _____
2. _____