

2018-01-012

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Republic of the Philippines
Department of Finance
BUREAU OF CUSTOMS
1099 Manila

MEMORANDUM

FOR : **All District Collectors**
All Heads of Offices
All BOC Personnel

FROM : *symronia*
GLADYS F ROSALES, CESE, MPA
Deputy Commissioner, Internal Administration Group

SUBJECT : **Processing of Retirement Benefits**

DATE : January 15, 2018

1. Reference: Verbal Instruction of the Commissioner
2. During the January 15, 2018 joint Flag Raising ceremony at the POM Grounds, the Commissioner reiterated that retirement benefits shall be given to BOC employees at the actual date of their retirement.
3. In this connection and in view of the fact that recording of our leave credits, filing of SALN and issuing clearance requirements are decentralized, you are hereby directed to ensure that prospective retirees from your office are provided sufficient time (at least 6 months prior retirement date) and assistance in processing the required documents and forms, as herein attached.
4. For widest dissemination and compliance.



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE

Annex A

BUREAU OF CUSTOMS
MANILA 1099

Letter of Intent to Retire

(Date)

(Commissioner)

Dear Sir:

Greetings!

I have the honor to inform your good office to my _____ retirement from the service effective _____.

I am very grateful for the personal and professional growth that I have gained in the Bureau for the past _____ years and looking forward to an enjoyable and well deserved retirement.

Thank you and more power!

Very truly yours,

(Name of Retiree & Signature)



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS
MANILA 1099

Annex B.6.i

CLEARANCE OF NO OUTSTANDING ACCOUNTABILITIES

To Whom It May Concern:

Pursuant to the provisions of the Government Auditing Rules and Regulations, and in the Processing/ Payment of Retirement Benefits of BOC Employees, it is hereby certified that clearance as herein indicated has been granted to *Mr./Ms.* _____, former _____, _____, for the purpose of his/her Optional/Compulsory Retirement effective _____:

Chief, Revenue Accounting Division
Financial Service

MARILOU A. CABIGON
Acting Chief Accountant,
Accounting Division
Financial Management Office

Chief, Budget Division
Financial Management Office



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS
MANILA 1099

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(Application for Clearance of No Outstanding Obligations)

(Date)

The Manager
Philippine National Bank

Dear Sir/Madam:

May I respectfully request your good office to issue in my favor a Certificate of Clearance of No Outstanding Obligations in view of my optional/compulsory from the service effective _____.

Your kind consideration on this matter shall be greatly appreciated.

Very truly yours,

(Name)

(Position)

(Port /Office)

2018-01-012

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE

[Signature]
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BUREAU OF CUSTOMS

MANILA 1099

(Date)

CLEARANCE OF NO OUTSTANDING PROPERTY ACCOUNTABILITY

To Whom It May Concern:

This is to certify that, *Mr./Ms.* _____,
former _____,
has no outstanding property accountability as of even date.

This certification is being issued upon the request of
Mr./Ms. _____ in view of his/her *Compulsory/Optional* from
the customs service effective _____.

Chief, General Services Division
Administration Office, IAG

Management Information System and Technology
(MISTG)

2018-01-012 Y-U



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS
MANILA 1099

Handwritten signature
MASTER COPY

(Application for Clearance of No Unliquidated Cash Advance)

(Date)

The Chief Accountant
Accounting Division
Financial Management Office

Dear Sir:

May I respectfully request your good office to issue in my favor a Certificate of Clearance of No Unliquidated Cash Advance in view of my compulsory/optional effective _____.

Your kind consideration on this matter shall be greatly appreciated.

Very truly yours,

(Name and Plantilla Position)



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS
MANILA 1099

Annex "A"

DECLARATION OF PENDENCY/NON-PENDENCY OF CASE

I, _____, Filipino, of legal age, with permanent address at _____ and holder of the position _____ at the sworn in accordance with law, hereby depose and state that:

1. I am applying for my COMPULSORY/OPTIONAL from the government service effective _____:

2. I have:

2.1 no pending case

2.2 a pending case

- administrative disciplinary case

- criminal case

3. The NATURE/SPECIFIC OFFENSE CHARGED in the pending criminal/administrative disciplinary case is _____

4. The Venue of the investigation/trial: _____

5. On appeal:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

6. The appeal is pending before: _____

7. I am executing this Declaration of Pendency/Non-Pendency of Case to attest to the truth of foregoing facts and to enable me to process and secure the release of my retirement benefits.

8. By executing this Declaration of Pendency/Non-Pendency of Case, I hereby authorize the GSIS to verify the status of any case(s) filed against me in any forum.

9. Further, I am executing this Declaration of Pendency/Non-Pendency of Case under pain of criminal and/or administrative liability under existing laws.

(Signature over printed name)

SUBSCRIBED AND SWORN to before me this ___ day of _____ affiant exhibiting to me his/her _____.

(Person Administering Oath)

A pending case shall refer to both criminal and administrative disciplinary case. An administrative disciplinary case is considered when the disciplining authority has issued a formal charge or a notice to the respondent, while a criminal case shall be considered pending from the time an Information or Complaint is filed in Court.



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS
MANILA 1099

Handwritten signature
MASTER COPY

(Date)

Request for Legal Clearance

The Director III
Legal Service

Sir:

Respectfully request your good office to issue a clearance in my favor in view of my compulsory/optional effective _____.

Your kind consideration on this matter shall be greatly appreciated.

Very truly yours,

(Name of Employee)

(Position)

(Office)



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE

[Handwritten Signature]
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BUREAU OF CUSTOMS

MANILA 1099

Republic of the Philippines)
City of Manila)S.S.

AFFIDAVIT OF UNDERTAKING

I, _____, of legal age, married/single and resident of _____ under oath, depose and state the following:

1. That I am a _____, _____, who will be
(Plantilla Position) (Office/Port)
 Retiring (compulsory/optional) from the service on _____;
2. That I am applying for my terminal leave benefit after rendering service for _____ years;
3. That there is no pending criminal investigation and prosecution against me;
4. That whatsoever excess will be found in my Terminal Leave Benefit paid by the Bureau will be returned by the undersigned;
5. That the undersigned is authorizing the Bureau to deduct all his/her obligations/accountabilities;
6. That I am executing this affidavit to attest to the truthfulness of the foregoing and for purposes as one of the requirement in the processing on my Terminal Leave Benefit;

FURTHER AFFIANT SAYETH NAUGHT,

(Name and Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting to me his/her CTC No. _____ issued at _____ on _____.

2015-01-012 7.10



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS
MANILA 1099

[Signature]
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PORT CLEARANCE

To Whom It May Concern:

Pursuant to the provision of the Government Auditing Rules and Regulation, and in the Processing/ Payment of Separation Benefits of BOC Employees, it is hereby certified that clearance as herein indicated has been granted to Mr./Ms. _____, _____ for the purpose of his/her

(Name)

(Position/Port)

Compulsory/Optional retirement effective _____.

Division Chief/ Subport Collector

Disbursing Officer

Supply Officer

Legal Officer (if any)

District Collector

2018-01-012 P-11

CSC Form No. 6
Revised 1984

APPLICATION FOR LEAVE

1. OFFICE/AGENCY Bureau of Customs 2. (Last) (First) Middle

3. DATE OF FILING 4. POSITION 5. SALARY (Monthly)

DETAILS OF APPLICATION

6. (a) TYPE OF LEAVE

- Vacation
- To seek employment
- Others (Specify) TERMINAL LEAVE

- Sick
- Maternity
- Others (Specify) TERMINAL LEAVE

6. (b) WHERE LEAVE WILL BE SENT:

(1) IN CASE OF VACATION LEAVE

- Within the Philippines
- Abroad (Specify) _____

(2) IN CASE OF SICK LEAVE

- In Hospital (Specify) _____
- Out Patient (Specify) _____

6. (c) NUMBER OF WORKING DAYS APPLIED FOR

INCLUSIVE DATE: _____

COMMUTATION

- Requested Not Requested

(Signature)

7. (a) CERTIFICATION OF LEAVE CREDITS
as of _____

Vacation	Sick	Total
_____	_____	_____
Days	Days	Days

7. (b) RECOMMENDATION

Approval _____

Disapproval due to _____

(Director III/District Collector)

7. (c) APPROVED FOR:

- _____ Day/s with pay
- _____ Day/s without pay
- _____ Others

7. (d) DISAPPROVED DUE TO:

Deputy Commissioner
Internal Administration Group

INSTRUCTIONS

- Application for vacation or sick leave of absence for one (1) full day or more shall be made on this form and to be accomplished at least in duplicate.
- Application for vacation leave of absence shall be filed in advance or whenever possible, five (5) days before going on such leave.
- Application for sick leave filed in advance, or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.
- An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absence.
- An application for leave of absence for thirty (30) days or more shall be accompanied by a clearance from money and property accountability.

NAME:			PORT/OFFICE:			
POSITION:			ITEM #			
RETIREMENT MODE/CLAIMS		EFFECTIVE DATE:		LATEST SALARY:		
RA 8291	Opt 1	Opt 2	COMPULSORY	Date RECEIVED:		
RA 1616			OPTIONAL			
RA 660			RESIGNATION			
PD 1146			DEATH			
TLB			SEPARATION:	REQUIREMENTS NEEDED	REMARKS	
	1	Original claim for money value to be signed by the Deputy Com.IAG				
	2	Original running balance of leave credits (Computation of ALC)				
	3	Original application for TLB to be signed by the Deputy Com. , IAG				
	4	Original Certification of leave credits issued by the port /HRMD				
	5	Affidavit of availability of leave card in case there is a gap in leave card issued by the Chief, HRMD/Administrative Division				
	6	Certified copies of HRMD leave cards/Port leave cards duly audited				
	7	Original Service Record issued by HRMD (indicating the number of days on leave w/o pay and/or certification that the retiree did not incur any leave of absence w/o pay				
	8	Certified copy of latest NOSA/NOSI				
	9	Original Certificate of Last Payment of Salary				
	10	Original Bureau Clearance				
	11	Original Port Clearance				
	12	Original Group Clearance				
	13	Original or certified copy of Ombudsman Clearance				
	14	Original Legal Clearance				
	15	Original OP clearance (if Presidential appointee)				
	16	Clearance of No Unliquidated Cash Advance				
	17	Clearance of No Property Accountabilities				
	18	Clearance of No Outstanding Accountabilities				
	19	Clearance of No Outstanding Obligations:				
		___ Land Bank Clearance		___ PNB Clearance		
		___ Customs Cooperative		___ Provident Fund		
	20	Original or certified copy of letter of intent to retire/ letter of resignation				
	21	Original or certified copy of acceptance of retirement/resignation				
	22	Letter request for payment of Terminal leave only (if with Criminal/Administrative Case)				
	23	Declaration of Pendency/ non Pendency case (For GSIS)				
	24	Original CSC Clearance				
	25	Certificate of Monetization				
	26	Certified copy of latest appointment				
	27	Original exit SALN as of last day of service, (compulsory/optional/resignation- see last day on service record; If deceased latest SALN on file				
	28	Original affidavit of undertaking Form Annex B.5 (notarized)				
	29	Original copy of GSIS application for retirement under: RA 660, RA 1616, PD 1146 and RA 8291/Separation (Form No. 02202014-RET), Survivorship (Form No. 03102014-AFS)				
	30	Retirement Gratuity Computation (for R.A. 1616 retirement mode)				
	31	Employment Certificate				
		Additional Requirements for DEATH CLAIMS				
	1	Proofs of Surviving legal heirs and Guardianship				
	2	Affidavit of Guardianship (if minor)				
	3	Affidavit of Surviving Spouse				
	4	Birth Certificate of all surviving heirs (NSO Certified)				
	5	Death Certificate (NSO Certified)				
	6	Designation of Next-of-kin				
	7	Marriage Certificate (NSO Certified)				
	8	Waiver of Rights of children 18 years old and above				
	9	Affidavit of two disinterested parties that the deceased is survived by legitimate and illegitimate children (if any), natural, adopted or children of prior marriage				
	10	Original Personal Data sheet				
	11	Affidavit of ALL compulsory heirs attesting to be the only compulsory heirs				
	12	Valid Identification Card of ALL the claimants, preferably issued by the government agency				
	13	Affidavit of undertaking to return, if warranted, any excess in TLB paid by the BOC, signed by ALL claimants				

INFORMATION ON VARIOUS MODES OF RETIREMENT

1. Retirement benefits of government employees are covered by RA 8291, otherwise known as the Government Service Insurance Act of 1997.
2. RA 8291 provides for the following benefits:
 - The lump sum equivalent to 60 months of the basic monthly pension (BMP) payable at the time of retirement plus an old-age pension benefit equal to the basic monthly pension payable for life, starting upon the expiration of the five-years covered by the lump sum; or
 - A cash payment equivalent to 18 months of his/her basic monthly pension plus monthly pension for life payable immediately
3. Conditions for entitlement to retirement benefits under RA 8291:
 - He/She has rendered at least 15 years of service
 - He/She is at least 60 years of age at the time of retirement
 - He/She is not receiving a monthly pension benefit for permanent total disability
4. However, retiring employees who entered the service before **June 1, 1977** and who have not received any separation or retirement benefit, have the option to retire under RA 8291 as above or any of the two other retirement laws, as follows:
 - RA No. 1616 – for those who have rendered at least twenty (20) years of service. This is a lump sum payment of benefits based on basic monthly salary and years of service in the government without any pension and payable by the Bureau through release from DBM Pension and Gratuity Fund.
 - RA No. 660 - for those who pass the "Magic 87" criteria, that is, when the length of service and age at retirement are summed up, the total is at least "87". This involves payment of lump sum and monthly annuity by GSIS

(Additional information on the various modes of retirement are at the back portion of the GSIS Form, Application for Retirement and Other Social Benefits)

INSTRUCTIONS TO THE RETIRING EMPLOYEE

1. Determine the mode of retirement you are qualified and wish to avail of (you may seek the assistance of your local GSIS/HRMD/Administrative Division) in coming-up with **estimated** benefits to help you in decision-making
2. Read CMO 3-2013 dated July 16, 2013, entitled, *Rules, Regulations and Procedures in the Processing/Payment of Retirement Benefits of BOC Employees*
3. Accomplish all documents hereto attached.
4. **Submit the completed documentary requirements to HRMD, if your current assignment is an office/division under the Office of the Commissioner, or to the Administrative Division of your District, if your current assignment is in a port or subport**
5. Pursuant to CMO 3-2013, implementing RA 10154, otherwise known as an Act Requiring All Concerned Government Agencies to Ensure the Early Release of Retirement Pay, Pensions, Gratuities and Other Benefits of Retiring Government Employees, Civil Service Commission (CSC) Resolution No. 1300237 and Department of Budget and Management (DBM) Circular No. 2013, the complete requirements must be submitted on or before 120 days prior to the effectivity of your retirement in order for you to avail of the early and expeditious release of your retirement benefits. Should you fail to comply with this prescribed period, please be notified that the release of your benefits shall be moved corresponding to the number of days of delay of submission of complete requirements.
6. Your submitted documents shall be processed by HRMD/Administrative Division, will be endorsed to the Office of the Deputy Commissioner, Internal Administration Group for final approval and endorsement to GSIS/DBM, as applicable.

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ANNEX B

DOCUMENTS TO BE PROVIDED TO THE RETIRING EMPLOYEE BY HRMD FOR SUBMISSION TO HRMD/ADMINISTRATIVE DIVISION, AS THE CASE MAYBE, 120 DAYS PRIOR TO EFFECTIVITY OF RETIREMENT

No.	Document name	Instructions	Date of Submission to HRMD/Administrative Division concerned
1	Application for Retirement and Other Social Insurance Benefits (GSIS Form attached), revised 2012-06-27	Please read instructions carefully. Please accomplish in 3 original copies, & indicate the mode of retirement you wish to avail	
2	Application for Terminal Leave Benefits (Form attached)	Please accomplish in 3 original copies	
3	Exit Statement of Assets, Liabilities & Networth (SALN) as of the date of retirement	Please submit 1 original and 2 copies	
4	Original or certified true copy of audited leave card/s, if you have ever been assigned in a port/support of entry	Please proceed to the Administrative Division of the Collection District where you have been assigned during your service in the Bureau and request that office to audit and sign your leave card for the duration of your assignment in that port. The leave card of all ESS personnel shall also be audited by the Personnel Section, ESS.	
5	Affidavit of undertaking that he/she has no pending criminal investigation or prosecution and that whatsoever excess will be found in the terminal leave benefits and retirement gratuity paid by BOC shall be returned with authority to deduct all his/her financial obligations by BOC (Form attached)	Please accomplish and submit in 3 original copies	
6	Clearances:		XXXXXXXXXXXXXXXXXXXX
a.	Group/Port Clearance (Form attached)	Please have this form signed by the concerned chiefs as indicated in your Group/District. Please submit 1 original and 3 copies	
b.	Clearance of Pendency/Non-Pendency of Case from OMB (Form attached)	Please accomplish the form and have it received at OMB Central Office/Regional Office and follow-up its release. Please submit 1 original and 3 copies	
c.	Clearance of Pendency/Non-Pendency of Case from BOC-Legal Service (Form attached)	Please accomplish the form and have it received at the Legal Service, Ocomand follow-up its release. Please submit 1 original and 3 copies	
d.	Clearance of Pendency/Non-Pendency of Case from Civil Service Commission (Form attached)	Please accomplish the form and have it received at CSC Field Office/Central Office and follow-up its release. Please submit 1 original and 3 copies	
e.	Clearance of Pendency/Non-Pendency of Case from Office of the President, for Presidential appointees only (Form attached)	Please accomplish the form and have it received at the Office of the President follow-up its release. Please submit 1 original and 3 copies	
f.	Clearance of No Unliquidated Cash Advance/s from Accounting Division, only if retiree's last assignment is not under Ocom (Form attached)	Please accomplish this form and have it signed by the Accounting Division and submit 1 original and 3 copies	
g.	Clearance of No Outstanding Property Accountabilities (Form attached)	Please accomplish this form and have it signed by MISTG and GSD and submit 1 original and 3 copies	
h.	Clearance of No Outstanding Obligations with PNB, LBP, Provident Fund & Customs Multi-Purpose Cooperative (Forms attached)	Please accomplish each form and have it received by concerned offices, follow-up their releases and submit 1 original and 3 copies of each	
i.	Clearance of No Outstanding Accountabilities, only if retiree has performed the duties of an Accountable Officer (Form attached)	Please accomplish this form and have this signed by concerned offices and submit 1 Original and 3 copies	



**APPLICATION FOR RETIREMENT/
SEPARATION/ LIFE INSURANCE BENEFITS**

Form No. 06302017-RET

INSTRUCTIONS: Ensure that the application form is properly filled out and submit duly accomplished application form 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, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

Date: _____

I hereby apply for a retirement/separation/life insurance benefit with the GSIS and declare to the best of my knowledge the following:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)		Place of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Contact No. (Landline)	Cellphone No.	E-mail address	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single		If married, Name of Spouse: (Last Name, First Name, Middle Name) Date of Marriage: _____	
<input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Retirement/Separation Benefits Previously Availed (if applicable)			
<input type="checkbox"/> RA 660 <input type="checkbox"/> RA 1616 <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291			

I have the honor to apply for

Retirement benefits under the retirement mode marked below, effective _____ . I affix my signature beside my chosen option. (Please refer to the Terms and Conditions of each retirement mode on subsequent pages)

RETIREMENT LAW	RETIREMENT OPTIONS	SIGNATURE
RA 660	<input type="checkbox"/> Below age 60, monthly annuity payable annually for 5 years <input type="checkbox"/> Aged 60 to below 63, 3-year lump sum, 2 years balance payable on the 63 rd Birthday; monthly annuity after the 5-year guaranteed period <input type="checkbox"/> Aged 63 and above, 5-year lump sum, monthly annuity after the 5-year guaranteed period	_____
PD 1146	<input type="checkbox"/> Immediate Monthly Pension <input type="checkbox"/> 60 months x Basic Monthly Pension (BMP) and BMP after 5 years	_____
RA 8291	<input type="checkbox"/> Option 1: 60 months x BMP and BMP after 5 years <input type="checkbox"/> Option 2: 18 months x BMP and BMP to start on date of retirement	_____
RA 1616	<input type="checkbox"/> Refund of Retirement Premiums (Retirement gratuity to be paid by last Employer)	_____
APPLICATION FOR CLASP	<p><i>If you opt to retire under a retirement scheme with an immediate monthly pension, you may settle your outstanding loan obligation on installment basis under the Choice of Loan Amortization Schedule for Pensioners (CLASP) program. The remaining balance of your outstanding obligation shall be restructured as a loan with an interest rate of 10% per annum compounded annually (paca). Please indicate your choices below:</i></p> <p>As payment for my outstanding obligation, please deduct from the proceeds of my retirement benefit the amount equivalent to:</p> <p style="text-align: right;">SIGNATURE</p> <input type="checkbox"/> 100%, since I am not availing the CLASP <input type="checkbox"/> 75%, remaining balance of 25% shall be paid through CLASP <input type="checkbox"/> 50%, remaining balance of 50% shall be paid through CLASP <input type="checkbox"/> 25%, remaining balance of 75% shall be paid through CLASP	
	Preferred repayment term for the remaining balance: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	
<p><i>I confirm that I have read and fully understood the PENSIONER RESTRUCTURED LOAN (PRL) Terms and Conditions and undertake to comply with them. Pursuant to Republic Act (R.A.) No. 9510, otherwise known as the "Credit Information System Act", and its Implementing Rules and Regulations (IRR), I hereby acknowledge and consent to: 1) the regular submission and disclosure of my basic credit data and updates thereon to the Credit Information Corporation (CIC); and 2) the sharing of my basic credit data with lenders authorized by the CIC, and credit reporting agencies and outsource entities duly accredited by the CIC, subject to the provisions of R.A. No. 9510, its IRR and other relevant laws and regulations.</i></p>		

<input type="checkbox"/> SEPARATION BENEFIT RA 8291 effective (mm/dd/yyyy) _____	SIGNATURE
<input type="checkbox"/> Below 60 years old with less than 15 years in service (Cash Benefit payable at age 60)	_____
<input type="checkbox"/> Below 60 years old with more than 15 years in service (Cash Benefit payable upon separation and monthly pension upon reaching age 60)	_____
<input type="checkbox"/> 60 years old and above with less than 15 years in service (Cash Benefit payable immediately)	_____

Declaration of Pendency/Non-Pendency of Case

I undertake to submit my Declaration of Pendency/Non-Pendency of case, duly subscribed and sworn to before a Notary Public or Administering Officer of my agency-employer, as a condition for the release of my retirement benefit and in compliance with Section II of CSC Resolution No. 1302242 dated 1 October 2013.

LIFE INSURANCE BENEFIT

Type of Life Insurance: Compulsory Optional Policy No. (if claiming for Optional Policy): _____

NAME OF CLAIMANT IF MEMBER IS DECEASED:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)	Relation to Deceased Member:	Contact No./Cellphone No.	

Type of benefit applied for:

Maturity Benefits

Cash Surrender Value/Termination Value, in view of my

- retirement effective _____
- resignation/separation from the government service on _____
- state other reason/s _____

Death Benefits: Date of Death: _____

Accidental Death Benefit (ADB) (applicable for CM(LEP)/Optional policies)

It is understood that the entire outstanding balance of my policy as well as the arrearages and balances of my other loans and accountabilities with the GSIS which are due and demandable shall be deducted from the said benefit pursuant to Articles 1231 and 1278 of the Civil Code of the Philippines, RA 8291 and the existing policies of the GSIS.

<p>Signature of Applicant over Printed Name</p>	<p>Printed Name and Signature of Witnesses to Thumb mark:</p> <p>1. _____</p> <p>2. _____</p>
<p>Thumb mark (if unable to affix signature)</p>	

Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid through check.

TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER

1st Endorsement

Respectfully forwarded to GSIS this application for retirement/separation/life insurance benefit with our recommendation for approval. It is hereby certified that the applicant: (Place a check (v) mark on the pertinent box only)

1. has no pending administrative/criminal case.
2. has pending administrative/criminal case at _____
3. has a decided administrative case with _____ (Please attach certified copy of Decision)
4. has a decided criminal case with _____ (Please attach certified copy of Decision)
5. is applying for Refund of Premiums under RA 1616 and the application for gratuity benefit has been approved by this Office.

Signature over printed name of the Head of Agency or his Authorized Endorsing Officer Date signed: _____

Office name _____ Office address _____

Application Received By: _____

Date Received: _____

TMS Reference No: _____

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SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
 (Required by R.A. 6713)

[Signature]
MASTER COPY

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.
 Joint Filing Separate Filing Not Applicable

DECLARANT:
 ADDRESS: (Family Name) (First Name) (M.I.) _____

 POSITION: _____
 AGENCY/OFFICE: _____
 OFFICE ADDRESS: _____

SPOUSE:
 ADDRESS: (Family Name) (First Name) (M.I.) _____

 POSITION: _____
 AGENCY/OFFICE: _____
 OFFICE ADDRESS: _____

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS, LIABILITIES AND NETWORTH
 (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

* Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH : Total Assets less Total Liabilities = _____

* Additional sheet/s may be used, if necessary.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: _____

(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

Government Issued ID: _____
ID No.: _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)



Republic of the Philippines
Office of the Ombudsman
Agham Road, Diliman, Quezon City 1104

REQUIREMENTS:

1. Duly Accomplished Application Form and ID
2. Certified copy of service record for Retirement/Resignation purposes
3. Certified copy of service record and Death Certificate for Death Claim purposes
4. Payment of Processing fee

APPLICATION FOR OMBUDSMAN CLEARANCE

PURPOSE OF CLEARANCE: Please indicate your purpose by checking the appropriate box.

Processing Fee P100.00

- Retirement (Specify Date)
- Resignation (Specify Date)
- Death Claim
- Rationalization

Processing Fee P150.00

- Employment
- Promotion
- Transfer
- Appointment
- Confirmation
- Discharge
- Foreign Assignment
- Grant of Benefits, unrelated to the preceding purpose

Processing Fee P200.00

- Foreign Travel
- Study Grant/Scholarship
- Recognition/Awards
- Leave Application
- Loan Application
- Change of Name (Specify Name)
- Requirement by JBC, CSC, CESB, Office of the President, PRC, GOCC, DFA, DOLE, BI, LTO, NBI, PNP & other agencies
Please specify agency
- Other Purpose, please specify:

Processing Fee P500.00

- Permit to Carry Firearms
- Fidelity Bond
- Bidding Requirements

Processing Fee P1,000.00

- Firearm License

MODE OF PAYMENT: Please check one

- cash
- SM
- Postal Money Order payable to the "Office of the Ombudsman Clearance Fees"

MODE OF RELEASE: LEAVE BLANK IF PAID THRU SM

- pick-up at OMB Office
- personally
- authorized representative
- pre-paid private courier*
* applicant shall provide prepaid envelope except if paid thru SM
- regular mail
- office address
- present address

APPLICANT'S INFORMATION: (Please PRINT legibly. Write "N/A" if not applicable)

1. Name of Applicant:				<input type="text"/>			
2. Last Position Held:		<input type="text"/>		3. If Married, Mother's Maiden Surname:		<input type="text"/>	
4. Name of Agency/Office:				<input type="text"/>			
Address:				<input type="text"/>			
5. Present Address:				<input type="text"/>			
6. Previous Address:				<input type="text"/>			
7. Date of Birth:		<input type="text"/>		8. Civil Status:		<input type="text"/>	
		<small>mm/dd/yyyy</small>				9. Sex: <input type="text"/>	
10. Date of Marriage:		<input type="text"/>		11. Contact Nos. <input type="text"/>			
		<small>mm/dd/yyyy</small>					
12. Highest Educational Attainment							
		Educational Attainment		Period Attended		Educational Attainment	
		High School		<input type="text"/>		Vocational	
		College		<input type="text"/>		Post Graduate	
				<input type="text"/>			

19. EMPLOYMENT HISTORY (to be completed only if service record is not attached or if additional sheets are required)

GOVERNMENT HISTORY			
NAME OF OFFICE	ADDRESS (City/Municipality, Province)	POSITION	INCLUSIVE DATES
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			

PRIVATE SECTOR			
NAME OF OFFICE	ADDRESS (City/Municipality, Province)	POSITION	INCLUSIVE DATES
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			

I declare that the answers given above are true and correct to the best of my knowledge and belief.

Printed Name of Applicant/ Authorized Representative:		Date Accomplished:	
Signature of Applicant/ Authorized Representative:			
Name of Requester in Case of Death Claim:		Relation to the Deceased:	

N.B. For retirement purposes, an application shall be processed not earlier than six (6) months before the date of retirement.