CRMD Form No. 06-08-2010/rpa

GSIS MEMBER'S REQUEST FORM

Date: _____   Time: _____

Name: _____
(please write full name with middle initial)

GSIS Policy No./Retirement No. _____   GSIS ID No. _____

Agency/Office Address: _____

Mailing Address: _____

Tel. No. (Office Landline): _____   Residence Landline: _____

Fax Number: _____   Cellphone No.: _____

E-mail Address: _____   For DEP ED: Employee No. _____ STN No. _____ DIV. No. _____

Nature of Business/Request/Transaction (Please check appropriate box):

Loans Transaction	Date Filed	Membership Transaction	Date Filed
☐ Consolidated Loan		☐ Issuance of Business Partner No.	
☐ Policy Loan		☐ Re-insurance	
☐ Housing Loan		☐ Conversion of Life Policy (ELP)	
☐ Refund/Recomputation		☐ Request for duplicate copy of contract	
☐ Request for GSIS Clearance		☐ Change of name/status/birth	
☐ Others:		☐ Others:	

For DEP ED Employees	Date Filed	CLAIMS	Date Filed
☐ Request for stoppage of loan deduction		☐ CSV	
☐ Request for deduction of loan amortization		☐ Maturity	
		☐ Retirement/Survivorship	
		☐ Burial	
E-SERVICES	**Date Filed**	☐ Death Claim	
☐ Pension Loan		☐ CEAP	
☐ Old Age Pension		☐ HIP	
☐ Survivorship Pension		☐ Pre-need	
☐ Commencement of Pension		☐ EC	
☐ Accrual of Pension		☐ OLID	
☐ Request for Home Visit		☐ Disability	
☐ Others:			
		POSTING	**Date Filed**
☐ Other Transactions		☐ Others:	
		☐ Others:	

Specify type of loan and payment months and year

Details of Request: _____

_____

MSO's Analysis and Recommendation: _____

_____

_____

_____

_____   _____
Signature over full name of transacting member   Signature over full name of attending MSO