

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

CLAIM FOR A PHILIPPINE PENSION:

Retirement

Disability

Survivorship/Death

Article 6 of the Administrative Arrangement

Philippine Insurance Number

Personal identification number in Luxembourg:

SSS No.:

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GSIS BP No.:

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1. Particulars of the insured person (member)				
1.1 Name (Last name, Given name, Middle name)				
1.2 Date of birth (dd/mm/yyyy)		Place of birth ⁽¹⁾		Nationality
.....				
1.3 Sex	<input type="checkbox"/> Male	Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
	<input type="checkbox"/> Female		<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widow/er
1.4 Current Address				

2. Particulars of the spouse ⁽²⁾ of the insured person		
2.1 Name (Last name, Given name, Middle name)	Date of birth (dd/mm/yyyy)	Nationality
.....		
2.2 Date of Marriage (dd/mm/yyyy)		

3. Name of Qualified Dependent/s Child/ren ⁽³⁾			
Name	Age	Date of birth (dd/mm/yyyy)	Remarks (e.g., acknowledged/illegitimate/ incapacitated)
3.1			
3.2			
3.3			
3.4			
3.5			

IF DISABILITY PENSION IS BEING CLAIMED, PLEASE FILL OUT ITEM 4

4. Documents to support disability claim	
4.1 Attachments	<input type="checkbox"/> Physician's medical certificate issued by (name of physician) _____. <input type="checkbox"/> Detailed medical report (LU/PH 8).
4.2 Name of illness/injury	_____

IF A SURVIVORSHIP OR DEATH PENSION IS BEING CLAIMED, PLEASE FILL OUT ITEMS 5 & 6

5. Particulars of the deceased insured person	
5.1 Date (dd/mm/yyyy) and place of death. (Attach copy of death certificate)	_____
5.2 Was the deceased receiving pension from the SSS/GSIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of pension _____ Amount of monthly pension _____

6. Particulars of the surviving spouse	
6.1 Address	_____
6.2 Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Was the marriage subsisting at the time of death of the insured person? <input type="checkbox"/> Yes (Attach proof of marriage) <input type="checkbox"/> No (Attach supporting document)

7. Particulars of the guardian (to be filled out only if child/insured person is under guardianship)	
7.1 Name	Relationship to the child/insured person
7.2 Address	_____

8. Investigating institution	
8.1	Date of introduction of the application _____ (dd/mm/yyyy)
8.2	<input type="checkbox"/> The above-mentioned data has been authenticated and we confirm that it is corroborated by original documents.
8.3	<input type="checkbox"/> Certificate of insurance record LU/PH 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

Explanatory Notes

- (1) Indicate city or province and country only.
- (2) The spouse pertains only to a legally married or duly registered marriage, excluding common law spouses/living in partners.
- (3) Pertains to legitimate, legitimated, legally adopted or acknowledged natural children who are unmarried, or not gainfully employed and not over 21 years of age, or over 21 years of age provided they are incapacitated and incapable of self-support due to physical or mental disability which is congenital or acquired during minority.