

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

CLAIM FOR LUXEMBOURG INVALIDITY PENSION

Article 6 of the Administrative Arrangement

1. Addressed institution	
1.1	Name _____
1.2	Address _____ _____ _____
	E-mail _____

2. Applicant	
2.1	Last name _____
2.2	First name _____
2.3	Middle name (if applicable) _____
2.4	Date of Birth (dd/mm/yyyy) ____/____/____
2.5	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
2.6	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legal Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
2.7	Current address _____ _____ _____
	E-mail _____
	Telephone _____
2.8	Personal identification number in Luxembourg: _____
	Insurance number in the Philippines: SSS No. GSIS BP No.
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Professional situation	
3.1	Starting date of invalidity (dd/mm/yyyy) _____
3.2	<input type="checkbox"/> The applicant is still pursuing a professional activity <input type="checkbox"/> employed <input type="checkbox"/> self-employed
3.3	<input type="checkbox"/> The applicant no longer pursues any professional activity since _____
3.4	Date of termination of the professional activity (dd/mm/yyyy) <input type="checkbox"/> employed <input type="checkbox"/> self-employed ____/____/____
3.5	Amount of professional income <input type="checkbox"/> annual <input type="checkbox"/> monthly _____ <input type="checkbox"/> currency _____
3.6	The invalidity <input type="checkbox"/> is <input type="checkbox"/> is not presumed to have been caused by a third party. The invalidity <input type="checkbox"/> is <input type="checkbox"/> is not caused by an accident at work or professional injury. The invalidity <input type="checkbox"/> is <input type="checkbox"/> is not caused by an illness related to work.

4. The applicant referred to in frame 2	claimed for	benefits from
4.1 Payment of the salary by the employer in case of sickness	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Sickness cash benefits	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Disability pension	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Old-age pension	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Survivor/Death pension	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Benefits for work-related accident/illness	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Unemployment or pre-retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Refund of contributions	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Other		

4.10	Benefit	Payment period
	_____	_____
	_____	_____
	_____	_____
4.11	Institution responsible for the payment of the benefit	

5. Spouse or legal partner			
5.1	Last Name	First Name	Middle Name
	_____	_____	_____
5.2	Date of birth (dd/mm/yyyy) ____/____/_____		
5.3	Address _____ _____ _____		
5.4	Date of marriage or legal partnership (dd/mm/yyyy) _____		
5.5	Personal identification number in Luxembourg _____		

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)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. Bank account details of the applicant	
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

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