



Agreement on Social Security between the Republic of the Philippines and the Kingdom of Sweden

APPL	LICATION FOR:					
Re	Retirement Disability St	urvivorship	Death	Employees' Compensation		
Philippi	pine SSS Number		Swedish Person	al Identification Number		
Philippi	pine GSIS Number					
1.	Particulars of the insured person (member)					
1.1	Name (Surname, Given name, Middle name)					
1.2	Date of birth (DD/MM/YY) Place of	birth	Na	ationality		
1.3	Sex: Male Female Civil S	Status:	single	married widow/widower		
1.4	Address					
2.	Particulars of the spouse of the insured person					
2.1	Name (Surname, Given name, Middle name) Date of birth (DD/MM/YY) Nationality					
2.2	Date of Marriage (DD/MM/YY):					
2.3	If the spouse is deceased:					
2.0	Date (DD/MM/YY) and place of death:					
3.	3. Qualified dependent child/ren					
	Name	Age	Date of birth (DD/MM/YY)	Remarks (e.g., legally adopted/illegitimate)		
3.1			(==:,	(- 5 ; 5)		
3.2						
3.3						
3.4						

IF A SURVIVORSHIP AND/OR DEATH PENSION IS BEING CLAIMED, PLEASE FILL OUT ITEMS 4 & 5.

4.	Particulars of the deceased insured person				
4.1	Date (DD/MM/YY) and place of death (Attach copy of death certificate)				
4.2	Was the deceased in receipt of a pension? Yes No				
1	If yes, type of pension:				
	Amount of pension:				
	Institution paying the pension:				
5.	Particulars of the surviving spouse				
5.1	Address				
5.2	Nationality Sex				
	Male Female				
5.3	Was the marriage subsisting at the time of death of the insured person? Yes (Attach marriage contract) No (Attach supporting document)				
5.4	Is the surviving spouse in receipt of a pension?				
	If yes, type of pension:				
	Amount of pension:				
	Institution paying the pension:				
	SSS Number Swedish Personal Identification Number				
	GSIS Number				
6	Destination of the guardies (to be filled out only if children are under guardienship)				
6.	Particulars of the guardian (to be filled out only if children are under guardianship)				
6.1	Name Relationship to the ward				
6.2	Address				
7.	Certification				
	I certify on my honor and conscience that the informations in this form are correct and complete. I am aware that I must notify the Philippine Social Security System/Government Service Insurance System of any change to this information.				
	Signature over printed name of claimant Date signed (DD/MM/YY)				