



연락서식
LIAISON FORM

대한민국 정부와 필리핀공화국 정부 간의 사회보장협정
AGREEMENT ON SOCIAL SECURITY
BETWEEN THE GOVERNMENT OF THE REPUBLIC OF KOREA
AND THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES

받는 기관/ To <input type="checkbox"/> Social Security System 3 rd Flr. SSS Main Bldg. East Avenue, Diliman, Quezon City <input type="checkbox"/> Government Service Insurance System Financial Center, Roxas Blvd., Pasay City, Metro Manila	보내는 기관/ From National Pension Service Center for International Affairs 180, Giji-ro, Deokjin-gu, Jeonju-si, Jeonbuk State Republic of Korea
---	---

PART A. 가입자에 관한 정보/ INFORMATION ABOUT THE INSURED

1. 성명/ Full name	2. 출생일/ Date of birth (월/일/년) (MM/DD/YY)	Verified by NPS <input type="checkbox"/>
3. 주소/ Address 우편번호(postal code)	4. 출생지/ Place of birth	5. 성별/ Sex <input type="checkbox"/> 남/Male <input type="checkbox"/> 여/Female
6. 한국 주민(외국인)등록번호/ Korean Resident(Alien) Registration Number	7. 필리핀 사회보장번호/ Philippines Social Insurance Number <input type="checkbox"/> SSS Number/SSS <input type="checkbox"/> GSIS BP Number/GSIS BP	

PART B. 청구인에 관한 정보/ INFORMATION ABOUT THE APPLICANT

* 가입자와 다른 경우에만 작성/ To be completed only if different from the insured

1. 성명/ Full name	2. 출생일/ Date of birth (월/일/년) (MM/DD/YY)	Verified by NPS <input type="checkbox"/>
3. 주소/ Address 우편번호(postal code)	4. 출생지/ Place of birth	5. 성별/ Sex <input type="checkbox"/> 남/Male <input type="checkbox"/> 여/Female
6. 한국 주민(외국인)등록번호/ Korean Resident(Alien) Registration Number	7. 필리핀 사회보장번호/ Philippine Social Insurance Number <input type="checkbox"/> SSS Number/SSS <input type="checkbox"/> GSIS BP Number/GSIS BP	
8. 가입자가 사망한 경우/ If the insured is deceased		9. 가입자와의 관계/Relationship to the insured
a) 사망일/ Date of death (월/일/년) (MM/DD/YY)	b) 사망장소/ Place of death	
10. 청구인이 가입자의 배우자인 경우/ If the applicant is the spouse of the insured		
a) 결혼유형/ Type of marriage <input type="checkbox"/> 법률혼/Legal <input type="checkbox"/> 사실혼/Common-law	b) 결혼일/Date of marriage (월/일/년) (MM/DD/YY)	Verified by NPS <input type="checkbox"/>

PART C. 한국이 제공한 정보/ INFORMATION PROVIDED BY KOREA

- 1. 급여청구 접수일/ Date of application for a benefit/ (월/일/년)(MM/DD/YY):
- 2. 가입기간/ Periods of coverage

2.1 기여 가입기간/ Contributory periods

기간/Period				당연적용/ Compulsory	임의가입/ Voluntary	특수직종 종사기간/ Insured periods of special Occupation	
부터/From		까지/To				광부/ Miner	선원/ Fisherman
월/Month	년/Year	월/Month	년/Year				
총계(월)/ Total (Months)							

2.2. 비기여 가입기간(월)/ Non-contributory periods

구분/ Type of periods credited	군복무/ Military service	출산/ Childbirth
총계(월)/ Total (months)		

2.3 전체 가입기간 요약/ Summary of total coverage periods taken into account for acquisition and calculation of benefits

전체 기여기간(월)/ Total months of contributions	전체 비기여 가입 기간(월)/ Total months of non-contributory periods	전체 가입기간(월)/ Total months of coverage

- 3. 첨부서류/ Documentation enclosed

- 4. 기타(상술하시오)/ Other (specify)

PART D. 필리핀에 요청하는 정보/INFORMATION REQUESTED TO PHILIPPINES

이 정보는 협정과 행정약정의 시행을 위하여 필요합니다./
This information is needed to implement the Agreement and its Administrative Arrangement.
 예/ Yes 아니오/ No

- 1. 필리핀 가입기간/ Philippines periods of coverage
- 2. 의료증빙/ Medical evidence on file
- 3. 의료검진(세부사항 첨부)/ Medical examination required(detailed attached)
- 4. 기타(상술하시오)/ Other (specify)

PART E. 담당 서명 / SIGNATURE OF AUTHORIZED OFFICER

날짜/ Date <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 월/MM 일/DD 년/YYYY											성명/ Name	직인/ Stamp
서명/ Signature												