

**AGREEMENT ON SOCIAL SECURITY  
BETWEEN  
THE REPUBLIC OF THE PHILIPPINES AND THE PORTUGUESE REPUBLIC  
INFORMATION**

Art. 11 of the Administrative Arrangement

**1. Competent Portuguese Insurance Institution**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Insured person/Member**

Name (Surname, Given Name Middle Name)

Date of birth (MM/DD/YY)

Philippine Social Insurance Number

Portuguese Insurance Number

SS No. \_\_\_\_\_

GSIS No. \_\_\_\_\_

**3. Claimant**

Name (Surname, Given Name Middle Name)

Date of birth (MM/DD/YY)

Philippine Social Insurance Number

Portuguese Insurance Number

SS No. \_\_\_\_\_

GSIS No. \_\_\_\_\_

**4. We enclose**

The form PH/PT 3 Information on a claim for \_\_\_\_\_

Date of submission of the claim: \_\_\_\_\_

Detailed medical report

Request you to perform a medical examination by a \_\_\_\_\_  
for the person mentioned above.

The form PH/PT \_\_ “ \_\_\_\_\_ ”.

**5. We inform:**

- The contingency of disability occurred on \_\_\_\_\_.
- The form PH/PT \_\_\_\_ “Detailed medical report” will be forwarded as soon as possible.
- A pension:
- is payable from \_\_\_\_\_. A copy of the SSS WEB Inquiry System (death/disability retirement claim information) printout showing settlement of claim
- is not payable. A copy of the decision is attached/reason for denial \_\_\_\_\_.
- The current payment will be effected for the first time at \_\_\_\_\_

**6. Please**

- Send the form PT/PH \_\_\_\_ “Certificate on insurance record in Portugal”.
- Send the form PT/PH \_\_\_\_ “Detailed medical report”
- Send the decision.
- Send

**7. Liaison office of the Philippines**

Social Security System  
 East Avenue, Diliman  
 Quezon City, PHILIPPINES 1100

Date	Signature	Official seal/stamp