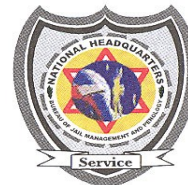




Republic of the Philippines
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
BUREAU OF JAIL MANAGEMENT AND PENOLOGY
 National Headquarters
 144 BJMP Bldg., Mindanao Avenue, Project 8, Quezon City



CLAIMS APPLICATION FORM

PERSONNEL DATA

NAME (SURNAME)	(GIVEN NAME)	(MIDDLE NAME)	BADGE NUMBER	
ADDRESS (NUMBER & STREET)	(BARANGAY)	(TOWN/DISTRICT)	(CITY/PROVINCE)	POSTAL CODE
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH (TOWN/DISTRICT)	(CITY/PROVINCE)	CIVIL STATUS	

CLAIM TYPE

- | | |
|--|---|
| <input type="checkbox"/> RETIREMENT PENSION | <input type="checkbox"/> PD 1184 (LIFETIME PENSION/MONTHLY ANNUITY) |
| <input type="checkbox"/> RETIREMENT WITH OPTION FOR 3 YRS LUMP SUM | <input type="checkbox"/> SURVIVORSHIP PENSION |
| <input type="checkbox"/> TERMINAL LEAVE BENEFITS | <input type="checkbox"/> SEPARATION GRATUITY BENEFITS |
| <input type="checkbox"/> MONETARY DEATH CONTRIBUTION | |

Legend:

- PD 1184 (LIFETIME PENSION/MONTHLY ANNUITY) - for Permanent Total Disability (PTD) and Death in the Line of Duty
- SEPARATION GRATUITY BENEFITS - for personnel who were granted disability in the line of duty
- MONETARY DEATH CONTRIBUTION - subject to the rules on Voluntary Death Contribution

SPOUSE (SURNAME)		(GIVEN NAME)	(MIDDLE NAME)	CIVIL STATUS	
DEPENDENT CHILDREN (unmarried, below 18 yrs old)	DATE OF BIRTH	CHECK APPLICABLE COLUMN		CIVIL STATUS	ADDRESS
		LEGITIMATE	ILLEGITIMATE		
	1. _____				
	2. _____				
	3. _____				
4. _____ (use separate sheet if necessary)					

NAME OF CLAIMANT	(SURNAME)	(GIVEN NAME)	(MIDDLE NAME)
ADDRESS (NUMBER & STREET)	(BARANGAY)	(TOWN/DISTRICT)	(CITY/PROVINCE) POSTAL CODE
DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO JAIL PERSONNEL		

ID picture taken within the last 6 months
 3.4 cm x 4.5 cm
 (passport size)
 Computer generated or Xerox copy of picture is not acceptable

CHECKLIST OF REQUIRED DOCUMENTS FOR RETIREMENT AND SEPARATION BENEFITS

- | | |
|--|---|
| <input type="checkbox"/> BJMP CLEARANCE | <input type="checkbox"/> CERTIFICATE OF NO-PROPERTY ACCOUNTABILITY |
| <input type="checkbox"/> RETIREMENT /SEPARATION ORDER | <input type="checkbox"/> CERTIFICATE OF NO-MONEY ACCOUNTABILITY |
| <input type="checkbox"/> SERVICE RECORD | <input type="checkbox"/> CERTIFICATE OF NO PENDING CASE (except for TLB) |
| <input type="checkbox"/> ORIGINAL APPOINTMENT IN THE GOVERNMENT SERVICE | <input type="checkbox"/> OMBUDSMAN CLEARANCE (except for Burial and Death claims and TLB) |
| <input type="checkbox"/> LATEST ATTESTED APPOINTMENT | <input type="checkbox"/> LATEST SWORN STATEMENT OF ASSETS AND LIABILITIES |
| <input type="checkbox"/> LATEST LONGEVITY PAY ORDER | <input type="checkbox"/> LANDBANK ACCOUNT NUMBER |
| <input type="checkbox"/> LATEST PAYSIP AND CERTIFICATE OF LAST PAYMENT | |
| <input type="checkbox"/> FAMILY DOCUMENTS, TO PROVE RELATIONSHIP WHEN APPROPRIATE (NSO COPY) | |
- ADDITIONAL REQUIREMENTS FOR TERMINAL LEAVE BENEFITS (TLB)** **ADDITIONAL REQUIREMENTS FOR PTD AND DEATH IN THE LINE OF DUTY**
- | | |
|---|--|
| <input type="checkbox"/> COMMUTATION ORDER OR APPROVED CSC FORM 6 | <input type="checkbox"/> ADJUDICATION BOARD RESOLUTION |
| <input type="checkbox"/> CERTIFICATE OF EARNED LEAVE CREDITS | |
- REQUIREMENTS FOR MONETARY DEATH CONTRIBUTION**
- | | |
|--|--|
| <input type="checkbox"/> DEATH CERTIFICATE OF THE PERSONNEL (NSO COPY) | <input type="checkbox"/> SPOT/INCIDENT REPORT |
| <input type="checkbox"/> FAMILY DOCUMENTS TO PROVE RELATIONSHIP (NSO COPY) | <input type="checkbox"/> OFFICIAL RECEIPT TO PROVE THAT CLAIMANT SHOULDERED THE EXPENSES FOR THE BURIAL OF THE DECEASED PERSONNEL (when necessary) |

I CERTIFY under pain of perjury or falsification that all the above information are true and correct:

 (APPLICANT'S SIGNATURE OVER PRINTED NAME)

 DATE

Verified by: _____	Remarks: _____	_____ Date
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Instruction: Please fill up the appropriate boxes . Use separate sheets if necessary.

DIRECT DEPOSIT AUTHORIZATION

I/We hereby authorize the Finance Service Unit (FSU), BJMP-NHQ, to directly deposit the amount of my/our claim at my/our Landbank Account No. _____.

Claimant/Payee:

Claimant/Payee:

Signature Over Printed Name

Signature Over Printed Name

Specific Instruction: All beneficiaries who assign their right to receive their share in the survivor's pension and/or monthly annuity and/or other benefits to a representative who is also a beneficiary must fill up and sign this authorization.

AUTHORIZATION TO REPRESENTATIVE PAYEE

I/We hereby authorize _____ to receive my/our share in the survivor's pension and/or monthly annuity and other benefits as heir/beneficiary/s of _____.

Claimant/Payee:

Claimant/Payee:

Signature Over Printed Name

Signature Over Printed Name

Specific Instruction: Parents/natural guardians/appointed guardians of children below 18 years old must fill up this application and prove his/her authority to act as the legal representative of the ward-beneficiary/s.

APPLICATION AS REPRESENTATIVE PAYEE

I, as guardian of _____, who is an heir/beneficiary/s of _____, hereby applies as payee to receive for and in his behalf his share in the survivor's pension/monthly annuity and other benefits from the BJMP .

Applicant:

Signature Over Printed Name