



Republic of the Philippines
Department of Environment and Natural Resources

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MEMORANDUM

FOR/TO : ALL OFFICIALS AND EMPLOYEES
DENR Central Office, Bureaus, Regional Offices and
Attached Agencies

FROM : THE DIRECTOR
Administrative Service

SUBJECT : **REQUIREMENTS FOR VARIOUS BENEFITS**

DATE : February 25, 2004

For your information and guidance, hereunder are the list of requirements of various benefits for work-related and non-work related injury/death benefits you may claim from the DENR and GSIS:

RETIREMENT under RA 1616 (Lump Sum benefit paid by last employer)
File at the Personnel/Administrative Division of last employer two months before retirement.

4 copies each:

1. Application for retirement
2. Office Clearance (money and property accountabilities)
3. Certification that retiree has no pending criminal and administrative charges filed against him
4. Updated Service Record (State leaves of absences without pay)

A. Refund of personal retirement premiums plus interest from the GSIS for those employees employed prior to 6/1/77

B. Cash Surrender Value from GSIS

RETIREMENT under RA 8291 (Pension Plan)
File at GSIS in your nearest locality two months before retirement

4 copies each:

1. Application for retirement to be indorsed by the office concerned to the GSIS at your nearest locality
2. Office Clearance (money and property accountabilities)

3. Certification that retiree has no pending criminal and administrative charges filed against him
4. Updated Service Record (State leaves of absences without pay)

MATURED POLICY (Submit one month before maturity date)

1. Policy Contract or Affidavit of Loss
2. Application for membership insurance if still in the service
3. Updated Service Record (Leaves without pay indicated)

CASH SURRENDER VALUE

1. Cash Surrender Value form (duly accomplished)
2. Updated Service Record (Leaves without pay indicated)
3. Certified xerox copy of Office Clearance
4. Policy Contract or Affidavit of Loss

HOSPITAL INSURANCE PLAN

- 1.. Original copy of Statement of Accounts of Hospital
2. Duly accomplished Hospitalization Insurance claim form
3. Official receipts (all original copies)
4. Original copy of Hospital Insurance Plan Policy Contract

BURIAL BENEFIT – 2 copies each

1. Affidavit of burial expenses
 2. Official receipts of burial expenses
 3. Updated Service Record (Leaves without pay indicated)
 4. Death Certificate of insured; Certified true copy signed by Local Civil Registrar
- Note: Surviving spouse/beneficiaries should secure forms at GSIS

DEATH CLAIM – 2 copies each

1. Death certificate of insured – certified true copy signed by Local Civil Registrar
2. Policy Contract or Affidavit of Loss
3. Updated Service Record (Leaves without pay indicated)
4. Certificate of clearance (money and property accountabilities)
5. Affidavit of Death Claim form
6. Affidavit of Guardianship for Minor/Proofs of Surviving Legal Heir form
7. Bond of indemnity
8. Birth Certificate of children; Marriage Contract (If insured is married)

EMPLOYEES' COMPENSATION – WORK RELATED

Office Requirements – All documents must be original or certified by the employer.

1. Report of injury/sickness/death
2. Income Benefit Claim for Payment
3. Updated Service Record indicating all Leaves of Absences without pay
4. Approved Leave form with Commutation
5. Xerox copy of regular GSIS Policy Contract
6. Duties and responsibilities
7. Certification of EC Premium Contributions from the Accounting Division

Hospitalization Requirements - All documents must be original or certified by the hospital concerned. Submit separate hospitalization requirements per confinement.

1. Hospitalization Claim for Payment – Part I, II & III (Forms available at GSIS)
2. Statement of Account (itemized) indicating Medicare deductions
3. Charge Slips and Prescriptions
4. Official Receipts of hospitalization payments or Certification of payment by Health Insurance (itemized)
5. Official receipts of medicines purchased outside the hospital
6. Operating Room Record
7. Results of Diagnostic Procedures (laboratory/x-ray, etc.)
8. Discharge Summary

NON-WORK RELATED (WITH ORGAN LOSS)

Office requirements (Nos. 1-5)

Hospitalization requirements (Nos. 1,2,6,7 & 8)

See work related requirements

IN CASE OF INJURY/ACCIDENT (Additional requirements)

1. Affidavit by two disinterested persons regarding the accident
2. Travel Order certified by Head of Office
3. Police/Casualty/Accident Report certified by Head of Office
4. Certification under oath by Head of Office as to the circumstances surrounding the accident, time, place and date of accident, what employee was doing at the time of accident, and reasons or purpose for being there
5. Time Card

Interested personnel may coordinate with their Personnel/Accounting Division/GSIS Office for the forms to be used.


RAMON M. EZPELETA, CESO IV

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