INSURANCE CLAIM - APPLICATION FORM

PSMBFI Form No. 1-003 Revised 07/2013

PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

No. 318-320 Santolan Rd., Cor. 1st and 2nd West Crame,
Brgy. West Crame, San Juan City, Metro Manila

DATE RECEIVED:	
CLAIM NUMBER:	
TYPE OF CLAIM:	
VOUCHER NUMBER:	

MEMBER'S INFORMATION:

RANK	FIRSTNAME	MIDDLENAME	LASTNAME	AGE	ACCOUNT PAYSLIP #
PRESENT ASSIGNMENT		PRO	HOME ADDRESS		CONTACT NO.
CAUSE OF DEATH/DISABILITY		DATE OF DEATH/DISABILITY	PLACE OF DEATH/ACCIDENT		

CERTIFICATE OF AUTHORIZATION

This is to authorize Public Safety Mutual Benefit Fund Inc. (PSMBFI) and it's duly authorized representative to secure whatever information regarding the illness, sickness, injury or such records relative to the claim filed under the policies issued by the said company on the life of the disabled/deceased member.

It is understood that any action PSMBFI may take in connection with this Authorization, releases the *holder* from any responsibility or obligation in connection with the release of such records or information, *without prejudice however, to any criminal, civil or administrative action which* **PSMBFI** *may take against the herein claimant and/or holder in case of fraudulent claims, misrepresentation, or submission of fake/falsified documents.*

SIGNATURE OF BENEFICIARY OVER PRINTED NAME

DOCUMENTS ATTACHED TO THIS CLAIM:

- ❑ ACCIDENT or SPOT REPORT (Original Copy)
- ❑ AUTOPSY REPORT (If Accident)
- ❑ DEATH CERTIFICATE (Certified True Copy)
- ❑ LATEST PAYSLIP or CERTIFICATE OF LAST PAYMENT
- ❑ SERVICE RECORD or other documents may be required in case to case basis (i.e. broken services, premium gaps, accidental death claims, etc.)
- ❑ CERTIFICATION of DEPENDENTS/BENEFICIARIES from PNPRC

ADDITIONAL DOCUMENTS: (ON A CASE TO CASE BASIS):

- ❑ MARRIAGE CERTIFICATE (if married) w/ ADVISORY on MARRIAGE
- ❑ BIRTH CERTIFICATE (if single) w/ CENOMAR
- ❑ BIRTH CERTIFICATE OF CHILDREN (Designated Beneficiaries) AFFIDAVIT of GUARDIANSHIP
- ❑ PHOTOCOPY OF CLAIMANT'S VALID ID/S W/ 3 SPECIMEN SIGNATURE & PNP ID OF INSURED MEMBER
- ❑ OTHER DOCUMENTS TO ADDRESS A PENDING ISSUES

DO NOT WRITE BELOW THIS LINE - FOR PSMBFI USE – ONLY CLAIMS EXAMINATION & COVERAGE VERIFICATION

PREMIUMS & BENEFICIARY (IES) VERIFIED FROM MASTER FILE BY:

❑ No Stoppage

EV Amount:

Php. _____

With Stoppage

Php. _____

Date: _____

R. GULLA / M. BARBA

❑ No Experience Refund
❑ With Experience Refund
❑ Unclaimed
❑ Claimed

Php. _____

Date: _____

P. GREGORIO

❑ Membership Application Form (MAF)
❑ Data Update Form (DUF)

RFC 2010

RFC 2011

OTHERS:

Specify: _____

V. CORBILLON / P. GREGORIO

VERIFICATION FROM AMD:

❑ None E-56 Member

❑ E-56 Member

❑ No Cert. of Loan

❑ Cert. of Loan Balance

Php _____

Verified by: _____

❑ No Loans Over Payment
❑ With Loans Over Payment

Php. _____

❑ Salary Loan Balance
Php_____

❑ Policy Loan Balance
Php_____

❑ EL / CL Balance
Php_____

❑ MPL Balance
Php_____

Verified by: _____

INSURANCE COVERAGE	PREMIUM	INSURANCE	DOUBLE INDEMNITY	LESS
EQUITY PLAN				
BGTP				
BAB				
SGTI				
BURIAL BENEFIT				
SGTI KIA				
WIA/KIA BENEFIT				
TOTAL INSURANCE	₱		₱	

DOCUMENTS PREPARED FOR THIS CLAIM:

- ❑ DISBURSEMENT VOUCHER
- ❑ CERTIFICATION OF EXPERIENCE REFUND
- ❑ CLAIMS MONITORING TRACKING FORM
- ❑ CLAIMS COMMENTS ON CASE TO CASE BASIS
- ❑ CLAIMS APPLICATION FORM
- ❑ PRINTOUT OF CONTRIBUTION
- ❑ STATEMENT OF ACCOUNT of LOAN BALANCES
- ❑ COPY of MAF, DUF & RFC if available

AMOUNT for distribution to BENEFICIARY(IES):

BENEFICIARY (ies) INFORMATION:

NAME	RELATIONSHIP	DATE OF BIRTH	AGE	EQUITY PLAN	BAB	BGTP	SGTI	WIA/KIA	MER

REMARKS:

- ❑ Cheques for PICK UP BY BENEFICIARY
- ❑ Cheques to be MAILED TO REO-
- ❑ HOLD CLAIM CHEQUE until documents are completed
- ❑ HOLD EV CHEQUE until documents are completed
- ❑ OTHER INSTRUCTIONS: Specify:

DOCUMENTS RECEIVED BY:	CLAIMS EXAMINER:	CLAIMS SUPERVISOR:
M. MARTINEZ A. EUGENIO	M. SIAZON M.R. CAMARA	C. GASPAR