

DISABILITY BENEFITS INCOME BENEFITS CLAIM FOR PAYMENT

EMPLOYEE NAME (LAST, FIRST	MINOUR CONTRACTOR	CASE	TOFIL	LINALLITEMS											
mar actual frest tike		Marned	Separated												
			:.		Single	Widow/Widower									
HOME ADDRESS				GSIS POLICY OR BP NUMBER											
NOME ADDRESS				GENDER [] Famale [] Male											
RATPAFAMIAN	DATE OF BIRTH	rf. of ma rketarpusetus dep use													
DATE OF ORIGINAL APPOINT	WENT		empression in second of the property of	PLACE OF BIRTH											
ACTUAL DUTIES:	معلمة والمهارية والمعارضة	**************************************	******	J											
				MONTHLY SALARY:											
				BASIC:		P.									
	d er vilandi, ya vilaz e eraputu pungutu bandanga bedama uga say			ALLOWANCE:											
DEPENDENTS	DATE OF BIRTH	RELAT	ONSKIP	CERTIFICATION:											
و چونده کار داد در	WALL DE WINTER MCLAIR		·	CERTIFY THAT USED											
1.				HOSPITALIZATION AND											
Mary participation of the perfect of the property of the perfect o				AMOUNT OF MY LEAVE CREDITS.	c	HARGEABLE AGAINST									
			************	SIGNATURE OF EMPL	OYEE/CLAIA	LANT									
4. 5.				(IF UNABLE TO WRITE AFFIX		CLAIMANT'S RIGHT									
6,			N do and announced to the second		•	THUMBMARK									
7.															
8.		***************************************	والمعاودة والمعاودة والمعاودة	WITNESS TO THUMBI	ARK /	1									
WORKING HOURS:		w.coconomous	**********	1.											
ALECILIO LEVES OF MOSK	P810P864164 2424 8484	2.													
Have you received or recovered an such third party If no, do you intend to recover any			this claim (rom third partiles. If you s	tale amount, n	ame and address of									
If yes, please state name and addre			t model over lideral in least	- A speciment of sections of the sections											
Have you chosen benefits under other	ier laws?	······································	ushat kan	who were the second as a second											
Have you received benefits thereun	•			efit and under what law?											
TOTO YOU TOOLIVE DOUGHES (TELEGIA	derz	How	much have	you received?											
	PART () EMDI				talle out market										
EMPLOYER'S REGISTERED NAM	PART II - EMPLO	UYER	OFILI	IN ALL TIMES	·										
			UATE A	ND PLACE OF INJURY / S	CKNESS / D	EATH									
ADDRESS OF EMPLOYEE			TIME. Was the employee injured in regular occupation?												
Nation as blad of later tor.	manager again the train of managers transcribed white a new or training			vvas ere employee	injured in regi	ular occupation?									
Nature or kind of injury / Sickness / Disability / Death (Describe fully how accident happened and what the employee was doing at the time of injury, sickness, disability or death)			CERTIFICATION: I hereby certify that the contingency has been properly recorded in our log book under Entry No. dated I further certify that												
										;	Mr /Ms./Mrs has not filed any claim under any other benefits for the same injury, disability or death. Should any claim be first that afficially				
											or death immedial		efits for the sa fed that office	e will be informed	
			SIGNATURE OF AUTHORIZED OFFICIAL CAPACITY REPRESENTATIVE												
	garante e y .		Printed N	anie Of Employer's Author	zed Represen	falive:									
as injured stopped working?			~ 	salaues paid		•									
so, has he returned to work? When?			for the day	vs of absence	tiquivalen	Number of Days									
			·		İ										
######################################	AND THE PERSON NAMED AND THE P		t der i streete en eren verstere eren.	man and the same of the same o		angaramandaran dari dan menendaran dan merendaran									

(If papers submitted are not sufficient, additional documents may still be required)

NOTE: Anyone who talsities essential information requested by this or a related form may, upon conviction be subject to fine and imprisonment forms are not properly or completely accomplished.

MEMBER'S SERVICE RECORDS

(Print or type) (Surname)			•	(Given)		(Missile N	ame)	
DORESS ,	program governé Primitada pilot A	(Stavice	or Place of As	Lonment)	i i de e a parale de la company de la company	GENDER	Female	Make
(Sission of Piace of Assignment ATE OF BIRTH				t : Creatic describer and the second	ingle Me operated Wi	Married WidewWidewer		
SE (India)	KVICE	n 1901 subtrible thimplestic	et sing andere es RECORDS OF	APPOHTMENT	•	Office of Entity	Loave of	
From www.min.com	То	Designation	Basic Salary	Allowange	Blatue (Parm/Temp)	or Division	without pay	REMARK
opposite the distance (shift):	स्त्र महामा का होते । काल को का अवस्थित	The same in the substance of the same	PRINTERNAL PRINTERS (SE SERVE	enimalatjan i sek hekerije spil	ing the property of the latest la	n de uurggebenenen naam tekkel kind 2 de	To the country of the control of the	
Mai pagada ang ang at a a a a a a a a a a a a a a a a a a	er din us skapiezetetes en et t	1 }	1 11129 1622 174 12 152 1 1	er allabatter amere a k al fil	1 11 1 1411 1 1411 14 13	tt dk tilktistiskliklit ik – k tie	e al iggi i librate sandan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Marriage 1 Elig	O CONTROL CONTROL STATES OF STATES O	a (an agus an igh, an amh a dh a hagainnean in amh	n and kangled i gerande a gelanden bleid	l is no belijih disa berekata a bengangsia saksan g		n sague i garni magain taicht a chùire an baile i agus a		
PF#(PP#C#1656)00f811917	1	itibatek sixese ttäisi sistationsiili	ः १ व्यक्तिस्थानस्थानस्य ।	Meletabiffftiffen faresanig	व्यक्त संभागतः व्यक्तातः	enta cararratantalia i i interpreterati	tille meteriteintetresileit	TITILHTIKUMMUMMIMIM
(CTA) 医水白丝化平11 pt	ा अहे क्षणं वस्तान स्थान हो। स्थान	THE PERSON CO. PROPERTY AND ADDRESS AND ADDRESS OF THE PERSONS AND ADDRESS AND AD	क्षेत्रकारणं स्वराधाः १९१३ स्वयः प्रदेशस्त अ	aki or abis bits arkittares secu	। इस्ते असम्बद्धाः स्थापः स्थापः स्थापः । -	1:11 à com	Antori ien enem merana en	1 00 At 10 to 15 Tripping
P PR B PR R PRO DE BOOM DE DE SER ES	 Pro 1971 16 15 16 16 16 16 16 1	Dam galas (ata 21) ata 1 atias (ata 1 ati	H Contributer of the clientry	, temministration	ar sir niwatts il . 25 At	:T 1	Kortiga in de inginom genete	12 0 21 P 11 P 12 P 12 P 14 P 14 P 14 P 14 P
1 1004a 1909 1 4 Banta 1 († 1 7 7 7 1	in gantiprest den Sonanden i	737 / 74784 exq 7300 et 616193 x 10 604 (67696)	i (11 85) EPEREPEREPERT	#300 100 100 100 101 101 101 101 101 101	# 2 # 3 22 2 7 2 2 2 2 2 2 2 2 3 4 1 4 1 7 2 7 2 7 7 7 2 1 1 1 7 2 2 2 7 7 2 1 1 1 7 2 2 2 7 7 2 2 1 1 7 2 2 2	giện meş i ayaddırı bomich desa masia zarl	# 1: 30:11 PE 1 17F0 E 1/20 90:11 17F1 E 1/20	64 64 10164 284 Farem Francis
	in otto metripti mania	g pan ngag san ; inak bapata tan mak barakan inganan i	of an inches desiration of last of links:		} '	त्यकः सामान्ययकारमः।। १९४४ । स्था	ì	1
. 1996 - 1259 - 1259 - 1259 - 1259 - 1	**** * *****************************	Lacente Lern aratzentrebisgers	Megatifi zipita 1512111151) - (1832 1 1822 Zatleslittalleita kristist	i ' '	1
	क्ष वर्षेत्र ।(अञ्चल स्टोक्स्य) अस्ति अस्त	ri iş maddin iş diriştiriyi iş diri diri diri diri diri diri diri	# #	Charles (September 1985) (1985)	Par - Act of Section Medical M	· · · · · · · · · · · · · · · · · · ·	e lant i trans and remai gandlerjet i	
	***************************************	1521 Tridt Tratsitietitistiibidelibide	a na a na a na a na an an an an an an an	*** ***********************************	ting things-diminisherichi	de mir inixadstribitationingsdatjecter	malister o destrictioniles	enmanamumum
	F Personal Annual A	tan a tan a an ar are strawegonia	प्रवराण्डाक् र स्था त्रस्य स ्था ॥॥	计实用数据经济 (张明和		12 118 1 \$1290196 SERVEN 9 EM 1 95		× it are sufficiently as
nga kasi sadaji bila ta s. M.W	enter 1920s antentrolo	21 (28) 121 (\$ 25:00:00) 11(8) 8 (10)	en ig den niske till :	 	111:12 11:1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1101 11 CH 1990 1 1 1 1 1 1 1 1 1	· 1() 1 1 1 1 1 1 1 1 1	1 121 EK 2 (176 SE ME1948 1900) A 190
termeter jyrna 1471 (d)	### 0 60 0 FE - 16 FE 1316 NOT ME 4 1 M	and the second second second second	M it e Squits esi (1226)11:13:1	770 261 H20412 52 000 2 300 MW B3 0 5 5 0 K	23.13.14.14.15.14.16.15.14 (\$113.11.1 3:	pat apluterinisminutatuda 5/11/1/1	t tre moenliteteteengegee	and the section of th
To institute project in the contract of the co	an gan in markfalle brit falle bler	n der er fin der der festeren jamier i ser festeren	r: 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 18	नकारमस्य स्थानसम्बद्धाः स्थान	::0130 Mendestrationag at v namer gr	51011011501100015110 (1 1:00111)	PRECENTAL PROPERTY.	
20 ce 812221 i py nyses 14 - 1	, man n man))) 182 #1818683 A 18212228 31	Riobi-seze etelle arms ett.	र भ मारस्य र र र र।	uria manungun	annus suman episam bus 1	aparanganangang sal	0. 10.77: 31 1.05; (42) 340(1700(47
				C	RTIFIED CORRE	CT,		
				Means it is a	Skj.	lature of Authorizad (Employe	Representative	·
	US	te of Registration o	mpioyee					
	Nu	mber of Monthly P	remium Pald	fit beg i f e i sûn de g to bear op me iff i d	t LE P No Ten product			
illi	Retirement	Madica/9	energeneralistics September 1	Compunsation	1818 - \$617.11			
•				ĉë	thred Sorre	8 1 ;		
,			,	- 41	M. Billing Division	-1; vivili. V	· s.	Complete to the second

HOSPITALIZATION CLAIM FOR PAYMENT EMPLOYEE'S COMPENSATION

Hospital	1	:\! ! ~ f	Address		IN ALL ITE	A)	222021		
Troapide			Address				PMC No	•	
Patient/Employee			Date Ad	milled	Date Disch	Date Discharged		Date of Death	
Diagnosis			A.	Hospital Charges(Ward Services) A. Room Board & Special Charges days at Php			BC	Actual	
Final Diagnosis	(hive-side)	**************************************		Surgical	The interest per trades.		deter en	,,,,,,,, .	
GSIS No.	Gender Female Male	Age-	C.	Medicines			r er en grans en premi breverennenskepskaane		
Address of Employee	espirar i i i i i i i i i i i i i i i i i i	ridina antono ay my ny ny may y		ICATION	appropriate production and the Charles		*- Mare and ample of professories destruction	***************************************	
Employer	hang a mang a pangun bahap mang pa dapipan gabapaping paga	· · · · · · · · · · · · · · · · · · ·	chart an	d the informati	the services clain on given in this for dual charges is co	m, includi	ily recorded in If ing the attached	re patient's copy of the	
Address of Employer	(***************************************	***************		TWO THE TERMINATE TO THE PROPERTY OF THE PROPE				
For GSIS Use (Signature	Verified by)	-	Printed	Name of Hospi	tai	£	Authorized Repre	esentative	
Remarks			Official	Capacity	emperiment of experiment parts, 199 decempancy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**	THE STATE OF THE S	
		•	Signatu	re of Authorize	d Representative	en andrew (any page of a second	Date Signed		
Hereter had the trade of the second of the s	PART	II - DOC	TORTO	FILL IN A	LL ITEMS	ingligos previosoporn		Do not F	
For services rendered alvoperation performed, if ar	vays state the na	ture of servi	ce, surgical		پېسمېد، تا. پېمتار چې چېنځېنځې خواد خالاتابار خالا	RGES		Code No	
A. Name of Attending				Address	EC		Actual	==	
Signature		****************************	***************						
PMA No. TIN		Date Signe	3 0	Php		Php			
Services Rendered						***************************************	و معد الحديد المنتسون بد الهام مستهدات الم ينده فيهار	.,	
B. Name of Attending Physician/Surgeon			***************************************	Address					
Signature		Date Signed		Php Ph		Php			
PMA No. TIN Services Rendered	 	********************	**************************************					*4.4***	
C. Name of Attending	Physician/Surge	noe	**************************************	Address			*******************************		
Signature		Date Signe	- A						
-		Dote Sign	3U	Php		Php			
PMA No. TIN Services Rendered		<u> </u>	The state of the s		MONTELYTYNIAN YAFIYA AR AL Marake LE, AFRANSISAN		*** *****************************		
N	MEDICAL EV	/ALUAT	ION REI	PORT (For	GSIS use or	l NV			
Nature or Degree of Sickne									
				Noted		*****	This F blue-may in the majorithmic recogning parameter	~~~	
	,	··· .		Signature		~~~~			
				Designati	ION				

NOTE: Anyone who faisifies essential information requested by this or a related form may, upon conviction be subject to fine and imprisonment under the law. All data required on this form are necessary for adjudication of the claim. The GSiS will adjudicate any claim where forms are not properly or completely accomplished.

Date

PART III - ATTENDING PHYSICIA	N'S CERTIFICATION (Fill in All Items)
Name of Employee	Treatment Period (exact date)
	Tradition of the formation
	From: To:
History of procent illness: (Give eyert date if possible and include signs	
History of present illness: (Give exact date, if possible and include signs and symptoms up to the time of this report)	Pertinent P.E. Findings and Laboratory procedures:
• .	
	• .
	
	Doe's history lack, those pales and be removed thereof
	Past history (only those relevant to present illness)
·	
Final Diagnosis	<u> </u>
THE MESTINGS	·
	• .
Was the injury or illness directly caused by the employee's duties?	entre de la companya
Degree of disability	Was patient working at the time of the illness?
	Age boosts worveil of the fitte of the inferes.
/ C Temporary total	
Permanent total	
Permanent partial	
em canada hana	
	The second secon
	Medica: Evaluation Report (for GSIS use only)
Signature over printed name	
PMA No. SIR TIN	
Lic. No Date issued	
	•