



# APPLICATION FOR PROVIDENT BENEFITS (APB) CLAIM

HQP-PFF-285  
(V03, 02/2019)

(To be filled out by member/claimant. Print this form back to back on one single sheet of paper)

CLAIM FILE No.

**TYPE OR PRINT ENTRIES**

**MEMBERSHIP PROGRAM**       Pag-IBIG I       MODIFIED Pag-IBIG II (MP2)

**REASON FOR CLAIM (Check appropriate box)**

<input type="checkbox"/> MEMBERSHIP TERM MATURITY <input type="checkbox"/> RETIREMENT <i>Effective Date of Retirement _____</i> <i>Last Day of Service _____</i> <input type="checkbox"/> PERMANENT TOTAL DISABILITY/ INSANITY	<input type="checkbox"/> TERMINATION FROM SERVICE BY REASON OF HEALTH <input type="checkbox"/> CRITICAL ILLNESS OF THE MEMBER OR ANY OF HIS IMMEDIATE FAMILY MEMBER <input type="checkbox"/> Member <input type="checkbox"/> Immediate Family Member <i>Please specify type of illness: _____</i> <input type="checkbox"/> OPTIONAL WITHDRAWAL	<input type="checkbox"/> PERMANENT DEPARTURE FROM THE COUNTRY <input type="checkbox"/> DEATH <i>Date of Death _____</i> <input type="checkbox"/> OTHERS <i>Please specify _____</i>
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**MEMBER'S PERSONAL DETAILS**

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	MAIDEN NAME <i>(For married women)</i>
DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		Pag-IBIG MID No./RTN
CLAIMANT, <i>if other than the Member (Last Name, First Name, Name Extension, Middle Name)</i>				RELATIONSHIP TO MEMBER

**ADDRESS AND CONTACT DETAILS**

MEMBER'S PRESENT HOME ADDRESS Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name    Subdivision				MEMBER/CLAIMANT CONTACT DETAILS COUNTRY + AREA CODE    TELEPHONE NUMBER	
Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code				Home <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
CLAIMANT'S PRESENT HOME ADDRESS ( <i>Leave blank if the same as member</i> ) Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name    Subdivision				Cell Phone ( <i>Required</i> ) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code				Email Address <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

**EMPLOYMENT DETAILS FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)**

EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	DATE OF Pag-IBIG MEMBERSHIP	
		FROM (Month/Year)	TO (Month/Year)

**AUTHORITY TO CREDIT**

**AUTHORITY TO TRANSFER**

IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY CLAIM PROCEEDS TO MY PAYROLL ACCOUNT/DISBURSEMENT CARD THAT I HAVE INDICATED BELOW:		IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZED Pag-IBIG FUND TO TRANSFER MY CLAIM PROCEEDS TO MY MP2 ACCOUNT THAT I HAVE INDICATED BELOW:	
PAYROLL ACCOUNT/DISBURSEMENT CARD No.	BANK'S ADDRESS	MP2 ACCOUNT NO.	AMOUNT TO BE TRANSFERRED
SIGNATURE OF MEMBER	DATE	SIGNATURE OF MEMBER	DATE

**APPLICATION AGREEMENT**

I hereby certify that I have read and understood the contents hereof, including the guidelines and instructions indicated at the back portion of this form. I further certify under pain of perjury that all information I have indicated herein are true and correct to the best of my knowledge and belief, and that my signature or thumbmark appearing herein is genuine and authentic. I likewise understand that the processing of this application is subject to pertinent provisions of the implementing rules and regulations of the Pag-IBIG Fund. In the event of any outstanding Pag-IBIG loan, Pag-IBIG Fund is hereby authorized to withhold, in whole or in part, the provident benefit subject of this claim, and apply the same as payment to the said loan as well as other obligations due to the Pag-IBIG Fund as of the date of this application.

I hereby waive my rights under R.A. No. 1405 and authorize Pag-IBIG Fund to verify/validate my payroll account/disbursement card number.

**THUMBMARKS OF MEMBER/CLAIMANT**  
*(If unable to sign)*

LEFT THUMB	RIGHT THUMB
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*(To be done in the presence of Pag-IBIG Fund Personnel)*

\_\_\_\_\_  
MEMBER/CLAIMANT  
*(Signature over Printed Name)*

\_\_\_\_\_  
*(Signature over Printed Name of Witness)*      Date

**THIS PORTION IS FOR Pag-IBIG Fund USE ONLY**

**CLAIMS/HL/STL/LOYALTY CARD VERIFICATION**

PARTICULARS	WITH	WITHOUT	DV/CHECK/PN/ APPLICATION/HL ID NO.	DATE FILED/HL TAKEOUT DATE	OUTSTANDING BALANCE	AS OF	VERIFIED BY	DATE
CLAIMS								
HOUSING LOAN								
MULTI-PURPOSE LOAN								
CALAMITY LOAN								
LOYALTY CARD								
PAYEE/S ( <i>Use another sheet if necessary</i> )							REMARKS	

**RECEIPT OF APPLICATION**

RECEIVED BY	DATE	REVIEWED BY	DATE	APPROVED BY	DATE
DISAPPROVED BY		DATE		REMARKS	

## GUIDELINES AND INSTRUCTIONS

### A. When to File

The Application for Provident Benefits Claim (APB [HQP-PFF-285]) may be filed upon the occurrence of any of the following:

1. Membership Maturity - shall be based on 20 years of membership with the Fund, reckoned from the initial Pag-IBIG Fund Receipt (PFR) date; provided, the member has remitted a total of 240 monthly membership savings to the Fund at the time of maturity;
2. Retirement - a member shall be compulsorily retired under the Fund upon reaching the age of 65. A member may opt to retire earlier under the Fund upon the occurrence of any of the following events, provided the member is not a housing loan borrower:
  - a. Actual retirement from the SSS, GSIS, or from government service by provision of law;
  - b. Retirement under a private employer's provident/retirement plan, provided that the member is at least 45 years of age at the time of retirement;
  - c. Reaching the age of sixty (60).
3. Permanent Total Disability (PTD) or Insanity – PTD refers to the loss or impairment of a physical or mental function resulting from injury or sickness, which incapacitates said member to perform any work or engage in any business or occupation;
4. Critical illness of the member or any of his immediate family member, as certified by a licensed physician, under any of the following categories:
  - a. Cancer
  - b. Organ Failure
  - c. Heart-related Illness
  - d. Stroke
  - e. Neuromuscular-related Illness

The immediate family member includes any of the following:

  - Spouse
  - Parent
  - Children
  - Sibling
  - Grandparents
  - Grandchildren
  - Legally adopted children shall only be included insofar as applications for withdrawal of savings of their adoptive mothers or adoptive fathers
5. Termination from Service by Reason of Health - a member can no longer render service to an employer due to severe health conditions, as certified by his doctor;
6. Death;
7. Permanent Departure from the Country - a member has been permitted by his host country to remain there indefinitely or has permanently left the Philippines to reside in another country;
8. Optional Withdrawal of Pag-IBIG Savings - members of the Fund after the effectivity of R.A. 9679 shall have the option to withdraw his or her TAV on the fifteenth (15<sup>th</sup>) year of continuous membership. Provided the said member has no outstanding loan with the Fund at the time of withdrawal. This option may be exercised only once during the membership term;
9. Any other reasons as may be approved for by the Board.

### B. Who May File

The application may be filed by the member, his guardian, or any authorized representative/s. If the reason for claim is death of the member, the application may be filed by his heir/s or the latter's representative/s, or any appointed court administrator or executor.

### C. Payment of Benefits

1. Return of Total Accumulated Value
  - a. The TAV to be returned to the member or his legal heirs, less of any and all pending obligations with the Fund, shall consist of member's remitted accumulated savings; employer's counterpart savings, if applicable; and dividend earnings credited to the member's account as declared by the Board.
  - b. For members with outstanding obligations with the Fund, at the time of termination of membership, the said obligation shall be deducted from his TAV prior to the release of the provident claim.
  - c. Release of member's TAV shall be based on actual savings remitted by the employee and employer, if applicable. In the case of member-claimants whose employer counterpart savings have not been remitted to the Fund, a partial release of their TAV shall be made based on actual amounts credited to their accounts. In the same manner, the computation of annual dividends shall be based on actual remittances made. Any amount that the Fund may collect from the employer due to enforcement shall be subsequently released to the member or his heirs.
  - d. In case of member's death, the release of his provident benefit claims shall be in accordance with the laws on succession.
  - e. A member who has multiple employers shall be entitled to claim his entire savings anytime upon occurrence of any of the grounds for membership termination.
2. Death Benefit
  - a. Upon the death of a member, his legal heirs shall be entitled to receive the applicable death benefit in addition to the deceased member's TAV. The amount of the death benefit shall depend on his membership status with the Fund at the time of his death.
    - For active members at the time of death – P6,000, regardless of the amount of TAV.
    - For inactive members at the time of death – the amount is equivalent to member's TAV or P6,000, whichever is lower.
    - If TAV offsetting occurred prior to the member's death – the amount of death benefit to be granted shall depend on the membership status as of date of death. In case of inactive status as of date of death, the TAV under consideration shall be the TAV prior to offsetting.
  - b. The legal heirs of the deceased member shall still be entitled to death benefit, subject to the conditions set and under the following circumstances:
    - The check for provident benefit claims based on the grounds for membership termination other than death is not yet released to the member;
    - The member's provident benefit claim proceeds are not yet credited to his disbursement/cash card or Payroll Account at the time of his death.
3. Manner of Payment
  - a. Shall be paid to the member or his legal heirs through any of the following modes:
    - Crediting to the claimant's disbursement/cash card or Payroll Account;
    - Through check payable to the claimant; or
    - Other similar modes of payment approved by the Board.
  - b. Claiming of checks through a representative shall be allowed provided the representative shall present the documents that the Fund may require relative to the provident benefit claim.

## CHECKLIST OF REQUIREMENTS

### BASIC REQUIREMENTS

1. Application for Provident Benefits Claim (APB, HQP-PFF-285)
  2. Pag-IBIG Loyalty Card and one (1) valid ID of member/claimant (present original and submit photocopy)
- NOTES:
- a. If Pag-IBIG Loyalty Card is not available, two (2) valid IDs (present original and submit photocopy).
  - b. For retirement purposes, the valid IDs must reflect the member's date of birth. If the valid IDs do not reflect the date of birth, submit any of the following:
    - Birth Certificate of Member issued by Philippine Statistics Authority (PSA)
    - Non-availability of Birth Record issued by PSA and Joint Affidavit of Two Disinterested Persons (HQP-PFF-029, notarized)

### ADDITIONAL REQUIREMENTS

#### A. FOR RETIREMENT

1. Certificate of Early Retirement (Notarized) *(For Private Employee only at least 45 years old)*
2. GSIS Retirement Voucher *(For optional retirement)*
3. Order of Retirement *(For Members under AFP, PNP, BJMP, BFP)*
4. Statement of Service *(For Members under AFP) or Service Record (For Members under PNP, BJMP, BFP)*

#### B. FOR PERMANENT TOTAL DISABILITY OR INSANITY/TERMINATION FROM THE SERVICE BY REASON OF HEALTH

1. Physician's Certificate/Statement *(With Clinical or Medical Abstract)*

#### C. CRITICAL ILLNESS OF MEMBER OR ANY OF HIS IMMEDIATE FAMILY MEMBER

1. To establish kinship of the immediate family to the member, the claimant shall submit any of the following:
  - a. Marriage Contract and Advisory on Marriage issued by PSA *(If the immediate family member is the spouse)*
  - b. Birth Certificate issued by PSA or Baptismal/Confirmation Certificate of the immediate family member
  - c. Non-availability of Birth Record issued by PSA and Joint Affidavit of Two Disinterested Persons (HQP-PFF-029, notarized)
2. Physician's Certificate/Statement *(With Clinical or Medical Abstract)*

#### D. FOR PERMANENT DEPARTURE FROM THE COUNTRY

1. Photocopy of Passport with Immigrant Visa/Residence Visa/Settlement Visa or its equivalent
2. Sworn Declaration of Intention to Depart from the Philippines Permanently (HQP-PFF-031, notarized) *(No need to submit if already based abroad)*

#### E. FOR DEATH

1. Death Certificate of Member issued by PSA
 

NOTES:

  - a. If Death Certificate issued by PSA is not available, submit any of the following:
    - Death Certificate issued by the Local Civil Registry Office (LCRO) and duly authenticated by PSA.
    - Photocopy of Death Certificate issued by PSA and with "Original Document Seen" stamped by Pag-IBIG Office *(If with Pag-IBIG Housing Loan and document was previously submitted to Pag-IBIG Office for MRI settlement)*.
  - b. For member who died abroad, the Certificate of Death issued abroad should be duly certified by the Philippine Consulate General/Philippine Embassy in the country where the member died.
2. Proof of Surviving Legal Heirs (HQP-PFF-030, notarized)
3. Certificate of No Marriage (CENOMAR) issue by PSA *(If deceased member is single)*
4. Marriage Contract and Advisory on Marriage issued by PSA *(If deceased member is married)*
5. Birth Certificate issued by PSA or Baptismal/Confirmation Certificate of all children (if with children)
6. Affidavit of Guardianship (HQP-PFF-028, notarized) *(If with child/children below 18 years old, or if child/children is/are physically/mentally incompetent)*
7. To establish kinship with the deceased member, the claimant shall submit any of the following:
  - a. Birth Certificate issued by PSA or Baptismal/Confirmation Certificate of deceased member/claimant
  - b. Non-availability of Birth Record issued by PSA and Joint Affidavit of Two Disinterested Persons (HQP-PFF-029, notarized)

#### IMPORTANT

1. Pag-IBIG FUND RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTS, IF DEEMED NECESSARY. PROCESSING OF CLAIMS SHALL COMMENCE ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS.
2. IN ALL INSTANCES WHEREIN PHOTOCOPIES ARE SUBMITTED, THE ORIGINAL DOCUMENT MUST BE PRESENTED FOR AUTHENTICATION.
3. IF MEMBER/CLAIMANT CANNOT CLAIM PERSONALLY, SUBMIT SPECIAL POWER OF ATTORNEY (HQP-PFF-033) AND TWO (2) VALID ID EACH OF THE PRINCIPAL AND ATTORNEY-IN-FACT.