

PHILLIPINE PUBLIC SCHOOL TEACHER ASSOCIATION
245 Banawe St., Quezon City
MAS Claims Department
PPSTA Text Support: 0918-544-80-46 / 0905-535-58-58 / 0917-571-50-36
MAS Claims Department Tel No: 740-90-41

Sir / Madam:

I have the honor to submit herewith a claim application for benefit under the PPSTA Mutual Aid System (MAS). The following information is hereby furnished for the Death Benefit of the late _____

A. General Requirements - Death Claim:

- Original Death Certificate (DC)** of Deceased member issued by the **NSO** or **DC** duly signed & Sealed by the **Local Civil Registrar** and duly **Authenticated** by **NSO**.
- Original PPSTA MAS or MAS65, MRBS, NMRBS or MRBS Plus Policy Contract**
in case of loss, submit **Affidavit of Loss (re: PPSTA-MAS or MAS65, MRBS, NMRBS or MRBS Plus)**
- Accomplished Information Sheet** of all beneficiary / ies
- Photocopy of two (2) valid ID's** with **signatures** of all beneficiary / ies
- Original Certification** of the **Chapter President** or **Administrative Officer** or **Division Superintendent** or **School Principal** regarding the member's **Date of Death**.
- Original Certification** from the **Brgy. Chairman (re: Date of Death)** and Photocopy of **DILG ID** of the **Chairman**.
- Updated Service Records**

SPECIAL REQUIREMENTS for SPECIAL CIRCUMSTANCES

Retired Members

- Original Certification** of the **Chapter President (if not member of the Local Chapter, Original Death Cert from NSO must be presented)**

Minor Beneficiary / ies (in the absence of biological Mother / Father)

- Share of P 20,000.00 and above
Original Affidavit of Guardianship, or Court Order (if both parents are deceased)
- Share of less than P 20,000.00
Original Affidavit of Guardianship (pro-forma affidavit)

Undeclared Beneficiary / ies

- Marriage Contract** in case beneficiary is a **daughter** of the deceased who has contracted marriage
- Marriage Contract** if the beneficiary / ies is **Surviving Spouse**;
- Beneficiary is a child of the deceased
Birth Certificate

Deceased beneficiary / ies

- Death Certificate** issued by **LCR** or **NSO**.

Accidental Death

- Original Certification of attending physician** or **Medico Legal (Certified True Copy)**
- Police Report**

Renunciation / Waiver / Assignment of Rights

- Original Affidavit of Waiver of Rights** in Favor of the **Assignee**; or
- For Beneficiaries Abroad, Original Letter Request for Waiving Rights** and **photocopy of two valid ID's** (back and front) with specimen signature
- Original Special Power of Attorney** authorizing attorney in fact to receive and encash checks representing benefits from the PPSTA. (within the family)

Discrepancies

- Joint Affidavit** of two Disinterested Person (re: **Discrepancy of Name, Date of Birth**) and valid ID's with signature of **two Affiant**

Processor's Name: _____

Signature over printed Name of Informant

Relationship to member

Address:

Contact Number: