PSIPAGCC
Private Security Industry Personnel Employees and Guards Credit Cooperative.
WE SECURE YOUR LOANS,WE GUARD YOUR INVESTMENTS.

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"EXTENDED DAMAYAN" MUTUAL AID - CLAIM FORM

NOTE: Policy/program guidelines at the back portion

Claim form Date: _____

INCIDENT/ACCIDENT: [ ] DEATH OF IMMEDIATE FAMILY [ ] HOSPITALIZATION CASH ADVANCE [ ] FIRE
[ ] CRITICAL ILLNESS [ ] ACCIDENT HOSPITALIZATION [ ] JAIL/ INCARCERATION [ ] DISASTER/CALAMITY

Claimant/Beneficiary: **(**[ ] Regular M**ember) (** [ ] Associate **Member)** ([ ] Immediate Family of Member)

PSIPAGCC MEMBER - ID No: _____

BENEFIT IN FAVOR OF **:** _____ (person claimed for)

DATE INCIDENT/ACCIDENT: _____ ***CAUSE :*** _____

Member Civil Status: ☐Married [ ] Separated ☐Single ☐ Common-Law _____years

NAME OF CLAIMANT/BENEFICIARY: _____ [ ] with extra-judicial agreement

DECLARED BENEFICIARY OF MEMBER: *(based on coop records / files)*

Member instructions/declaration: ☐Yes ☐No if No, reason:_____

Claimant's Relationship to the person/member entitled to the Extended Damayan benefit: ☐Mother ☐Father ☐Spouse ☐Child ☐Sibling ☐Other Relative _____

DEBIT/ADDITION: Damayan pass-the-hat Benefit Php _____
CREDIT/DEDUCTION: LESS: Unpaid coop Obligation* Php _____
NET CLAIM/PROCEEDS Php _____

Member Status: ☐Member in Good Standing ☐ Member in Bad Standing ☐ With Arrears/Past Due*; TOTAL unpaid/ Outstanding Loan Balance Php _____

Processor/Evaluator: _____

Documents Required:

Birth Certificate:	☐On File	☐ To be submitted
Marriage Contract:	☐On File	☐ To be submitted
Death Certificate:	☐On File	☐ To be submitted
Special Power of Attorney:	☐On File	☐ To be submitted (only if needed)
Police/ Incident Report:	☐On File	☐ To be submitted
Hospital Records/ O.R.s:	☐On File	☐ To be submitted
Barangay Certification:	☐On File	☐ To be submitted
Pictures of Incident:	☐On File	☐ To be submitted (only if needed)

Operations/Membership Department: _____ Approved by: _____

Pay Out Option

○ Check ○ Credit to my Bank Account / E-wallet *(please fillout details in below box)* ☐ CASH

Bank: ○ BPI ○ BDO ○ PNB ○ Metrobank ○ Others: _____	Branch:
Account Name:	Account Number:
Type of Account: ○ Savings ○ Checking	Currency: ○ Dollar ○ Peso
E-WALLET DETAILS (GCASH / STARCASH): (Transfer Fees charged from proceeds)	
I authorize PSIPAGCC to credit the proceeds to the Bank Account specified above. I certify that I am the owner of the specified bank account and I am the designated claimant/beneficiary of the deceased STSC member indicated in this form.	

Place of signing _____ Date: m m / d d / y y y y

Remarks: _____

_____ _____

Beneficiary/Claimant's Signature over Printed Name Witness