



### BENEFIT CLAIM APPLICATION

Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Unit/Department: \_\_\_\_\_ Position: \_\_\_\_\_ Employee No.: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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Mode of Separation from U.P. (please check one):

Effective Date of Separation: \_\_\_\_\_

Retirement

Resignation

Death

Others (specify) \_\_\_\_\_

**Requirements:**

- 1 Service Record from HRDO, indicating the effective date of separation
- 2 Photocopy of 2 Valid Identification Cards ( ID )
- 3 Complete U. P. Clearance Sheet
- 4 Authorization letter or Special Power of Attorney (if necessary)
- 5 Photocopy of 2 Valid Identification Cards ( ID ) of the authorized person
- 6 Written request if check be made payable other than the payee/claimant

**I agree that maintenance and dormancy fees of P500 / month will be deducted from my benefit proceeds if the complete requirements are not submitted within six (6) months from the effective date of separation.**

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME