UNIVERSITY OF THE PHILIPPINES
Provident Fund

BENEFIT CLAIM APPLICATION

Name: _____ Campus: _____ Date Filed: _____

Unit/Department: _____ Position: _____ Employee No.: _____ Contact No.: _____

Address: _____ E-mail address: _____

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