

Branch: _____

Claim Notification and Valuation Form for Food Benefit

Name of Claimant: _____ Type of Membership <input type="checkbox"/> Principal Member <input type="checkbox"/> Dependent Name of Principal Member: _____ Membership Date: _____ Date of Death of Claimant: _____ Date of Food Benefit Release: _____ Amount of Food Benefit: _____	Nature of Claim: <input type="checkbox"/> Natural Death <input type="checkbox"/> Accidental Death <input type="checkbox"/> TPD <input type="checkbox"/> AD&D <input type="checkbox"/> ADHIB Details of Partial Benefits <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">TOTAL AMOUNT</th> <th style="width:33%;">Date CV/PCV</th> <th style="width:33%;">DATE RELEASED</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Incident Reported by: _____ Printed Name/Signature/Date <input type="checkbox"/> Text <input type="checkbox"/> Personally Informed by: _____	TOTAL AMOUNT	Date CV/PCV	DATE RELEASED			
TOTAL AMOUNT	Date CV/PCV	DATE RELEASED					

TRANSMITTAL/ ENDORSEMENT

Claim ID #: _____ CID#: _____ Age at the time of Death: _____

Membership:	BLIP	LPIP	LMIP	GLIP
Original Mem. Date:				
Reinstated Date:				

Basic Requirements	YES	NO	Other Requirements (as needed)	YES	NO
Death Certification			APSD / ISD (Due to Disablement Claims)		
Picture during wake			Branch acknowledgement for minor discrepancy		
Marriage Cert / Birth cert/ Valid ID (Beneficiary/Trustee/deceased dependent)			Affidavit of Discrepancy for major discrepancies		
Other Requirements (as needed)			Affidavit of No Legal Impediment to Marry		
LOAN HISTORY (BSI from Ebanker) – For Borrower			Affidavit of Heirship and with Guardianship		
Medical Certificate if due to PEC / ADHIB / TPD / ADD&D			Sulat Pahintulot ng Claimant		
Police / Brgy / Incident (Due to Accident)			Waiver of Right to Claim		

Prepared By / Date (IO)
 Printed Name and Signature

 _____ / _____
Endorsed By (IS) & (PM) / Date
 Printed Name and Signature

Received By / Date (CS)
 Printed Name and Signature

FOR CLAIMS USE ONLY

FORMS	YES	NO	Payments / Excel Files	YES	NO
BLIP / LPIP / LMIP MAF			LPIP		
CLIP/MRI AF			LMIP		
GLIP MAF			GLIP		
ORDER OF PAYMENT			PDF/ SOA		
MAF (New)			PDF/ SUSPENSION		

 REMARKS: _____

Processed By / Date (CS)
 Printed Name and Signature