



APPLICATION FOR UNEMPLOYMENT BENEFITS UNDER RA 8291

(Please Read Terms and Conditions and Documentary Requirements at the back)

INSTRUCTIONS: Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS/Handling Office.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

Date: _____

I hereby apply for unemployment benefits with the GSIS and declare to the best of my knowledge the following:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)		Place of Birth	
Contact No. (Landline)	Cellphone No.	E-mail address:	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
If married, Name of Spouse: (Last Name, First Name, Middle Name) _____		Retirement/Separation Benefits Previously Availed (if applicable): <input type="checkbox"/> RA 660 <input type="checkbox"/> RA 1616 <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291	
Date of Marriage: _____			

I choose to avail of unemployment benefits under RA 8291, effective _____.
(Please refer to Terms and Conditions of each retirement mode on subsequent pages)

DECLARATION OF PENDENCY/ NON-PENDENCY OF CASE	I undertake to submit my Declaration of Pendency/Non-Pendency of Case, duly subscribed and sworn to before a Notary Public or Administering Officer of my agency-employer, as a condition for the release of my retirement benefit and in compliance with Section II of CSC Resolution No. 1302242 dated 01 October 2013.
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Signature of Applicant over Printed Name



Thumb mark
(if unable to affix signature)

Printed Name and Signature of Witnesses to Thumb mark:

1. _____

2. _____

Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid thru check.

TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER

1st Endorsement

Respectfully forwarded to GSIS this application for retirement/separation benefit with our recommendation for approval.

It is hereby certified that the applicant: (Place a check [√] mark on the pertinent box only)

1. has rendered/will render his Last Day of Actual Service (LDAS) on _____.
2. has not incurred Leave of Absence Without Pay (LWOP).
3. has incurred Leave of Absence Without Pay (LWOP) from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____. (Please attach separate sheet if necessary)
4. has no pending administrative/criminal case.
5. has pending administrative/criminal case at _____
6. has a decided administrative case with _____. (Please attach certified copy of Decision)
7. has a decided criminal case with _____. (Please attach certified copy of Decision)
8. is applying for Refund of Premiums under RA1616 and the application for gratuity benefit has been approved by this Office.

Office Name

Signature over Printed Name of the Head of Agency
or his Authorized Endorsing Officer

Office Address

Date: _____

Application Received By: _____ Date Received: _____

TMS Reference No.: _____

TERMS AND CONDITIONS

I. UNEMPLOYMENT BENEFIT

A. CONDITIONS FOR ENTITLEMENT

1. A member shall be entitled to the unemployment benefit in the form of monthly cash payments if all the conditions below are satisfied:
 - 1.1 He/She was a permanent employee at the time of separation;
 - 1.2 His/Her separation was involuntary due to the abolition of his/her office or position resulting from reorganization; and,
 - 1.3 He/She has been paying the contributions for at least one (1) year prior to separation.
2. A member who has rendered at least 15 years of service will be entitled to the separation benefits described in RA 8291, instead of unemployment benefit.
3. Application for unemployment benefit must be filed within 4 years from the date of unemployment as provided for under RA 8291.

B. AMOUNT, DURATION AND PAYMENT OF BENEFIT

1. Unemployment benefits in the form of monthly cash payments equivalent to fifty percent (50%) of the average monthly compensation shall be paid to permanent employee who is involuntarily separated from the service due to the abolition of his office or position usually resulting from reorganization: **Provided**, that he/she has been paying integrated contributions for at least one (1) year prior to separation. **Unemployment benefit** shall be paid in accordance with the following schedule:

Contribution Made	Benefit Duration
1 year but less than 3 years	2 months
3 or more years but less than 6 years	3 months
6 or more years but less than 9 years	4 months
9 or more years but less than 11 years	5 months
11 or more years but less than 15 years	6 months

2. Those entitled to more than two (2) months of Unemployment Benefits shall initially receive two (2) monthly payments. A seven-day waiting period shall be imposed on succeeding monthly payments to determine whether the separated member has found gainful employment either in the public or private sector. In this regard, the member is required to immediately notify the GSIS at any time he/she finds gainful employment or re-enters the salaried workforce within the period of the benefit. If the member fails to report to GSIS his/her reemployment and continues to illegally receive the benefit, administrative and/or criminal action shall be instituted by the GSIS against the member.
3. All accumulated unemployment benefits paid to the employee during his/her entire membership with the GSIS shall be deducted from the separation benefits to which the member may be entitled to upon his voluntary resignation or separation.

II. DOCUMENTARY REQUIREMENTS

1. Application Form
2. Declaration of Pendency/Non-Pendency of Case prior to electronic crediting or check printing