

U. P. PROVIDENT FUND, INC. BENEFIT CLAIM APPLICATION

Name: _____ Employee No: _____ Date Filed: _____
Position: _____ Unit: _____ TIN: _____ Contact No.: _____
Address: _____ Zip Code: _____

Mode of Separation

Effective Date:

- Retirement
- Resignation
- Death
- Transfer to another agency
- Others (specify)

Requirements:

- 1 Service Record from HRDO, indicating the effective date of separation
- 2 Photocopy of Valid Identification Card (ID)
- 3 Complete U. P. Clearance Sheet
- 4 Certificate of Clearance from HRDO
- 5 SPA (if necessary)

SIGNATURE OVER PRINTED NAME
