



**CENSUS PROVIDENT FUND, INC.**

5<sup>th</sup> Flr., TAM Bldg., PSA Complex, Brgy. Pinyahan, East Ave., Diliman, Quezon City 1101  
Tel No. (02) 666 2401  
Email: Provident.Fund@psa.gov.ph

**RECEIVED**

Date: \_\_\_/\_\_\_/\_\_\_  
By: \_\_\_\_\_

**BENEFIT CLAIM APPLICATION**

CPFI Form No. 02 (2019)

No. \_\_\_\_\_

The Chairperson  
Board of Trustees

Sir/Madam:

This is to inform you that (Member's Full Name, Official Station, Benefit Claim to avail, date of event/effectivity)

Attached is/are the following documents for your reference: (Please refer at the back according to the type of benefit)

Claimant: \_\_\_\_\_  
(Signature over printed name)

LBP Account No.: \_\_\_\_\_  
Email address and Contact No. : \_\_\_\_\_

**Benefits**

Amount: P \_\_\_\_\_

- C.1 - Retirement (Personal Contributions + Equal Amount + Unclaimed Social Benefits – Loan Balance)
- C.2 - Resignation / Transfer of Office (Personal Contributions + Percentage Rate – Loan Balance)
- C.3 - Separation for Cause (Personal Contributions – Loan Balance)
- C.4 - Death of a Member (Member's Contribution + Equal Amount or P26,000.00)
- C.5 - Sickness (P10,000.00 - Member can avail once or accumulated)
- C.6 - Death of an Immediate Family (P2,000.00 - Member can avail once)
- C.7 - Accident (P3,000.00 - Member can avail once)
- C.8 - Calamity or Fire (P5,000.00 - Member can avail once or accumulated)
- C.9 - Health Care Assistance (P1,500.00) **MUST BE AVAILED ANNUALLY**

This is to certify that the claim is proper and duly supported with the necessary requirements.

Recommending Approval: \_\_\_\_\_  
( Dept. / Reg. / Prov. / Div. Head )

**TO BE FILLED OUT BY THE CPFI**

Approved for Payment: \_\_\_\_\_  
Vice-Chairperson / Treasurer

\_\_\_\_\_  
Chairperson, Board of Trustees / Vice-Chairperson

| TYPE OF BENEFITS                        | REQUIREMENTS  |
|---|---|
| <b>Retirement</b>                       | Duly accomplished form – 1 copy<br>PSA Approved Clearance – Original or Photocopy<br>PSA Certification of Employment Status - Original  |
| <b>Resignation / Transfer of Office</b> | Duly accomplished form – 1 copy<br>PSA Approved Clearance – Original or Photocopy<br>PSA Certification of Employment Status - Original  |
| <b>Separation for Cause</b>             | Duly accomplished form – 1 copy<br>PSA Certification of Employment Status - Original  |
| <b>Withdrawal</b>                       | Duly accomplished form – 1 copy<br>Letter of Withdrawal   |
| <b>Death of a Member</b>                | Duly accomplished form – 3 copies<br>Death Certificate (PSA or LCR or Hospital or Funeral) - Original or Photocopy<br>PSA Approved Clearance – Original or Photocopy  |
| <b>Sickness</b>                         | Duly accomplished form – 1 copy<br>Medical Certificate of Hospitalization or Medication – Original or Photocopy<br>Statement of Account or Official Receipt/s (not later than 3 months) - Original or Photocopy |
| <b>Death of an Immediate Family</b>     | Duly accomplished form – 1 copy<br>PSA/LCR/Hospital/Funeral Death Certificate (within 60 days) - Original or Photocopy  |
| <b>Accident</b>                         | Duly accomplished form – 1 copy<br>Medical Certificate of Hospitalization (within 30 days) – Original or Photocopy<br>Statement of Account or Official Receipt/s (within 30 days) - Original or Photocopy       |
| <b>Calamity or Fire</b>                 | Duly accomplished form – 1 copy<br>Barangay Certificate (within 30 days) – Original or Photocopy  |
| <b>Health Care Assistance</b>           | Duly accomplished form – 1 copy<br>Official Receipt/s (not later than 3 months) – Original or Photocopy<br>Laboratory Result or Doctor's Certificate (not later than 3 months) – Optional                       |