



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

No. 318-320, Santolan Rd., Cor 1st and 2nd West Streets, San Juan, Metro Manila
 Tel No 726-1675; 726-8070 TeleFax 726-7250; 725-4725
 E-Mail customercare@psmbfi.com.ph

Office Copy

MEMBERSHIP APPLICATION FORM

Please print or type all information on the spaces provided.

Date Received: _____

Last Name _____	First Name _____	Middle Name _____	Qualifier _____	Sex () Male () Female	
Civil Status () Single () Widow/er () Married () Separated	Height (ft) _____	Weight (lbs) _____	Date of Birth (MM/DD/YY) _____	Age _____	Distinguishing Marks _____
Home Address _____			Place of Birth _____		
e-Mail Address _____		Cell Phone No. _____		GSIS/SSS No. _____	
				Pag-ibig No. _____	
Public Safety Agency () Philippine National Police () Bureau of Jail Management and Penology () Bureau of Fire Protection () Others (Pls Specify) _____				Account Number _____	
Rank _____	Present Assignment (Unit / Address) _____			Office Phone No. _____	

Date Entered Service (MM/DD/YY) _____	<input type="checkbox"/> Uniformed Personnel <input type="checkbox"/> Non-Uniformed Personnel				
For Non-Uniformed Personnel / Civilian (Pls check one option)					
Contribution	Sum Assured	Contribution	Sum Assured	Contribution	Sum Assured
() P 50	P 26,923.07	() P 300	P 161,538.46	() P 600	P 323,076.92
() P 100	P 53,846.15	() P 400	P 215,384.62	() P 700	P 376,923.08
() P 200	P 107,692.31	() P 500	P 269,230.77	() P 800	P 430,769.23
				() P 900	P 484,615.38
				() P 1,000	P 538,461.53

Designated Beneficiaries

Name (First, Middle, Last, Qualifier)	Relationship to the Insured Member	Birth Date	Percent Share (Total must be 100%, if not, will be distributed equally)	Remarks	Special Group Term Insurance (SGTI)	Basic Group Term (BGTP)	Burial Assistance Benefit (BAB)
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DEPENDENT'S FREE INSURANCE COVERAGE (DFIC)

As member of the Member's Equity Plan or MEP, one of my dependents is insured in the amount of **FIFTY THOUSAND PESOS (P50,000.00)** without additional contribution, as long as my membership is in good standing. This benefit will be governed by the **Supplementary Contract for the DFIC** under the MEP for uniformed and non-uniformed/civilian personnel. PSMBFI shall immediately suspend or withdraw this benefit in the event that it could no longer be sustained.

My civil status at the time of filing of claim shall be the basis in determining the qualified dependent in accordance with the following hierarchy of dependents:

QUALIFIED DEPENDENT OF A SINGLE MEMBER	QUALIFIED DEPENDENT OF A MARRIED MEMBER	QUALIFIED DEPENDENT OF A LEGALLY SEPARATED MEMBER
<p>A. Single with children:</p> <ul style="list-style-type: none"> Children based on birth order starting from the oldest to youngest, not more than twenty-one (21) years old/21st birthday. <p>B. Single without qualified children:</p> <ul style="list-style-type: none"> Father first, not more than sixty (60) years old/60th birthday. If Father is not qualified, Mother, not more than sixty (60) years old/60th birthday. <p>C. Single without qualified child and parent:</p> <ul style="list-style-type: none"> Sibling based on birth order starting from the oldest to youngest, not more than sixty (60) years old/60th birthday. 	<p>A. Married with children:</p> <ul style="list-style-type: none"> Spouse, not more than sixty (60) years old/60th birthday. If spouse is not qualified, Children based on birth order starting from the oldest to youngest, not more than twenty-one (21) years old/21st birthday. <p>B. Married without qualified spouse and children:</p> <ul style="list-style-type: none"> Father first, not more than sixty (60) years old/60th birthday. If father is not qualified, Mother, not more than sixty (60) years old/60th birthday. <p>C. Married without qualified spouse, children and parent:</p> <ul style="list-style-type: none"> Sibling based on birth order starting from the oldest to youngest, not more than sixty (60) years old/60th birthday. 	<p>A. Legally separated:</p> <ul style="list-style-type: none"> Children based on birth order starting from the oldest to youngest, not more than twenty-one (21) years old/21st birthday. <p>B. Legally separated without qualified children:</p> <ul style="list-style-type: none"> Father first, not more than sixty (60) years old/60th birthday. If father is not qualified, Mother, not more than sixty (60) years old/60th birthday. <p>C. Legally separated without qualified children and parent:</p> <ul style="list-style-type: none"> Sibling based on birth order starting from the oldest to youngest, not more than sixty (60) years old/60th birthday.

Certification / Authorization

I hereby declare that all statements and answers contained herein are true, complete and correct to the best of my knowledge and belief, and shall form part of my application for Insurance. It is understood and agreed that this Insurance coverage shall take effect on the first day of the month for which the payroll deduction is made, if the payment of contribution is made thru Automatic Salary Deduction or the actual date of payment of first contribution, if directly paid to PSMBFI.

I further authorize PSMBFI to secure from any government office such as the Philippine National Police (PNP) and the National Statistics Office (NSO), any or all information and documents relating to my membership, such as but not limited to Birth Certificate (member and beneficiaries), Marriage Contract (member and beneficiaries), Service Records (member) and Advisory on Marriage (member and spouse).

_____ Member's Signature

_____ Date