Form No. __

GSIS ID Number / BP Number

GOVERNMENT SERVICE INSURANCE SYSTEM
GSIS - Maaasahan ng Lingkod-Bayan
CHECK REPLACEMENT FORM

GSIS

PAYEE OF CHECK TO BE REPLACED

SURNAME *(APELYIDO)* | GIVEN NAME *(PANGALAN)* | MIDDLE INITIAL *(GITNANG INISYAL)*

- ☐ Payee is a Member
- ☐ Payee is a Pensioner
- ☐ Others

CORRECT NAME TO BE USED AS PAYEE

Telephone/Cellphone Number

ADDRESS (NO. & STREET, CITY/TOWN & PROVINCE) *(TIRAHAN, BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)*

AGENCY/ADDRESS (if active member)

Telephone Number

CHECK PARTICULARS

TYPE OF CHECK

- ☐ Retirement/Separation
- ☐ Life
- ☐ EC Pension
- ☐ Pre-Need/Plan No. _____
- ☐ Miscellaneous
- ☐ Others _____

CHECK NO. _____

DATE OF CHECK _____

AMOUNT OF CHECK _____

DRAWEE BANK _____

REASON FOR REPLACEMENT

- ☐ Lost
- ☐ Wrong Payee Name
- ☐ Stale
- ☐ Damaged
- ☐ Deceased Payee
- ☐ Others

_____

_____

_____
Signature Over Printed Name of Payee or Survivor/Beneficiary

_____
Date Filed

ACKNOWLEDGED BY:

- ☐ Physical Check is not released to Payee
- ☐ Physical Check is not with Check Releasing Unit

_____
Signature Over Printed Name of Check Releasing Unit

POSITION _____

DATE _____

TO: TSD/FIS-MRU

The following is requested relative to the above check:

- ☐ Tagging as cancelled in the Database
- ☐ Electronic Voiding of Transaction

REQUESTED BY:

_____
Department or Branch Head concerned

Check Status: ☐ Already tagged as cancelled in the Database ☐ Already electronically voided

By: _____
TSD/FIS-MRU/Department or Branch Head concerned

RECEIVED BY:

_____
Signature Over Printed Name of Attending MSO

POSITION/DATE _____

RECOMMENDATION:

☐ For Replacement ☐ For Referral to LSG ☐ For Disapproval

_____
Department or Branch Head concerned

POSITION/DATE _____