Agreement on Social Security between the Republic of the Philippines and the Grand Duchy of Luxembourg

CLAIM FOR LUXEMBOURG SURVIVOR PENSION

Article 6 of the Administrative Arrangement

1.	Addressed institution		
1.1	Name		
1.2	Address		
	E-mail		
2.	Deceased insured person		
2.1	Last name		
2.2	First name		
2.3	Middle name (if applicable)		
2.4	Date of Birth (dd/mm/yyyy)	<i>J</i>	
2.5	Sex □ Male □ Fe	emale	
2.6	Civil Status ☐ Single	☐ Married	☐ Widow/er
	☐ Legal Partne	er 🗆 Divorced	☐ Separated
2.7	Last address		
2.8	Personal identification number in Luxembo		
	Insurance number in the Philippines:	SSS No.	GSIS BP No.

3.	Professional situation of the deceased person				
3.1	Date and place of death				
3.2	The death	□is	□ is not	presumed to be the consequence of an accident at work or professional d	isease.
	The death	□is	□ is not	presumed to have been caused by a third party.	
3.3	At the date of his/he	er death, th	ne insured pe	erson ☐ has ☐ has not pursued a professional acti	vity.
	Until when did the insured person pursue his/her professional activity: (dd/mm/yyyy).				
3.4	Name and address of the last employer				
3.5					
3.6	At the date of his/he deceased	er marriage	e the	□ was a recipient of a pension.□ was not	
3.7	At the date of his/he	er death the	e deceased	□ was a recipient of a pension.□ was not	
3.8	The deceased			☐ has received a refund of contribution ☐ has not	S
3.9	If yes, competent institution for the payment of the pension or for the refund				
4.	Information conce	rning the	survivor		
4. 4.1	Information concer Last Name	rning the		rirst Name Middle Name	
		rning the		First Name Middle Name	
				First Name Middle Name	
4.1	Last Name			First Name Middle Name	
4.1	Last Name Date of birth (dd/mm			irst Name Middle Name	
4.1	Last Name Date of birth (dd/mm	n/yyyy)	Fi	First Name Middle Name	
4.1 4.2 4.3	Last Name Date of birth (dd/mm	n/yyyy)	Fi	rirst Name Middle Name	
4.1 4.2 4.3	Date of birth (dd/mm Address Date of marriage with Are there children?	n/yyyy)	Fi/	□ No	
4.1 4.2 4.3 4.4 4.5	Date of birth (dd/mm Address Date of marriage with Are there children?	n/yyyy) th the dece	eased Yes Divorce	□ No □ Remarriage	
4.1 4.2 4.3 4.4 4.5 4.6	Date of birth (dd/mm Address Date of marriage with Are there children?	n/yyyy) th the dece	eased Yes Divorce	□ No	
4.1 4.2 4.3 4.4 4.5 4.6	Date of birth (dd/mm Address Date of marriage with Are there children? Date of See In the case of remark	n/yyyy) th the dece	eased Yes Divorce name and fir	□ No □ Remarriage	

5.	Personal situatio	n of the spouse/leg	al partner			
	The person mentioned in case 4					
5.1	□is	□ is not	pursuing a profession	□ employed	☐ self-employed	activity
	If yes, amount of p	orofessional income				
	Annual		Monthly		Currency	
5.2	□ was	□ was not	dependent on the decea	sed insured persor	n	
5.3	□is	□ is not	receiving a pension			
	If yes, amount of p	ension				
			Monthly	(Currency	
			ayment of the pension			
5.4	□is	□ is not	Raising a child/ren.			
6 C	nildren					
6. CI	maren				Date of	
	Last name	First name	Middle name	Date of birth (dd/mm/yyyy)	marriage (dd/mm/yyyy)	Date of death (dd/mm/yyyy)
6.1						
6.2						
6.3						
6.4 6.5						
6.5						
	☐ The child/ren me	entioned under point	/s is/are stude	ents.		
	Certificate/s □ is/a	re □ is/are not joir	ned.			
7.	Bank account deta	ails of the claimant				
7.1	Last name and first	name of the holder				
7.2	Name of the bank					
7.3	Address of the bank	<				
7.4	Code Bank BIC					
7.5	Bank account IBAN	and/or SWIFT code				

8.	Investigating institution				
8.1	Date of introduction of the application (dd/mm/yyyy)				
8.2	☐ The above-mentioned data has been authenticated and we confirm that it is corroborated by original documents.				
8.3	☐ Certificate of insurance record PH/LU 7 in annex ☐ Detailed medical report PH/LU 8 in annex				
8.4					
8.5	Address				
	E-mail				
8.6	Stamp	8.7	Date (dd/mm/yyyy)		
	•	8.8	Signature of Authorized Officer		