



Republic of the Philippines
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
BUREAU OF JAIL MANAGEMENT AND PENOLOGY
 National Headquarters
 144 Juco Bldg., Mindanao Avenue, Project 8, Quezon City



CLAIMS APPLICATION FORM

PERSONNEL DATA

NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME)	BADGE NUMBER
ADDRESS (NUMBER & STREET) (BARANGAY) (TOWN/DISTRICT) (CITY/PROVINCE) POSTAL CODE	
DATE OF BIRTH (MM/DD/YYYY) PLACE OF BIRTH (TOWN/DISTRICT) (CITY/PROVINCE) CIVIL STATUS	

CLAIM TYPE

<input type="checkbox"/> RETIREMENT PENSION	<input type="checkbox"/> PD 1184 (LIFETIME PENSION/MONTHLY ANNUITY)
<input type="checkbox"/> RETIREMENT WITH OPTION FOR 3 YRS LUMP SUM	<input type="checkbox"/> SURVIVORSHIP PENSION
<input type="checkbox"/> TERMINAL LEAVE BENEFITS	<input type="checkbox"/> SEPARATION GRATUITY BENEFITS
<input type="checkbox"/> MONETARY DEATH CONTRIBUTION	

Legend:

- PD 1184 (LIFETIME PENSION/MONTHLY ANNUITY) - for Permanent Total Disability (PTD) and Death in the Line of Duty
- SEPARATION GRATUITY BENEFITS - for personnel who were granted disability in the line of duty
- MONETARY DEATH CONTRIBUTION - subject to the rules on Voluntary Death Contribution

SPOUSE (SURNAME) (GIVEN NAME) (MIDDLE NAME)	CIVIL STATUS
DEPENDENT CHILDREN (unmarried, below 21 yrs old)	DATE OF BIRTH
1. _____	CHECK APPLICABLE COLUMN
2. _____	LEGITIMATE ILLEGITIMATE
3. _____	
4. _____	
(use separate sheet if necessary)	CIVIL STATUS
	ADDRESS

NAME OF CLAIMANT (SURNAME) (GIVEN NAME) (MIDDLE NAME)	ID picture taken within the last 6 months 3.4 cm x 4.5 cm (passport size) Computer generated or Xerox copy of picture is not acceptable
ADDRESS (NUMBER & STREET) (BARANGAY) (TOWN/DISTRICT) (CITY/PROVINCE) POSTAL CODE	
DATE OF BIRTH (MM/DD/YYYY) RELATIONSHIP TO JAIL PERSONNEL	

CHECKLIST OF REQUIRED DOCUMENTS FOR RETIREMENT AND SEPARATION BENEFITS

<input type="checkbox"/> BJMP CLEARANCE	<input type="checkbox"/> CERTIFICATE OF NO-PROPERTY ACCOUNTABILITY
<input type="checkbox"/> RETIREMENT /SEPARATION ORDER	<input type="checkbox"/> CERTIFICATE OF NO-MONEY ACCOUNTABILITY
<input type="checkbox"/> SERVICE RECORD	<input type="checkbox"/> CERTIFICATE OF NO PENDING CASE (except for TLB)
<input type="checkbox"/> ORIGINAL APPOINTMENT IN THE GOVERNMENT SERVICE	<input type="checkbox"/> OMBUDSMAN CLEARANCE (except for Burial and Death claims and TLB)
<input type="checkbox"/> LATEST ATTESTED APPOINTMENT	<input type="checkbox"/> LATEST SWORN STATEMENT OF ASSETS AND LIABILITIES
<input type="checkbox"/> LATEST LONGEVITY PAY ORDER	<input type="checkbox"/> LANDBANK ACCOUNT NUMBER
<input type="checkbox"/> LATEST PAYSIP AND CERTIFICATE OF LAST PAYMENT	
<input type="checkbox"/> FAMILY DOCUMENTS, TO PROVE RELATIONSHIP WHEN APPROPRIATE (NSO COPY)	

ADDITIONAL REQUIREMENTS FOR TERMINAL LEAVE BENEFITS (TLB) **ADDITIONAL REQUIREMENTS FOR PTD AND DEATH IN THE LINE OF DUTY**

<input type="checkbox"/> COMMUTATION ORDER OR APPROVED CSC FORM 6	<input type="checkbox"/> ADJUDICATION BOARD RESOLUTION
<input type="checkbox"/> CERTIFICATE OF EARNED LEAVE CREDITS	

REQUIREMENTS FOR MONETARY DEATH CONTRIBUTION

<input type="checkbox"/> DEATH CERTIFICATE OF THE PERSONNEL (NSO COPY)	<input type="checkbox"/> SPOT/INCIDENT REPORT
<input type="checkbox"/> FAMILY DOCUMENTS TO PROVE RELATIONSHIP (NSO COPY)	<input type="checkbox"/> OFFICIAL RECEIPT TO PROVE THAT CLAIMANT SHOULDERED THE EXPENSES FOR THE BURIAL OF THE DECEASED PERSONNEL (when necessary)

I CERTIFY under pain of perjury or falsification that all the above information are true and correct:

(APPLICANT'S SIGNATURE OVER PRINTED NAME)

DATE

Verified by: _____	Remarks: _____	 _____ Date
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Instruction: Please fill up the appropriate boxes . Use separate sheets if necessary.

DIRECT DEPOSIT AUTHORIZATION

I/We hereby authorize the Finance Service Unit (FSU), BJMP-NHQ, to directly deposit the amount of my/our claim at my/our Landbank Account No. _____.

Claimant/Payee:

Claimant/Payee:

Signature Over Printed Name

Signature Over Printed Name

Specific Instruction: All beneficiaries who assign their right to receive their share in the survivor's pension and/or monthly annuity and/or other benefits to a representative who is also a beneficiary must fill up and sign this authorization.

AUTHORIZATION TO REPRESENTATIVE PAYEE

I/We hereby authorize _____ to receive my/our share in the survivor's pension and/or monthly annuity and other benefits as heir/beneficiary/s of _____.

Claimant/Payee:

Claimant/Payee:

Signature Over Printed Name

Signature Over Printed Name

Specific Instruction: Parents/natural guardians/appointed guardians of children below 18 years old must fill up this application and prove his/her authority to act as the legal representative of the ward-beneficiary/s.

APPLICATION AS REPRESENTATIVE PAYEE

I, as guardian of _____, who is an heir/beneficiary/s of _____, hereby applies as payee to receive for and in his behalf his share in the survivor's pension/monthly annuity and other benefits from the BJMP .

Applicant:

Signature Over Printed Name

BJMP CLEARANCE

(FOR RETIREMENT CLAIMS AND OTHER SEPARATION BENEFITS)

NAME OF PERSONNEL:

RANK SURNAME FIRST NAME MIDDLE NAME BADGE NO

ADDRESS:

NUMBER & STREET BARANGAY TOWN/DISTRICT CITY/PROVINCE

PLACE OF LAST ASSIGNMENT: _____ **DESIGNATION:** _____

DATE OF RETIREMENT/SEPARTION: _____ **GENERAL ORDER NO.** _____

OFFICES	SIGNATURE OF AUTHORIZED OFFICIAL	REMARKS
DIRECTORATE FOR HRRM		
DIRECTORATE FOR LOGISTICS		
DIRECTORATE FOR COMPTROLLERSHIP		

Instructions:

1. The Directorate for HRRM shall require the presentation of the retirement/separation order prior to signature.
2. The Directorate for Logistics shall require the prior issuance of the Certificate of No Property Accountability by the NHQ Supply Accountable Officer prior to signature.
3. The Directorate for Comptrollership shall require the prior issuance of the Certificate of No Money Accountability and Certificate of Last Payment by the Chief, Finance Service Unit prior to signature.

RECOMMEND APPROVAL:

Chief of Directorial Staff

This certifies that the personnel whose name and badge number appears above is cleared of all property and money accountability in the BJMP.

Chief, BJMP

Date

6. Separation

SEPARATION

Pursuant to Section 41 of PD 1184 and Sections 73 of Republic Act 6975, **SJO2 ABRAHAM W BARRIOS** of **BJMP-NHQ**, who died in the line of duty is hereby separated from the Bureau of Jail Management and Penology service effective **20 January 2010**. Subject personnel shall receive benefits under the said laws with **3rd Longevity Pay** pursuant to section 71 of RA 6975.

7. Separation thru Permanent Total Disability

SEPARATION

Pursuant to Section 41 of PD 1184 and Sections 73 of Republic Act 6975, **JO2 MELCHOR A CAGUIOA** of **BJMP-NHQ**, having incurred **Permanent Total Disability** in the line of duty is hereby separated from the Bureau of Jail Management and Penology service effective **this date**. Subject personnel shall receive benefits under the said laws with **3rd Longevity Pay** pursuant to section 71 of RA 6975.

**FORMAT OF GENERAL ORDERS FOR RETIREMENT/SEPARATION
FROM THE SERVICE**

1. Compulsory

RETIREMENT

Pursuant to Sections 39 and 74 of Republic Act 6975, **SJO4 Lorenzo P Cutiyog** of **BJMP-CAR**, is hereby **compulsorily retired** from the Bureau of Jail Management and Penology service effective **05 September 2010**. Subject personnel will receive retirement benefits corresponding to the rank of **INSPECTOR** having held the rank of **Senior Jail Officer 4** in permanent status for over one year with **5th Longevity Pay** pursuant to Section 71 of RA 6975.

2. Optional

RETIREMENT

Pursuant to Sections 40, 71 and 74 of Republic Act 6975, **SJO4 Sabtal S Asakil** of **BJMP-ARMM**, is hereby granted **optional retirement** from the Bureau of Jail Management and Penology service effective **01 August 2010**. Subject personnel shall receive retirement benefits corresponding to the rank of **INSPECTOR** having held the rank of **Senior Jail Officer 4** in permanent status for over one year with **4th Longevity Pay** pursuant to Section 71 of RA 6975.

3. Compulsory thru Permanent Total Disability

RETIREMENT

Pursuant to Section 41 of PD 1184 and Sections 73, 74, and 75 of Republic Act 6975, **J/CINSP PEDRO D BANAG** of **BJMP-NHQ**, having incurred **Permanent Total Disability** in the line of duty is hereby **compulsory retired** from the Bureau of Jail Management and Penology service effective **24 January 2010**. Subject personnel shall receive benefits under the said laws with **5th Longevity Pay** pursuant to section 71 of RA 6975.

4. Compulsory thru Death in the Line of Duty

RETIREMENT

Pursuant to Section 41 of PD 1184 and Sections 73 and 74 of Republic Act 6975, **J/INSP JUAN B DELA CRUZ** of **BJMP-NHQ**, who died in the line of duty is hereby **compulsory retired** from the Bureau of Jail Management and Penology service effective **31 December 2009**. Subject personnel shall receive benefits under the said laws with **5th Longevity Pay** pursuant to section 71 of RA 6975.

5. Optional thru Partial or Temporary Disability

SEPARATION

Pursuant to Section 41 of PD 1184 and Sections 73 of Republic Act 6975, **JO2 MELCHOR A CAGUIOA** of **BJMP-NHQ**, having incurred **Partial/Temporary Disability** in the line of duty is hereby separated from the Bureau of Jail Management and Penology service effective **this date**. Subject personnel shall receive benefits under the said laws with **3rd Longevity Pay** pursuant to section 71 of RA 6975.

FORMAT OF GENERAL ORDERS FOR COMMUTATION OF LEAVE CREDITS

1. Commutation

COMMUTATION

Pursuant to Executive Order No. 292 dated 22 July 1987 and Sections 73 of Republic Act 6975, **JO2 MELCHOR A CAGUIOA** of **BJMP-NHQ**, is hereby granted commutation of accumulative leave of **762.78 days** (381.39 days vacation leave and 381.39 days sick leave) effective 20 January 2009 with **3rd Longevity Pay** pursuant to section 71 of RA 6975.