



Bureau of Jail Management and Penology Mutual Benefit Association (BJMPMBAI), Incorporated

144 Mindanao Avenue, Bahay Toro, Quezon City, Metro Manila Tel.: 02-926-6963

SGTI APPLICATION FORM

1. **NAME OF INSURED/DECEASED:**

Full Name (Please print) _____
Date of Birth _____
Place of Birth _____
Residence Address: _____

2. **Civil Status:** _____

3. **Date of Death:** _____

5. **Cause of Death:** _____

6. **Place of Death:** _____

7. If **Married** or if with **Common-Law Relationship** with the deceased, indicate names of children with him/her:

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			

8. If **Single**, indicate names of surviving parents, illegitimate children of the deceased, brothers and sisters:

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			

9. Contact Numbers: _____

10. Mode of receiving the benefits in **CHECK**: (pls check)

_____ Pick-up personally at BJMPMBAI
_____ Mailing at the above mailing address
_____ Deposited in Bank (Name) _____
Bank Account No. _____

I hereby certify that the above information is true and correct as to my own personal knowledge and belief.

Date

Signature over printed name

Relation to the deceased

Requirements: (SUBMIT IN 2 COPIES)

1. Death Certificate issued by Local Civil Registrar
2. Report of Death/Investigation report/Spot report
3. Latest Pay slip
4. If Married: Marriage contract & Birth Cert of children (legitimate/Illegitimate)
5. If Single: Marriage contract of parents/Birth Certificate of deceased