



MANILA ARCHDIOCESAN AND PAROCHIAL SCHOOLS ASSOCIATION

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MAPSA RETIREMENT PLAN Application for Benefits

To be accomplished in triplicate including the supporting documents

PART I

EMPLOYEE'S NAME (Last Name, First Name, Middle Name)

HOME ADDRESS

Telephone Numbers/Mobile Number

Birthdate

Age

Gender

Civil Status

PART II

EMPLOYER'S NAME

ADDRESS

Date Enrolled as Member

Date of Separation

Employment Category

Teaching

Non-teaching

Name of Authorized representative (or Beneficiary)

If Separated during current year state:

Gross Compensation from January to

Amount of Tax Withheld form January to

Applicant-Member or Designated Representative

(Signature over Printed)

Director/Principal/HRD Officer

Date of Application:

Approved

Disapproved

Reason/s for Disapproval:

Documents to be Submitted to the MAPSA Office, Retirement Section

If Separated:

- Application for Benefits Form
- Service Record
- Certificate of Employment
- Approved Resignation Letter

If Retired:

- Application for Benefits Form
- Service Record
- Certificate of Employment
- Birth Certificate

In Case of Death:

- Application for Benefits Form
- Service Record
- Certificate of Employment
- Death Certificate

All Documents must be submitted in triplicate.

Form Ret-01