

CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES RETIREMENT PLAN

**APPLICATION FOR BENEFITS**

I hereby apply to the benefits to which I am entitled to in accordance with the following:

- \_\_\_\_\_ Normal Retirement Provision
- \_\_\_\_\_ Optional or Early Retirement Provision
- \_\_\_\_\_ Late Retirement Provision
- \_\_\_\_\_ Disability Provision
- \_\_\_\_\_ Separation Provision
  - \_\_\_\_\_ Resignation/Voluntary
  - \_\_\_\_\_ Redundancy/Retrenchment/Medical/Involuntary
  - \_\_\_\_\_ Refund of Voluntary Contributions

Hereunder are pertinent personal information needed for processing of my benefit claim:

1. Name of Applicant : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Date of Hire : \_\_\_\_\_
4. Date of Membership in the Plan : \_\_\_\_\_
5. Date of Separation/Retirement : \_\_\_\_\_
6. Tax Identification Number : \_\_\_\_\_
7. Exemption Units (Single, Married, Head of the family) : \_\_\_\_\_
8. Numbers of Dependents : \_\_\_\_\_
9. Gross Income for Current Calendar Year : \_\_\_\_\_
10. Withholding Tax for Current Calendar Year : \_\_\_\_\_

Note: Please indicate the gross income earned/income tax withheld from January to the date of resignation/separation of the current year.

Example:       Date of Resignation - March 1999  
                   Gross Income for Current Calendar Year - P30,000.00 (salary from Jan-March 1999)  
                   W/Tax for Current Calendar Year - P2,000.00 (w/holding tax from Jan-March 1999)

I understand that all the benefit payments to which I am entitled under this Plan will be made in accordance with the rules and regulations of the Catholic Educational Association of the Philippines Retirement Plan. I also recognize the right of the Retirement Commission to verify the correctness of the information contained in this application and agree to furnish proofs if required to do so.

\_\_\_\_\_ School

\_\_\_\_\_ Signature Over Printed Name of the Applicant

\_\_\_\_\_ Address of the School

\_\_\_\_\_ Date

Name of Applicant \_\_\_\_\_

Name of School \_\_\_\_\_

**For Participating School/Local Retirement Commission**

(It is advised that this should be filled-up after consultation with the retiree)

**RECOMMENDATION:**

Approval : \_\_\_\_\_  
Disapproval : \_\_\_\_\_  
Deferment : \_\_\_\_\_

**MANNER OF PAYMENT** : Lump Sum

\_\_\_\_\_  
Signature Over Printed Name  
of Authorized Signatory

\_\_\_\_\_  
Designation

**FOR THE CEAP RETIREMENT COMMISSION**

Approved:

- As Recommended:
- Modified As Follows:

CEAP Retirement Commission  
By:

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designation

**To be accomplished in triplicate**

Distribution:

- 1 copy for Trustee (Original)
- 1 copy CEAP Retirement Plan
- 1 copy for the School