

DRN: III-FO-HRMDD-PAS-A-COMM-25-06-44516-S**MEMORANDUM**

TO : ALL PERMANENT, CONTRACTUAL AND CASUAL
EMPLOYEES
DSWD Field Office III

FROM : THE REGIONAL DIRECTOR

SUBJECT : MANDATORY ENROLLMENT IN GROUP PERSONAL
ACCIDENT INSURANCE (GPAI)

DATE : 16 JUN 2025

This memorandum serves as a formal notification for the enrollment process of the Group/Enhanced Accident Insurance for Calendar Year 2025. It is imperative that all employees, irrespective of employment status (permanent, casual, or contractual), participate in this mandatory enrollment by completing the required forms.

Instructions for Completion:**1. Form Completion:**

Attached as **Annex A** is the form that is required to fill out. Kindly adhere to the guidelines provided in **Annex B**, which serves as basis in filling out the form. It is crucial to complete all highlighted portions as instructed; failure to do so will result in the rejection and return of the aforesaid form.

2. Specific Sections to Note:

- **Section 5:** Name of the employee.
- **Section 6:** State "Self".
- **Section 7:** Provide birthdate of the employee.
- **Section 8:** Age of the employee.
- **Section 9:** Indicate the profession of the employee.
- **Section 10:** Designate the immediate family members as beneficiaries (refer to the sample provided in the guide).
- **Section 11:** Indicate the amount of insurance. Note the following payment details:
 - **Permanent Employees:**
The Department of Social Welfare and Development (DSWD) will cover PHP 320.00 plus PHP 38.40 VAT, totaling **PHP 358.40**.
 - **Casual and Contractual Employees:**
The coverage is PHP 330.00 plus PHP 39.60 VAT, totaling **PHP 369.60**.

3. Additional Premiums and Coverage:

- If the employee opt for a higher premium and coverage, refer to the details at the back of **Annex A**. To process this request, please

- complete the enclosed **Authority to Deduct Form**. The cost will be deducted from the employee's salary in one installment upon receipt of the bill from the Government Service Insurance System (GSIS).
- Include the total basic premium plus **12% VAT** as indicated.

Coverage Details:

For information on what the insurance premiums cover, please refer to the reverse side of **Annex A**.

Please submit the completed forms to the **Human Resource Management and Development Division (HRMDD) – Personnel Administration Section (PAS)** on or before **June 30, 2025** to ensure timely processing of the insurance enrollment.

For any questions or further clarification, feel free to contact the PAS via local number **129**.

For your strict compliance.



DIR. VENUS F. REBULDELA

MMB/JCM/JDDQ/129



Republic of the Philippines
GOVERNMENT SERVICE INSURANCE SYSTEM
PAMPANGA BRANCH OFFICE
045-455-2295

APPLICATION FORM
GROUP/ENHANCED PERSONAL ACCIDENT INSURANCE (TRADITIONAL)

DATE

GSIS MEMBERS NAME

(ACTIVE/PENSIONER/RETIREES)

(with middle name)

DATE OF BIRTH

HOME ADDRESS

OFFICE ADDRESS

LANDLINE

OFFICE No.

MOBILE No.

	Family Members to be Insured	Relationship	Birthdate	Age	Profession	Beneficiary/ies	Amount of Insurance	Premium	Tax
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
							Amount Due		

GSIS MEMBER

Signature over Printed name

Additional Requirements;

Letter Request

List of Employees

Application Form

Per Underwriting Bulletin No. 14-07 dated June 25, 2014

A. GSIS MEMBERS (ACTIVE & RETIREES)

PRINCIPAL SUM	PREMIUM	MED. REIM	PREMIUM	B/A	PREMIUM	TOTAL BASIC PREMIUM	12% VAT
50,000.00	20.00	5,000.00	20.00	10,000.00	FREE	40.00	4.80
100,000.00	40.00	10,000.00	40.00	10,000.00	FREE	80.00	9.60
150,000.00	60.00	15,000.00	60.00	10,000.00	FREE	120.00	14.40
200,000.00	80.00	20,000.00	80.00	10,000.00	FREE	160.00	19.20
300,000.00	120.00	30,000.00	120.00	10,000.00	FREE	240.00	28.80
400,000.00	160.00	40,000.00	160.00	10,000.00	FREE	320.00	38.40
500,000.00	200.00	50,000.00	200.00	10,000.00	FREE	400.00	48.00
600,000.00	240.00	50,000.00	200.00	10,000.00	FREE	440.00	52.80
700,000.00	280.00	50,000.00	200.00	10,000.00	FREE	480.00	57.60
800,000.00	320.00	50,000.00	200.00	10,000.00	FREE	520.00	62.40
900,000.00	360.00	50,000.00	200.00	10,000.00	FREE	560.00	67.20
1,000,000.00	400.00	50,000.00	200.00	10,000.00	FREE	600.00	72.00
2,000,000.00	800.00	50,000.00	200.00	10,000.00	FREE	1,000.00	120.00
3,000,000.00	1,200.00	50,000.00	200.00	10,000.00	FREE	1,400.00	168.00
4,000,000.00	1,600.00	50,000.00	200.00	10,000.00	FREE	1,800.00	216.00
5,000,000.00	2,000.00	50,000.00	200.00	10,000.00	FREE	2,200.00	264.00

B. NON GSIS MEMBERS

PRINCIPAL SUM	PREMIUM	MED. REIM	PREMIUM	B/A	PREMIUM	TOTAL BASIC PREMIUM	12% VAT
50,000.00	20.00	5,000.00	20.00	10,000.00	10.00	50.00	6.00
100,000.00	40.00	10,000.00	40.00	10,000.00	10.00	90.00	10.80
150,000.00	60.00	15,000.00	60.00	10,000.00	10.00	130.00	15.60
200,000.00	80.00	20,000.00	80.00	10,000.00	10.00	170.00	20.40
300,000.00	120.00	30,000.00	120.00	10,000.00	10.00	250.00	30.00
400,000.00	160.00	40,000.00	160.00	10,000.00	10.00	330.00	39.60
500,000.00	200.00	50,000.00	200.00	10,000.00	10.00	410.00	49.20
600,000.00	240.00	50,000.00	200.00	10,000.00	10.00	450.00	54.00
700,000.00	280.00	50,000.00	200.00	10,000.00	10.00	490.00	58.80
800,000.00	320.00	50,000.00	200.00	10,000.00	10.00	530.00	63.60
900,000.00	360.00	50,000.00	200.00	10,000.00	10.00	570.00	68.40
1,000,000.00	400.00	50,000.00	200.00	10,000.00	10.00	610.00	73.20
2,000,000.00	800.00	50,000.00	200.00	10,000.00	10.00	1,010.00	121.20
3,000,000.00	1,200.00	50,000.00	200.00	10,000.00	10.00	1,410.00	169.20
4,000,000.00	1,600.00	50,000.00	200.00	10,000.00	10.00	1,810.00	217.20
5,000,000.00	2,000.00	50,000.00	200.00	10,000.00	10.00	2,210.00	265.20



Republic of the Philippines
GOVERNMENT SERVICE INSURANCE SYSTEM
PAMPANGA BRANCH OFFICE
045-455-2295

APPLICATION FORM
GROUP/ENHANCED PERSONAL ACCIDENT INSURANCE (TRADITIONAL)

DATE _____

GSIS MEMBERS NAME _____

APRIL 17, 2024

JUAN C. DELA CRUZ

(with middle name)

1

DATE OF BIRTH

JULY 15, 1990

HOME ADDRESS

SAN NICOLAS, GUAGUA, PAMPANGA

OFFICE ADDRESS

DMGC, BARANGAY MAIMPIS, CITY OF SAN FERNANDO, PAMPANGA

LANDLINE

OFFICE No.

961-2143

MOBILE No.

0999-999-9999

	Family Members to be Insured	Relationship	Birthdate	Age	Profession	Beneficiary/ies	Amount of Insurance	Premium	Tax
1	JUAN C. DELA CRUZ (GSIS MEMBERS NATI	SELF	4/17/2024	28		MOTHER			
2						FATHER			
3						HUSBAND			
4						CHILD			
5									
6									
7									
8									
9	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
10							Amount Due	-	

Amount Due

GSIS MEMBER

Signature over Printed name

Additional Requirements:
Letter Request
List of Employees
Application Form

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DSWD-GF-004 : REV 03 : 22 SEP 2023

**GSIS- GROUP PERSONAL ACCIDENT INSURANCE
AUTHORIZATION TO DEDUCT**

I, _____ (name), of the _____ (office),
authorize the Department of Social Welfare and Development (DSWD) to deduct
_____ (amount) for the GSIS - Group Personal Accident Insurance and remit the same
to the GSIS.

Signature over Printed Name

Date