



MEMORANDUM:

To : Chief EPS- CID/ SGOD
Education Program Supervisors
Public Schools District Supervisors
Elementary School Heads / Sec. Sch hds.
Teachers
OSDS Employees

Date : April 26, 2018

From : 
SOCORRO V. DELA ROSA
Schools Division Superintendent

Subject : " *Revocation of Spouse-Beneficiary under Life Endowment Policy (LEP)
and Enhanced Life Policy (ELP)* "

RELEASED
DepED, Division of Catanduanes
RECORDS SECTION
Date MAY 15 2018
Time: 9:16 AM
Initial/Signature: [Signature]

Per Government Service Information System Implementing Rules and Guidelines, Active members may be allowed to revoke the spouse-beneficiary.

The following are the requirements for the revocation:

1. Active member who has sufficiently proven that he or she is separated-in-fact from his or her legitimate spouse due to the fault of the latter.
2. Active member complied with the submission of the following documents:
 - Duly Notarized Affidavit of 2 Disinterested Persons or Witnesses stating that the policyholder and his/her legitimate spouse are separated-in-fact (i.e., no longer living together) and the underlying circumstances showing that such separation was due to the legitimate spouse's fault; or
 - Barangay Certificate issued under oath by the Punong Barangay of the barangay where the policyholder is residing stating that the policyholder and his/her legitimate spouse are separated-in-fact (i.e., no longer living together) and the underlying circumstances showing that such separation was due to the legitimate spouse's fault.
3. Active member is not yet 65 y.o. (i.e., 64 y.o and below) at the time of request..
4. No filed application for compulsory retirement
5. With submitted Designation or Change of Beneficiary/ies Form signed by the AAO (desired form herewith attached.

For information, guidance and compliance.



DESIGNATION/CHANGE OF BENEFICIARY/IES FOR LIFE ENDOWMENT POLICY (LEP) AND ENHANCED LIFE POLICY (ELP)

Please check the reason for designation or change of beneficiary/ies:

- Without a legitimate spouse and legitimate, legitimated, adopted and declared illegitimate children.
- Death of the designated beneficiary/ies.
- Revocation of the legitimate spouse as beneficiary and the policy holder is childless.

I, _____, with Business Partner Number _____ and insured under Policy No. _____ hereby request that the Beneficiary/ies named hereunder be acknowledged as my Beneficiary/ies:

DESIGNATION OF BENEFICIARY/IES:

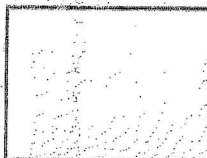
PRINTED NAME OF BENEFICIARY/IES (Surname, Given Name, MI)	RELATIONSHIP to the insured	GENDER	DATE OF BIRTH (mm/dd/yyyy)	COMPLETE ADDRESS

CHANGE OF BENEFICIARY/IES:

FORMER BENEFICIARY/IES (Surname, Given Name, MI)	NEW BENEFICIARY/IES (Surname, Given Name, MI)	RELATIONSHIP to the insured	GENDER	DATE OF BIRTH (mm/dd/yyyy)	COMPLETE ADDRESS

Executed at _____ on _____ day of _____

Signature of Insured

 Right Thumbmark (if unable to affix signature)	Witnessed by:
	_____ Name of AAO/Designation
	_____ Agency
	_____ Signature