

December 12, 2014

**MS. JACKELYN P. BALLENA**

Acting Claims Manager

CISP 80 Malakas St., Brgy. Pinyahan, Quezon City

Dear Mr. Ballena:

Forwarding herewith the following claims:

Name of Cooperative:

Address:

Contact Person:

Position:

Contact #:

Name of Insured:

Date of Death:

Beneficiary:

Relation to the Insured:

Contact # of Beneficiary:

Documents submitted:

DECEASED INSURANCE INFORMATION					
PROOF OF PAYMENT	LPPI	GYRT	G-BLISS	PAI/ICARD	Special GYRT formely MABS
PR No./BS No.					
Date Issued					
OR No.					
Date Issued					
Insurance Certificate/ Policy No.					
Effectivity Date					
Expiriy Date					
Status of Insurance (Renewal or New)					
Amount of Insurance					

Thank you.

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CSA - Area

Noted by:

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General Agency Manager - Area