GUIDELINES for VETERANS and SURVIVOR BENEFITS

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WHO IS A VETERAN?

Under Section 2(a) of Republic Act 6948, as amended

A veteran is any person who rendered military service in the land, sea or air forces of the Philippines during the revolution against Spain, the Philippine American War & World War II, including Filipino Citizens who served with the Allied Forces in Philippine Territory.

He was a member of the Philippine Expeditionary Forces sent to the Korean War and the Philippine Civic Action Group sent to the Vietnam War.

He rendered military service in the Armed Forces of the Philippines (AFP) and has been honorably discharged or retired after at least six (6) years total cumulative active service (or 20 years pursuant to Republic Act No. 9396 for those who rendered military service starting 18 March 2007) or sooner separated while in the active in the AFP due to death or disability arising from a wound or injury received or sickness or disease incurred in the line of duty.

Note: RA9396 (Approved March 18, 2007) further amended the service requirement for those who served with the AFP. Thus under this Act to be considered for veteran benefit, one must serve at least twenty (20) years in Military Service. (Section 1)
OLD AGE Pension

PERSONS ELIGIBLE
a) Veteran who is at least 65 years old; or
b) Surviving spouse of a deceased veteran regardless of age until he/she remarries or dies.

NATURE OF BENEFIT
Pension in a present standard amount of P5,000.00 per month

Note: Starting January 2019, senior living World War II veterans, and Korean War and Vietnam War veterans who are not receiving any form of pension from the Armed Forces of the Philippines, are granted an increase of P20,000 under R.A. 11164 or an “Act Increasing the Monthly Old Age Pension of Senior Veterans.” The pension is exclusive only to the senior living veterans and is non-transferrable to any family member and/or dependent.

BASIS OF BENEFIT
Sec. 10 of RA 6948 as amended by Sec. 3 of RA 7696

DOCUMENTARY REQUIREMENTS
A. For War Veteran
1. Duly Accomplished Application Form with 2 x 2 ID Picture;
2. Military Service Record from NRD-OTAG;
3. Enlistment Record / Separation Report (for Philippine Scout); and
4. AFP ID or any Valid Government-issued ID Cards.

B. For Post-War Veteran
1. Duly Accomplished Application Form with 2 x 2 ID Picture;
2. Military Service Record (MSR)/ For Retirees: Retirement Orders; and
3. AFP ID or any Valid Government-issued ID Cards.

C. For Surviving Spouse
D1. If the deceased veteran received pension benefit:
1. Duly Accomplished Application Form;
2. Marriage Certificate;
3. CEMAR of both the veteran and the claimant;
4. Death Certificate; and
5. Government-issued Valid ID

D2. If the deceased veteran did not receive pension:
1. Military Service Record duly issued by the NRD,OTAG and all documents stated above.
GUIDELINES FOR VETERANS AND SURVIVOR BENEFITS

LIMITATIONS

1. The pension is terminated when the surviving spouse remarried and died;
2. The pension is terminated when the surviving spouse cohabitates in consonance with the Office Order 18-03, otherwise known as Guidelines on Cohabitation as ground for Termination of Pension and/or Disapproval of Claim.

GUIDELINES ON THE APPLICATION ON LATE REGISTERED DOCUMENTS IN PROCESSING OF VETERANS BENEFITS

These guidelines aim to provide uniform rules in accepting late-registered documents as proof of Marriage, Death, identity, and Filiation to determine the entitlement of the claimant/applicant.

A. For Foreign Documents
   All documents executed and official certifications issued by foreign country are admissible if duly authenticated by the Philippine Consulate concerned.

B. For Late Registered Documents
   B.1. For Delayed Registration of Birth
      B.1.1. Copy of Certificate of Live Birth duly accomplished and signed by the proper parties;
      B.1.2. Affidavit for Delayed Registration (at the back of the Certificate of Live Birth) signed by the father, mother or guardian, or the child himself, if he is of understanding capacity;
      B.1.3. Any two of the following documentary evidences which may show the name of the child, date and place of birth, and the names of parents.
         i. Baptismal Certificate;
         ii. School records
         iii. Income Tax of Parent/s or insurance policy;
         iv. Medical Records;
         v. Passport
         vi. Veterans ID;
         vii. Others, such as Barangay Captain’s Certification.
      B.1.4. Affidavit of Two (2) disinterested persons who might have witnessed or have known about the birth of the child; and a sworn statement of the present whereabouts of the mother, if the person seeking late registration of an illegitimate child is not the mother.
      B.1.5. Certificate of Marriage, if married.

B.2. For Delayed Registration of Death
   B.2.1. Copy of Certificate of Death that have been accomplished correctly and completely.
   B.2.2. Affidavit of Delayed Registration which shall be:
      B.2.2.1. Executed by the hospital or clinic administrator if the person died in the hospital, clinic or similar institution;
      B.2.2.2. Or if the person died elsewhere, by the attendant-at-death;
      B.2.2.3. In the default of the hospital or clinic administrator or attendant-at-death, the affidavit shall be executed by any of the nearest relative of the deceased, or by any person having legal charge of the deceased when he was still alive.
   B.2.3. Authenticated copy of the certificate of burial, cremation, or any other means of corpse disposal.

B.2. For Delayed Registration of Marriage
   B.3.1. Copy of Certificate of Marriage that must have been accomplished correctly and completely;
   B.3.2. Affidavit of delayed registration which shall be executed by:
      B.3.2.1. The solemnizing officer; or
      B.3.2.2. The person reporting or resenting the Certificate of Marriage
      B.3.2.3. Two (2) disinterested persons who have personal knowledge of the marriage preferably the sponsors and witnesses of the marriage stating therein the exact place and date of marriage, the facts and circumstances surrounding the marriage and the reason or cause of the delay.
   B.3.3. Certified copy of the application for marriage license bearing the date when the marriage license was issued, whenever applicable.
   B.3.4. Birth Certificate (not late registered) of at least two (2) children (if applicable) issued by PSA or LCR indicating clearly the date and place of marriage of parents; and
   B.3.5. Certified True copy of the church or civil marriage certificate duly signed and sealed by the parish priest, minister, or custodian of said records.
C. For Muslim Claimants
Muslim marriages, births, death, and divorces are covered by registration laws, thus not exempted from presentation of documentary requirements to establish the facts of their births, death, marriages, and divorces. The fact of marriage, birth, and/or death of a Muslim veteran or beneficiary shall be established by a certificate issued by the concerned Muslim Circuit Registrar; but in the absence of any such record, by sworn statements of your Municipal Mayor, the Commanding Officer/Commander-in-arms of the veteran and of two (2) disinterested persons who have personal knowledge of the fact of birth.

D. For Indigenous People
Indigenous people are required to present Certification duly-issued by the National Commission for Indigenous People, or any evidentiary documents from their respective chieftains that will prove their fact of Marriage, Death, and Birth.

GUIDELINES FOR KILLED-IN-ACTION VETERANS

1. Qualified legal beneficiary of KIA veterans shall be entitled to applicable veterans’ benefits whether Old Age Pension, Death Pension, Burial Assistance and Hospitalization Benefits;

2. Legal Beneficiaries of KIA veterans who are automatically PVAO Pensioners shall be given priority on their filed application both processing and payment to any claims benefits;

3. PVAO shall provide full assistance to the legal beneficiary/ies of the KIA veterans by relaying all necessary information with regards to the benefits they may acquire; and

4. PVAO will harmoniously and simultaneously coordinate with its counterpart in the AFP for the continuous updates on the listing and information details involving KIA veterans

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**APPLICATION FOR OLD AGE PENSION (AFP RETIREE VETERAN)**

**GUIDELINES FOR KILLED-IN-ACTION VETERANS**

1. Qualified legal beneficiary of KIA veterans shall be entitled to applicable veterans’ benefits whether Old Age Pension, Death Pension, Burial Assistance and Hospitalization Benefits;

2. Legal Beneficiaries of KIA veterans who are automatically PVAO Pensioners shall be given priority on their filed application both processing and payment to any claims benefits;

3. PVAO shall provide full assistance to the legal beneficiary/ies of the KIA veterans by relaying all necessary information with regards to the benefits they may acquire; and

4. PVAO will harmoniously and simultaneously coordinate with its counterpart in the AFP for the continuous updates on the listing and information details involving KIA veterans
APPLICATION FOR OLD AGE PENSION (VETERAN)

FAMILY NAME: 
FIRST NAME: 
MIDDLE NAME: 
CLAIM NO.: 
COMPLETE ADDRESS (No./St., Brgy./District, Municipality/ City, Province):
RECEIVED BY: 
DATE: 
ZIP CODE: 
CONTACT NO.: 
DATE OF BIRTH: 
PLACE OF BIRTH: 
Name of Spouse: 
Date of Marriage: 
RANK: 
SERIAL NO.: 
MAJOR SERVICE: 
NATIONALITY: 

WAR VETERAN
☐ WWII Veteran
☐ Korean (PEFTOK)
☐ Vietnam (HICAO)
☐ Philippine Scout

POST-WAR VETERAN
☐ AFP-Phil. Army (PA)
☐ AFP-Phil. Air Force (PAF)
☐ AFP-Phil. Navy (PN)
☐ AFP-Phil. Constabulary (PC)

CERTIFICATION AND SIGNATURE: (READ CAREFULLY BEFORE SIGNING)
I HEREBY CERTIFY that:
1. The foregoing entries and attached supporting documents are true and correct;
2. I have not been found guilty by final judgment of a gross human rights violation while in the service;
3. I have not been discharged or separated from the military service under dishonorable conditions; and
4. I am fully aware of the consequences of committing fraud in connection with this application.

In witness whereof, I have heretofore affixed my signature and thumbmarks this _______ day of _______ 20____.

THUMBMARKS 
Of Claimant

Signature: ____________________________
(Applicant)

LEFT

RIGHT

Type of Government Issued ID: ____________________________
ID No.: ____________________________
Validity/Expiration Date: ____________________________

SUBSCRIBED AND SWORN to before me this _______ day of _______ 20____ at ________________________ affiant exhibiting to me the Residence Certificate/ Passport/ Identification Card as indicated above.

Signature of Administering Officer:
Printed Name: ____________________________
Official Designation: ____________________________

(PLEASE SEE INSTRUCTIONS AT THE BACK)

Rev 01.5.2018

Issued by: ____________________________
Date: ____________________________
APPLICATION FOR OLD AGE PENSION
DOCUMENTARY REQUIREMENTS FOR VETERAN

1. Military Service Record (MSR);
2. Enlistment Record/ Separation Report (for Philippine Scout);
3. AFP ID or any Valid Government-issued ID Cards;
4. Proof of Birth;
5. 2 pcs. 2x2 ID Picture of both parties.

IMPORTANT REMINDERS

1. This application form is provided FREE by the Philippine Veterans Affairs Office (PVAO). IT IS NOT FOR SALE. Do not reproduce, sell or buy this form. Only the authenticated official form bearing a serial number will be accepted by PVAO for processing.
2. The applicant must be a veteran pursuant to Section 2 of R.A. 6948 as amended, who is at least 65 years old; and who is not receiving a similar pension for the same consideration from other government funds or from the United States Government.
3. All documents must be either original or attested by the office which issued the same. We do not honor Xerox copies.
4. Fill out TWO copies only. PRINT ALL ENTRIES. The accomplished application form may be subscribed and sworn to before any authorized administrator or before a PVAO Field Extension Service Office, PVAO Administering Officer at no cost to the applicant.
5. Attach the following above mentioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document.
6. For Birth Certificate, a True Copy of an original document should be authenticated by the Official who issued or who has custody of the original document.
7. For Military Service Record (MSR), it should be authenticated by OTAG, GHQ;
8. Proof of Death, it should be duly issued/authenticated by the Local Civil Registrar (LCR) or by the Bureau of Census and Statistics;
9. In case of Delayed-registered Proof of Birth, the following additional documents are required:
   (a) Any TWO of the following documentary evidences which may show the name of the child, date and place of birth, and the names of parents: (i) Birth Certificate; (ii) School Records; (iii) Income Tax of Parent's or insurance policy; (iv) Medical Records; (v) Passport; (vi) Veteran's ID; and (vii) Others, such as barangay captain's certification;
   (b) Affidavit of Two (2) Disinterested Persons who might have witnessed or have known about the birth of the child; and a sworn statement of the present whereabouts of the mother, if the person seeking late registration of an illegitimate child is not the mother;
   (c) Certificate of Marriage, if married.
   (d) For Muslim Claimants: Late-registered Birth Certificate shall be supported with (a) Certificate issued by the Muslim Circuit Registrar concerned; and (b) in the absence of such, Sworn Statements of your Municipal Mayor, the Commanding Officer, Commander-in-Chief of the veteran and of two (2) disinterested persons who have personal knowledge of the fact of birth will do, and
   (e) For Indigenous People: Late-registered Birth certificate shall be supported with (a) Certification duly issued by the National Commission for Indigenous People (NCIP); or any evidentiary documents from their respective chieftains that will prove their fact of birth.
10. Submit the accomplished application forms with the required documents to PVAO or to any PVAO Field Extension Office where it will be assigned a claim number. A duplicate copy, properly marked with the assigned claim number, will be returned to you as your proof of filing; and
11. Do not pay any amount to any person in connection with the filing of this application.

REPUBLIC OF THE PHILIPPINES
Department of National Defense

PHILIPPINE VETERANS AFFAIRS OFFICE
Camp General Emilio Aguinaldo, Quezon City

APPLICATION FOR OLD AGE PENSION
(SURVIVING SPOUSE)

(READ INSTRUCTION AT THE BACK BEFORE FILLING-UP THIS FORM)

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>Suffix (Sr., Jr., III, etc.)</th>
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</tbody>
</table>

CLAIM NO. :
RECEIVED BY:
DATE :

CONTACT NO. :

DATE OF BIRTH:
PLACE OF BIRTH:

DATE OF MARRIAGE:
PLACE OF MARRIAGE:

IMPORTANT CHECKING INFORMATION

- Veteran is a PVAO Pensioner.
- Veteran is not yet a PVAO Pensioner.

VETERAN INFORMATION

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>Rank</th>
<th>SERIAL NO.</th>
<th>Major Service</th>
<th>Nationality</th>
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</tr>
</tbody>
</table>

DATE OF DEATH:
PLACE OF BIRTH:

CATEGORY OF VETERAN: [CHECK PERTINENT ITEMS ONLY]
- WWII Veteran
- Korean (PEFTOK)
- AFP-PHIL Army (PA)
- AFP-PHIL Air Force (PA)
- Philippine Scout
- AF-PHIL Navy (PN)
- AFP-PHIL Coast Guard (PC)

CERTIFICATION AND SIGNATURE: (READ CAREFULLY BEFORE SIGNING)

I HEREBY CERTIFY that:
1. The foregoing entries and attached supporting documents are true and correct;
2. I am UNMARRIED surviving spouse of the deceased veteran;
3. I am fully aware of the consequences of committing fraud in connection with this application.

In witness whereof, I have hereunto affixed my signature and thumbmarks this day of __________ 20__,

THUMBMARK OF SPOUSE

<table>
<thead>
<tr>
<th>Signature</th>
<th>Type of Government Issued ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ID No. :
Validity/Expiration Date :

SUBSCRIBED AND SWORN to before me this day of __________ 20__, at __________, affiant exhibiting to me the Residence Certificate/Passport/Identification Card as indicated above.

Signature of Administering Officer:
Printed Name:
Official Designation:

(PLEASE SEE INSTRUCTIONS AT THE BACK)

Rev 01 S. 2018

Issued by: ____________________________
Date: ________________________________
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3. Fill out TWO copies only. PRINT ALL ENTRIES. The accomplished application form may be subscribed and sworn to before any authorized officer or before a PVAO Field Extension Service Office, PVAO Adminstrating Officer at no cost to the applicant.

4. Attach the following aforementioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document.

5. For Delayed-Registered Death Certificate, the following shall be submitted:
   (a) Affidavit of Delayed Registration which shall be executed by (a) the hospital or clinic administer of the deceased in the hospital, clinic or similar institution; or (b) the person who died elsewhere, by the attendant-at-death; and (c) in the default of the hospital or clinic administered or attendant-at-death, the affidavit shall be executed by any of the nearest relative of the deceased, or by any person having legal charge of the deceased when he was still alive.
   (b) Authenticity copy of the certificate of burial, cremation, or any other means of corpse disposal.

6. For Delayed-Registered Marriage Certificate, the following shall be submitted:
   (a) Affidavit of delayed registration which shall be executed by: (a) The solemnizing officer, or (b) the person reporting or registering the Certificate of Marriage, (c) Two (2) disinterested persons who have personal knowledge of the marriage preferably the sponsors and witnesses of the marriage stating therein the exact place and date of marriage, the facts and circumstances surrounding the marriage and the reason or cause of the delay.
   (b) Certified copies of the application for marriage license hearing the date when the marriage license was issued, whenever applicable.
   (c) Birth Certificate (not late registered) of at least two (2) children (if applicable) issued by PSA or LCR indicating clearly the date and place of marriage of parents; and
   (d) Certified True copy of the church or civil marriage certificate duly signed and sealed by the parish priest, minister, or custodian of said records.

4. For Muslim Claimants: Late-registered Death and Marriage Certificates shall be supported with (a) Certificate issued by the Muslim Circuit Registrar concerned, and (b) in the absence of such, Sworn Statements of your Municipal Mayor, the Commanding Officer/Commander-in-Chief of the veteran and of two (2) disinterested person who have personal knowledge of the facts of death and marriage will do.

5. For Indigenous People: Late-registered Death and Marriage Certificates shall be supported with (a) Certification duly-issued by the National Commission for Indigenous People (NCIP), or any evidentiary documents from their respective chieftains that will prove their fact of Birth.

6. Submit the accomplished application forms with the required documents to PVAO or to any PVAO Field Extension Office where it will be assigned a claim number. A duplicate copy, properly marked with the assigned claim number, will be returned to you as your proof of filing; and

7. Do not pay any amount to any person in connection with the filing of this application.

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**ADDITIONAL BENEFIT**

For veteran whose disability rating was rated 100% only, spouse and minor children (below 18 years old), shall receive Php 500.00 monthly pension.

For those veterans who were receiving below one hundred per centum disability ratings, upon reaching the age of 70, shall have their disability rating upgraded to 100% without the need for re-rating and per Memorandum approved by A, PVAO dated 13 June 2017, spouse (only) is also entitled for additional pension in the amount of P500.00 monthly pension.

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**DISABILITY Pension**

**WORLD WAR II VETERAN** who incurred sickness and/or injury while in the active wartime service and Post War (AFP) veterans with Complete Disability Discharge (CDD) from the AFP Medical Center as certified by the Disability Service Board and approved by the Disability Rating Board shall be given a monthly pension in accordance with the USDVA Rating Schedule with the following rates prescribed hereunder:

**Disability Pension Rates**

<table>
<thead>
<tr>
<th>Disability Rating</th>
<th>Amount of Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 30%</td>
<td>Php 1,000/month</td>
</tr>
<tr>
<td>30%</td>
<td>Php 1,100/month</td>
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<tr>
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<td>Php 1,200/month</td>
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<td>80%</td>
<td>Php 1,600/month</td>
</tr>
<tr>
<td>90%</td>
<td>Php 1,700/month</td>
</tr>
<tr>
<td>100%</td>
<td>Php 1,800/month</td>
</tr>
</tbody>
</table>

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3. Fill out TWO copies only. PRINT ALL ENTRIES. The accomplished application form may be subscribed and sworn to before any authorized officer or before a PVAO Field Extension Service Office, PVAO Adminstrating Officer at no cost to the applicant.

4. Attach the following aforementioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document.

5. For Delayed-Registered Death Certificate, the following shall be submitted:
   (a) Affidavit of Delayed Registration which shall be executed by (a) the hospital or clinic administrator of the deceased in the hospital, clinic or similar institution; or (b) the person who died elsewhere, by the attendant-at-death; and (c) in the default of the hospital or clinic administrator or attendant-at-death, the affidavit shall be executed by any of the nearest relative of the deceased, or by any person having legal charge of the deceased when he was still alive.
   (b) Authenticity copy of the certificate of burial, cremation, or any other means of corpse disposal.

6. For Delayed-Registered Marriage Certificate, the following shall be submitted:
   (a) Affidavit of delayed registration which shall be executed by: (a) The solemnizing officer, or (b) the person reporting or registering the Certificate of Marriage, (c) Two (2) disinterested persons who have personal knowledge of the marriage preferably the sponsors and witnesses of the marriage stating therein the exact place and date of marriage, the facts and circumstances surrounding the marriage and the reason or cause of the delay.
   (b) Certified copies of the application for marriage license hearing the date when the marriage license was issued, whenever applicable.
   (c) Birth Certificate (not late registered) of at least two (2) children (if applicable) issued by PSA or LCR indicating clearly the date and place of marriage of parents; and
   (d) Certified True copy of the church or civil marriage certificate duly signed and sealed by the parish priest, minister, or custodian of said records.

4. For Muslim Claimants: Late-registered Death and Marriage Certificates shall be supported with (a) Certificate issued by the Muslim Circuit Registrar concerned, and (b) in the absence of such, Sworn Statements of your Municipal Mayor, the Commanding Officer/Commander-in-Chief of the veteran and of two (2) disinterested person who have personal knowledge of the facts of death and marriage will do.

5. For Indigenous People: Late-registered Death and Marriage Certificates shall be supported with (a) Certification duly-issued by the National Commission for Indigenous People (NCIP), or any evidentiary documents from their respective chieftains that will prove their fact of Birth.

6. Submit the accomplished application forms with the required documents to PVAO or to any PVAO Field Extension Office where it will be assigned a claim number. A duplicate copy, properly marked with the assigned claim number, will be returned to you as your proof of filing; and

7. Do not pay any amount to any person in connection with the filing of this application.
DOCUMENTARY REQUIREMENTS

For Spouse and Minor children:
1. Duly accomplished Application Form;
2. Marriage Certificate from PSA/LCR;
3. CEMAR of the veteran and claimant from PSA;
4. Birth Certificate from PSA/LCR; and
5. 2 valid ID’s of spouse.

DEATH Pension

FOR THE DEATH OF A VETERAN in line of duty at any time after honorable separation from the service as a result of wounds or injury received or sickness or disease incurred in as a consequence of the performance of such duty and of a political prisoner who died in prison or enemy of the Armed Forces during World War II, the surviving spouse and unmarried minor children or the indigent parents except those who for the same reason are actually receiving a similar pension from any government funds or from the United States Government maybe given a pension of one thousand pesos (P1,000.00) for the surviving spouse and unmarried minor children or until the surviving spouse remarries or dies and until the minor child dies, marries or reaches the age of eighteen (18) and the indigent parents. Same benefit is awarded to the Armed Forces of the Philippines, who in line of duty died of injury or ailment which was incurred in war or in a military campaign against dissidence, rebellion or sedition nor as a direct result of such war or military campaign.

DEATH PENSION DUE TO SERVICE-CONNECTED DISABILITY

The death of a veteran will be considered as having been due to service-connected disability where the evidence establishes such service-connected disability as the principal cause of death, or contributory thereto or a complication thereof. The disability will be considered as the principal cause of death when, singly or jointly with some other condition, it is the immediate or underlying cause of death is etiologically related thereto. A contributory cause of death is inherently one not related to the principal cause, and must be shown to have contributed substantially or materially as combining to cause death, or aiding or lending assistance to the production thereof.
PERSONS ELIGIBLE

a) Surviving Spouses and unmarried minor children (below 18 years old); and
b) Parents – for single

REQUIREMENTS FOR VETERANS WHO DIED MARRIED AND WITH CHILDREN

1. Duly accomplished Application Form;
2. Military Service Records from NRD, OTAG or Statement of Service ;
3. Casualty Report ;
4. Declaration of Line of Duty Status;
5. Declaration of Legal Beneficiaries from JAGO;
6. Marriage Contract from the PSA or LCR;
7. Birth Certificates of minor children (below 18 years old) from the PSA or LCR;
8. Certificate of Marriage (CEMAR-husband and wife) from PSA;
9. AFP Dependent ID and valid ID; and
10. AFP Dependent ID and valid ID; and

*FOR SERVICE-CONNECTED DEATH PENSION
11. Proof of CDD Worksheet (where sickness is indicated)

REQUIREMENTS FOR VETERANS WHO DIED SINGLE BUT WITH ACKNOWLEDGED CHILD/CHILDREN

1. Duly accomplished Application Form;
2. Military Service Records from NRD, OTAG or Statement of Service ;
3. Casualty Report;
4. Declaration of Line of Duty Status;
5. Declaration of Legal Beneficiaries from JAGO;
6. AFP Dependent ID and valid ID;
7. Birth Certificates of minor children (below 18 years old) from the PSA or LCR;
8. 2 Valid IDs of claimant (as designated/indicated in the Declaration of Legal Beneficiaries issued by JAGO); and

*FOR SERVICE-CONNECTED DEATH PENSION
9. Proof of CDD Worksheet (where sickness is indicated)

The following are the requirements in filing for DEATH PENSION (Note: the state of death of the Deceased must be “killed-in-action” - KIA)

For the PARENTS (where the soldier is single)

1. Military Service Record (to prove that the deceased is indeed a soldier)
2. Line of Duty Status (to prove that the soldier was killed-in-action)
3. Declaration of Beneficiaries
4. Death Certificate of veteran issued by LCR with registry number (to prove the fact of death)
5. Marriage Contract of veteran’s parents issued by LCR with registry number (to prove legitimacy of marriage entitlement of pension as parents
6. Birth Certificate of veteran issued by LCR with registry number (to prove that soldier is indeed related to the claimant)
7. 2x2 ID Photo (colored or black)
8. AFP Dependent’s ID

All documents must be either original or authenticated by the office which issued the name. We do not honor photocopies.

The claimant must personally file.
NOTE:

In the absence of Death Certificate, any of the following will suffice:

1. Late Registration with court declaration
   In case of loss or destruction of registry record, a certification from the custodian of public records to this effect and affidavit of two disinterested persons preferably those sponsors in the Marriage and Birth Certificate of one child wherein the data and place of marriage are indicated. In the absence of a marriage contract, any of the following will suffice:
   1. Marriage certificate issued by Parish Church
   2. Certificate of Land Title or Birth Certificate of two children indicating the date and place of marriage of parents.

In the absence of Birth Certificate, any of the following will suffice:

1. Late Registered Birth Certificate with the following, to wit:
   A. Any two of the following documentary evidences which may show the name of the child, date and place of birth, and the names of the parents:
      1. Baptismal Certificate;
      2. School Records;
      3. Income Tax of Parent/s or insurance policy;
      4. Medical Records;
      5. Passport;
      6. Veterans ID; and
      7. Others, such as Barangay Captain’s Certification.
   
   B. Affidavit of Two (2) disinterested persons who might have known about the birth of the child; and a sworn statement of the present whereabouts of the mother, if the person seeking late registration of an illegitimate child is not the mother; and
   
   C. Certificate of Marriage, if married.

   All documents to be submitted must be either original or authenticated.
APPLICATION FOR DEATH PENSION
DOCUMENTARY REQUIREMENTS FOR SURVIVING SPOUSE

1. Military Service Record (to prove that the deceased is indeed a soldier)
2. Family ID of the late (to prove the family relationship)
3. Line of Duty Status (to prove that the soldier was killed in action)
4. Declaration of Beneficiaries
5. Marriage Certificate of veteran issued by LCR/PSA with registry number (to prove legitimacy of marriage as parent)
6. Certificate of Civil Status (original copy)
7. Birth Certificate of veteran issued by LCR/PSA with registry number (to prove that soldier is indeed related to the claimant)
8. 2x2 ID Photo colored or black
9. Death Certificate of veteran issued by LCR/PSA with registry number (to prove the fact of death)
10. AFA Dependent’s ID

IMPORTANT REMINDERS

1. This application form is provided FREE by the Philippine Veterans Affairs Office (PVAO). IT IS NOT FOR SALE. Do not reproduce, sell or buy this form. Only the authenticated official form bearing a set number will be accepted by PVAO for processing.
2. The state of death of the Decedent must be either “KIA” or “DIED in Action”
3. All documents must be either original or authenticated by the office which issued the same. We do not honor Xerox copies;
4. Fill out TWO copies only. PRINT ALL ENTRIES. The accomplished application form may be submitted and sworn to before any authorized officer in the absence of such an authorized officer, the claimant may submit the form to a PVAO Field Extension Service Office, PVAO Administrator or Assistant Administrator at no cost to the applicant;
5. Attach the following abovementioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document;
6. In the absence of Death Certificate, any of the following will suffice:
   (a) Late Registration with court declaration; and
   (b) In case of loss and/or destruction of registry record, a certificate from the custodian of public records to this effect and affidavit of two disinterested persons preferably those sponsors in the Marriage and Birth Certificate of one child wherein the date and place of marriage are indicated.
7. In the absence of a marriage contract, any of the following will suffice:
   (a) Marriage certificate issued by Parish Church;
   (b) Certificate of Land Title or Birth Certificate of two children indicating the date and place of marriage of parents.
8. In the absence of a Birth Certificate, any of the following will suffice:
   (a) Late Registered Birth Certificate which shall be supported with any TWO (2) of the following documentary evidences which may show the name of the child, date of birth, and names of parents: (a) Baptism Certificate; (b) School records; (c) Income Tax of Parents or insurance policy; (d) Medical Records; (e) Passport; (f) Veterans ID; and (g) Certificate of Marriage, if married.
   (b) Affidavit of Two (2) disinterested persons who might have witnessed or have knowledge about the birth of the child; and a sworn statement of the present whereabouts of the mother, if the person seeking late registration of an illegitimate child is not the mother; and
   (c) Certificate of Marriage, if married.
9. For Muslim Claimants: Late-registered Birth/Death/Marriage Certificates shall be supported with (a) Certificate issued by the Municipal Registrar; and (b) in the absence of such, sworn Statements of your Municipal Mayor, the Commanding Officer or Commandant of the veteran and of two (2) disinterested persons who have personal knowledge of the facts of birth/death/marriage will do.
10. For Indigenous People: Late-registered Birth/Death/Marriage Certificates shall be supported with (a) Certification duly-issued by the National Commission for Indigenous People (NCIP), or any evidentiary documents from their respective chieftains that will prove their fact of Birth.
11. Submit the accomplished application forms with the required documents to PVAO or to any PVAO Field Extension Office where it will be assigned a claim number. A duplicate copy, properly marked with the assigned claim number, will be returned to you as your proof of filing; and
12. Do not pay any amount to any person in connection with the filing of this application.

Date

Sirs/Madams:

To facilitate the processing of your claim, under [Change to applicable law] and [Change to applicable law], please provide the required information to establish your identity. Return this information sheet to the office immediately.

FULL NAME OF VETERAN:

DATE AND PLACE OF BIRTH OF VETERAN:

RANK AND MILITARY NUMBER:

ORGANIZATION (Specific Unit): 

FULL NAME OF SPOUSE:

DATE AND PLACE OF BIRTH OF SPOUSE:

FULL NAME OF CHILDREN:

DATE AND PLACE OF MARRIAGE:

FULL NAME OF VETERAN’S MOTHER:

FULL NAME OF VETERAN’S FATHER:

FULL NAME OF SPOUSE MOTHER:

FULL NAME OF SPOUSE FATHER:

NAME OF CHILDREN:

PRESENT MAILING ADDRESS OF CLAIMANT:

CONTACT NUMBERS: LANDLINE: 

CELLPHONE:

If the veteran is already DECEASED, please furnish this office his/her DEATH CERTIFICATE. Please affix your left and right thumbmarks at the space provided below.

Signature of Veteran or Claimant

Very truly yours,

By:

LEFT

RIGHT
Republic of the Philippines  
Department of National Defense  
Philippine Veterans Affairs Office  
Camp Emilio Aguinaldo, Quezon City

Date:  
Yes/No: (Name of Person fingerprinted)

Please read instructions carefully before accomplishing this form.

1. PVAO, FORM(S) MUST BE FINGERPRINTED/TAKEN AT THE NEAREST NBI OFFICE, POLICE STATION OR PVAO FIELD OFFICE TO AVOID BLURRED THUMPRINTS.

2. ALSO, THERE MUST BE NO ERASURES IN THE SIGNATURES ON THE FORM.

This is to certify that the following are the specimen of my THUMB PRINTS and known SIGNATURES.

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<thead>
<tr>
<th>SEVEN (7) LATEST SIGNATURES</th>
<th>LEFT THUMB PRINTS</th>
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NOTE: Claimant Personally Appeared.

DONE IN THE PRESENCE OF  

Signature over printed name of OFFICIAL TAKING PRINTS  

DATE

NOTE: FINGERPRINTS NEVER LIE AND NEVER CHANGE.

REMINDERS: FINGERPRINTS DO NOT BE LOST - THAT MAN'S FINGERPRINTS ARE PERMANENT (UNCHANGABLE)
REPUBLIC OF THE PHILIPPINES
Department of National Defense

PHILIPPINE VETERANS AFFAIRS OFFICE
Camp General Emilio Aguinaldo, Quezon City

APPLICATION FOR DEATH PENSION
(PARENT/S)

(READ INSTRUCTIONS AT THE BACK BEFORE FILLING UP THIS FORM)

NAME OF PARENTS/CLAIMANT/S:

FATHER:
Family Name ___________________________ First Name ___________________________
Middle Name ___________________________
( ) Living
( ) Deceased
CLAIM NO:

MOTHER:
Family Name ___________________________ First Name ___________________________
Middle Name ___________________________
( ) Living
( ) Deceased
CLAIM NO:

ADDRESS:
Street: ___________________________
Town/City: ___________________________
Provincse: ___________________________
ZIP CODE: ___________________________
TEL NO: ___________________________

DATE OF MARRIAGE: ___________________________
PLACE OF MARRIAGE: ___________________________

DECEASED VETERAN
Family Name ___________________________ First Name ___________________________
Middle Name ___________________________

RANK: ___________________________
SERIAL NO: ___________________________
MAJOR SERVICE: ___________________________
NATIONALITY: ___________________________

DATE OF DISCHARGE: ___________________________
LAST UNIT OF ASSIGNMENT: ___________________________

DATE OF DEATH: ___________________________
PLACE OF DEATH: ___________________________

CAUSE OF DEATH: ___________________________

RECEIVED DEATH GRATUITY UNDER R.A. 610 ( ) P10,000.00 ( ) P3,000.00 ( ) None

CATEGORY OF VETERAN: [ ] CHECK PERTINENT ITEMS ONLY

WAR VETERAN
☐ WW II Veteran
☐ Korea (FEF/OK)
☐ AFP-Phil. Army
☐ AFP-Phil. Air Force

POST-WAR VETERAN
☐ Vietnam (PH/RCAG)
☐ Philippine Scout
☐ AFP-Phil. Navy
☐ AFP-Phil. Constabulary

CERTIFICATION AND SIGNATURE: (READ CAREFULLY BEFORE SIGNING)

I HEREBY CERTIFY that:
1. The foregoing entries and attached supporting documents are true and correct;
2. This is the only claim that I have filed for burial assistance;
3. I am fully aware of the consequences of committing fraud in connection with this application.

In witness whereof, I have hereto affixed my signature and thumbmarks this ______ day of ______, 20__.

__________________________________________
Signature of Claimant: ___________________________

__________________________________________
Type of Government Issued ID: ___________________________

__________________________________________
ID No.: ___________________________

__________________________________________
Validity/Expiration Date: ___________________________

__________________________________________
THUMBNAILS OF CLAIMANT

LEFT | RIGHT

SUBSCRIBED AND SWORN to before me this ______ day of ______, 20__ at ____________, affiant
exhibiting to me the Residency Certificate/Passport/Identification Card as indicated above.

Signature of Administrative Officer:
Printed Name:
Official Designation:

(PLEASE SEE INSTRUCTIONS AT THE BACK)

Issued by: ___________________________
Date: ___________________________

Rev 01 S 2018
APPLICATION FOR DEATH PENSION

DOCUMENTARY REQUIREMENTS FOR PARENT/S

For the PARENT(S) (where the soldier is single)

(1) Military Service Record (to prove that the deceased is indeed a soldier)

(31) Line of Duty Status (to prove that the soldier was killed-in-action, or died in line of duty, or service-connected disability)

(32) Declaration of Beneficiaries

(33) Death Certificate of veteran issued by LCR/PSA with registry number to prove that soldier is indeed related to the claimant

(34) Birth Certificate of veteran issued by LCR/PSA with registry number to prove legitimacy of marriage

(35) Marriage Contract of veteran's parents issued by LCR/PSA with registry number to prove legitimacy of marriage

(36) Declaration of Beneficiaries

(37) 2X2 ID Photo colored or black

(38) AFP Dependent's ID

IMPORTANT REMINDERS

1. This application form is provided FREE by the Philippine Veterans Affairs Office (PVAO). IT IS NOT FOR SALE. Do not reproduce, sell or buy this form. Only the authenticated official form bearing a set number will be accepted by PVAO for processing.

2. The cause of death of the Deceased must be "killed in action" (KIA), or in line of duty status, or service-connected disability.

3. All documents must be either original or authenticated by the office which issued the same. We do not honor Xerox copies.

4. Fill out TWO copies only. PRINT ALL ENTRIES. The accomplished application form may be submitted and sworn to before any authorized to administer oaths, or before a PVAO Field Extension Service Office, PVAO Administering Office at no cost to the applicant.

5. Attach the following abovementioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document.

6. In the absence of Death Certificate, any of the following will suffice:
   (a) Late Registration with court declaration, and
   (b) A sworn statement of the custodian of public records as to the effect and affidavits of two disinterested persons, preferably the sponsors in the Marriage and Birth Certificate of the child wherein the death and place of marriage are indicated.

7. In the absence of a marriage certificate, any of the following will suffice:
   (a) Marriage certificate issued by Parish Church;
   (b) Certificate of Affidavit of Birth Certificate of two children indicating the date and place of marriage of parents.

8. In the absence of a Birth Certificate, any of the following will suffice:
   (a) Late Registered Birth Certificate, which shall be supported by any TWO (2) of the following documentary evidences which may show the name of the child, date and place of birth, and the names of parents: (a) Baptismal Certificate; (b) School records; (c) Incense of Parent's or insurance policy; (d) Medical Records; (e) Passport; (f) Veterans ID; or
   (g) Other documents, such as Barangay Captain's Certification.
   (b) Affidavit of Two (2) disinterested persons who might have witnessed or have knowledge about the birth of the child, and a sworn statement of the present whereabouts of the mother, if the person seeking late registration of an illegitimate child is not the mother; and
   (c) Certificate of Marriage, if married.

7. For Muslim Claimants: Late-registered Birth/Death/Marriage Certificates shall be supported with (a) Certificate issued by the Muslim Civil Registrar concerned, and (b) in the absence of such, Statement of your Municipal Mayor, the Commanding Officer/Commander-in-Chief of the veteran and of two (2) disinterested persons who have personal knowledge of the facts of birth/death/marriage will do;

8. For Indigenous People: Late-registered Birth/Death/Marriage Certificates shall be supported with (a) Certification duly issued by the National Commission for Indigenous People (NCIP) or any evidentiary documents from their respective Tribes that will prove their facts of Birth;

9. Submit the accomplished application forms with the required documents to PVAO or to any PVAO Field Service Extension Office where it will be assigned a claim number. A duplicate copy, properly marked with the assigned claim number, will be returned to you as your proof of filing; and

10. Do not pay any amount to any person in connection with the filing of this application.

Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
Camp General Emilio Aguinaldo, Quezon City

CLAIMS DIVISION

Date

Sir / Madam:

To facilitate the processing of your claim, for Old/Death/Disability Pension and/or Burial Assistance under RA 6948 as amended by RA 7595, please provide the required information to establish your identity. Return this information sheet to this office immediately.

FULL NAME OF VETERAN: Last Name, First Name, Middle Name

DATE AND PLACE OF BIRTH OF VETERAN:

RANK AND ARMY SERIAL NUMBER:

ORGANIZATION (Specific Unit):

FULL NAME OF WIDOW/SPOUSE:

DATE AND PLACE OF BIRTH OF WIFE/WIDOW:

DATE AND PLACE OF MARRIAGE:

FULL NAME OF VETERAN'S MOTHER:

FULL NAME OF VETERAN'S FATHER:

FULL NAME OF WIFE'S/WIDOW'S MOTHER:

FULL NAME OF WIFE'S/WIDOW'S FATHER:

NAME OF CHILD/REN:

ADDRESS OF CLAIMANT:

CONTACT NUMBER: LANDLINE CELLPHONE

If the veteran is already deceased, please furnish this office his/her DEATH CERTIFICATE. Please affix your left and right thumbmarks at the space provided below.

Signature of Veteran / Claimant

Very truly yours,

By:
non-pension

BENEFITS
BURIAL Assistance

IT IS A FINANCIAL ASSISTANCE of Php 20,000.00 given to the beneficiaries of the deceased-veteran to defray funeral expenses. It also includes a Philippine flag to be draped over the casket of the deceased-veteran.

PERSON ELIGIBLE TO CLAIM:
1. Spouse; and
2. Person who defrayed the funeral expenses

DOCUMENTARY REQUIREMENTS
1. Duly accomplished Application Form
2. Military Service Records from NRD, OTAG with Transmittal Number (if the deceased veteran did not receive pension benefit)
3. Death Certificate of veteran from PSA/LCR
4. Authenticated copy of proof of relationship to the deceased
   - If claimant is the wife – Marriage contract issued by LCR with Registry No.
   - If claimant is other than the spouse – Proof of relationship to the deceased.
5. Original Burial Receipts
6. Any 2 valid Government-issued IDs

All documents submitted must be either original or authenticated by the office which issued the same.

PRESCRIBED PERIOD
An application for burial assistance must be filed within two years from date of Veteran’s Death otherwise it is deemed barred by prescription.
EDUCATIONAL Benefit

THE EDUCATIONAL BENEFIT PROGRAM is part of the package of benefits being administered by the Philippine Veterans Affairs Office which entitles a veteran (WWII, PEFTOK & PhilCag), or his qualified beneficiary, to study at any school, college, university or institution recognized by the Commission on Higher Education (CHED).

The benefit covers payment of tuition, matriculation, registration, clinical, affiliation, military training, diploma and graduation fees not exceeding Forty Thousand pesos (P40,000.00) per school year.

EDUCATIONAL BENEFIT PROGRAM

Sec. 3 of RA 6948 as amended by Sec. 1 RA 7696. A scholarship given by PVAO, for the education of veterans, surviving spouse or one direct descendant of veteran.

PERSONS ELIGIBLE

> WWII Veterans
> PEFTOK Veterans
> PHILCAG Veterans
> Surviving spouse (in case the veteran/surviving spouse did not apply for the benefit or if the benefit was applied for but has not been used or has been partially used.)
NATURE OF BENEFIT

1. Payment of school fees - Maximum of P40,000.00/AY
2. One time payment of Review Fee amounting to P18,000.00

LIMITATIONS OF THE SCHOLARSHIP

Scholars are entitled to receive subsidy/ support for one (1) basic course (undergraduate, graduate, post graduate) except in cases where scholarship has been previously awarded to and partially used by one veteran, surviving spouse, or any one direct descendant. The subsequent grantee shall only be entitled to the remaining period of entitlement.

COVERAGE OF THE P40,000.00 ANNUAL ENTITLEMENT

School fees authorized by the CHED and appearing in the prospectus, catalogue or brochure of the school. It does not cover allowances (book, uniform, etc.).

REQUIREMENTS FOR FILING AN APPLICATION

1. Military Service Record of Veteran issued by the Office of the Adjutant General (OTAG), AFP/ Certification issued by PVAO or the Military Service Board (MSB), if veteran is a “Deserving Guerilla”;
2. Certificate of Marriage of veteran and his spouse issued by NSO;
3. Death certificate of veteran issued by PSA (If deceased);
4. Death certificate of surviving spouse of veteran issued by PSA (If deceased);
5. Waiver of Rights of all the children of veteran in favor of the proposed beneficiary;
6. Birth certificate of beneficiary’s parent (Child of the veteran); and
7. Marriage certificate of beneficiary’s parents issued by PSA.

REQUIREMENTS FOR CHANGE OF SCHOOL/COURSE

1. Course curriculum program
2. Latest Registration form
3. Transcript of record from the previous school
4. Photocopy of AWARD (copy for student)

REPLACEMENT OF SCHOLARSHIP CREDIT CARD

1. Affidavit of loss
2. Copy of AWARD (copy for student)

REQUIREMENTS FOR PAYMENT OF SCHOOL BILLS

1. Copy of AWARD (marked “Billing”), for initial payment only;
2. Duly Accomplished Certificate of Enrolment/ Assessment Form;
3. Latest School Registration Form; and
5. Original or Certified copy of grades from previous school term (all grades PASSED).

COVERAGE OF THE P40,000.00 ANNUAL ENTITLEMENT

School fees authorized by the CHED and appearing in the prospectus, catalogue or brochure of the school. It does not cover allowances (book, uniform, etc.).

LIMITATIONS OF THE SCHOLARSHIP

Scholars are entitled to receive subsidy/ support for one (1) basic course (undergraduate, graduate, post graduate) except in cases where scholarship has been previously awarded to and partially used by one veteran, surviving spouse, or any one direct descendant. The subsequent grantee shall only be entitled to the remaining period of entitlement.

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REQUIREMENTS FOR FILING AN APPLICATION

1. Military Service Record of Veteran issued by the Office of the Adjutant General (OTAG), AFP/ Certification issued by PVAO or the Military Service Board (MSB), if veteran is a “Deserving Guerilla”;
2. Certificate of Marriage of veteran and his spouse issued by NSO;
3. Death certificate of veteran issued by PSA (If deceased);
4. Death certificate of surviving spouse of veteran issued by PSA (If deceased);
5. Waiver of Rights of all the children of veteran in favor of the proposed beneficiary;
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7. Marriage certificate of beneficiary’s parents issued by PSA.

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2. Duly Accomplished Certificate of Enrolment/ Assessment Form;
3. Latest School Registration Form; and
5. Original or Certified copy of grades from previous school term (all grades PASSED).
POLICY/GUIDELINE ON THE PAYMENT OF SCHOOL BILLS IN FAVOR OF CURRENTLY ENROLLED STUDENT-WARD

1. Student-ward has paid in full and is cleared of all school accountabilities for the semester/period;
2. Student-ward or his/her guardian submits a copy of School Registration Form, Certificate of Enrollment duly signed by the School Registrar/School Accountant, Letter Request for Reimbursement, Original Official Receipts with a Certificate of full payment issued by the school showing the amount of school fees paid, specified terms covered by such payment and the corresponding official receipt number in order to effect reimbursement of expenses up to a maximum of P40,000.00 a year per student-ward.
3. Reimbursement of school fees from prior year of the current academic year is allowed;
4. Reimbursement from suspended term due to failed subject/s will not be allowed.
CERTIFICATION

I, ______________, HEREBY CERTIFY that I have read all the above questions carefully, that the answers to all the questions as well as the documents and other material that I have attached to this application are true and correct; that no educational or similar benefit has ever been filed/registered by the veteran or any of his dependents/wives under Philippine Law nor under United States Law; and that I am fully aware of the penalty provided for under Section 24, Republic Act 6948, for making false statement or committing fraud in connection with this application.

IN WITNESS WHEREOF, I have hereunto affixed my signature thumbmarks this _____ day of ______.

Thumbnails

______________________________
Signature of Applicant

______________________________
Community Tax Cert/Alien No.

______________________________
Issued at

______________________________
WITNESSES:

1) ______________  2) ______________

Republic of the Philippines

______________________________
S.S.

SUBSCRIBED AND SWORN to before me this _____ day of ______________, Affiant exhibited to me his/her Community Tax Certificate/Identification No. indicated below his/her signature: ____________________________

______________________________
ADMINISTERING OFFICER

________________________________________
(AFFIANT)

(Vet/Widow/Guardian/Child of Veteran)

SUBSCRIBED AND SWORN TO before me this _____ day of ______________, at ______, affiant having exhibited to me his/her Community Tax Certificate No. ____________________________ issued at ____________________________ on ______________.

______________________________
Administering Officer
Republic of the Philippines  
Department of National Defense  
PHILIPPINE VETERANS AFFAIRS OFFICE  
Veterans Compound  
Camp General Emilio Aguinaldo, Quezon City

Date ____________________________  
Veteran __________________________

STUDENT'S INFORMATION SHEET

Name of Waivee (Last Name) (First Name) (Middle Name)

City Address ____________________________

Provincial Address ____________________________

Date of Birth ____________________________ Place of Birth ____________________________

Highest Educational Attainment: Year Sem/Tri/Qua/Sem  
Course ____________________________ School ____________________________

Relationship to Veteran: ____________________________

Upon approval, please state WHERE and WHEN the benefit will be used

School ____________________________ Address ____________________________

Course ____________________________ Period Sem/Tri/Qua/Sem ____________________________

Contact Information (Required) ____________________________

DID CLAIMANT FILE ANOTHER APPLICATION FOR EDUCATIONAL OR SIMILAR BENEFIT  
WITH THIS OFFICE OR WITH THE UNITED STATES LAW OTHER THAN THE ONE BEING APPLIED?  
IF SO PLEASE STATE CLAIM NO. ___________ DATE FILED ____________________________

Student’s Thumbmarks ____________________________

(Signature of Student) ____________________________

Left ____________________________ Right ____________________________

Please use stamping pad ink to produce clear prints.

CERTIFICATION

I HEREBY CERTIFY THAT ABOVE INFORMATION, SIGNATURE AND THUMBMARKS OF  
THE ABOVE-NAMED WAIVEE ARE TRUE AND CORRECT.

Vet/Widow/Gda/Child of Vet ____________________________

(Signature of Vet/Widow/Gda/Child of Vet) ____________________________

Left ____________________________ Right ____________________________

NOTE. This form must be submitted to the Educational Benefits and Hospitalization Management Section upon proper accomplishment.
WAIVEE'S CONSENT REGARDING TRANSFER OF EDUCATIONAL BENEFITS

Claim No. ________________________ Date: ________________________

Name of Veteran ________________________ Date: ________________________
Name of Widow ________________________ Date: ________________________
Name of Waivee ________________________ Contact No.: ________________________
Address ________________________ Date: ________________________
Organization ________________________ Date: ________________________
Date Filed ________________________ Date Approved ________________________

The Administrator
Philippine Veterans Affairs Office
Quezon City

SIR:

I have the honor to inform that I interpose no objection in the transfer of the existing balance of educational benefits under the above mentioned claim in favor of ________________________ who is my sister/brother (specify) ________________________

because ________________________

(State the reason)

My enjoyments under the Educational Benefits are as follows:

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<th>School Year</th>
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THUMBMARK OF FORMER WAIVEE

LEFT ________________________ RIGHT ________________________

(SIGNATURE OF FORMER WAIVEE)

Very respectfully yours,
VETERANS HOSPITALIZATION AND MEDICAL CARE PROGRAM (VHMCP)

IT IS A PROGRAM that provides hospitalization and medical benefits (including reimbursement of selected drugs and medicines) to Filipino veterans and their dependents through VMMC and other PVAO-VMMC accredited private hospitals.

What are the objectives of VHMCP?

1. To address the health care needs of the veterans and their qualified dependants who do not have convenient access to VMMC especially those from far flung areas.
2. To provide reimbursement or subsidy of hospitalization expenses, including medical procedures, selected drugs and medicines.

Who are eligible to avail the benefits?

- All veterans as defined by R.A. 6948 as amended; and
- Dependents of veterans and soldiers killed-in-action (KIA)

*Note: Dependents are either surviving spouse, minor children (up to 18 years old) of the veteran, or parents of single soldiers killed-in action (KIA).

Where to avail the VHMCP?

Generally the VHMCP may be availed of in all PhilHealth-accredited government hospital. PVAO-VMMC accredited private hospitals, eye centers, dialysis centers and dental clinics. The complete list of accredited medical institution is available in PVAO and VMMC websites.
What benefits are included in the VHMCP?

Daily In-Patient Subsidy

VHMCP provides full reimbursement of medical expenses for veterans of World War II, PEFTOK, PHILCAG, and authorized dependents of AFP personnel who were Killed-in-Action. It also provides payment of P1,500.00 per day of hospital confinement up to a maximum of 45 days per patient per year.

The amount of reimbursement will be based on the patient’s actual bill net of other applicable discounts such as Senior Citizen discount, PhilHealth benefits, HMOs, etc.

It will be paid or reimbursed by PVAO-VMMC to the accredited hospital where the eligible patient was confined upon receipt VMMC of billing documents.

Reimbursement of Drugs and Medicines

Medicines of confined veteran/veteran dependent patients classified as critical or non-critical cases.

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Amount at Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical case</td>
<td>at cost but not to exceed P20,000.00 per confinement</td>
</tr>
<tr>
<td>Non-critical case</td>
<td>at cost but not to exceed P10,000.00 per confinement</td>
</tr>
</tbody>
</table>

OPD Maintenance Medicines for hypertension, diabetes mellitus, hypercholesterolemia, prostate, anti-psychotic and oral antibiotics. Amount to be reimbursed shall be based on the Current Drug Price Reference Index (PDRI). Drugs and medicines should be included in the list of Philippine National Drug Formulary (PNDF).

Anti-rejection drugs - P20,000.00 per month net of senior citizen and Philhealth discount.

The request for reimbursement of drugs and medicines of confined veteran or veteran dependent as well as reimbursement of OPD maintenance medicines and oral antibiotics shall pass through the VMMC Medical Screening Committee for evaluation and validation prior to processing of payment by offices concerned.

Listing of subsidized procedures/medical services with the amount that can be reimbursed from the VMMC:

All special procedures and medical/surgical interventions shall pass through the VMMC Medical Screening Committee for evaluation and validation.

<table>
<thead>
<tr>
<th>PROCEDURE / MEDICAL SERVICE</th>
<th>Amount at subsidy that can be reimbursed (at cost but not to exceed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract Surgery</td>
<td>Payment of actual billing not to exceed P14,000.00 per eye</td>
</tr>
<tr>
<td>Orthopedic Implants</td>
<td>At cost but not to exceed P30,000.00 per implant</td>
</tr>
<tr>
<td>Dentures</td>
<td>At cost but not to exceed P5,000.00 (P2,500 for upper dentures and P2,500 for lower dentures)</td>
</tr>
<tr>
<td>Hernia Mesh</td>
<td>At cost but not to exceed P2,000.00 per mesh</td>
</tr>
<tr>
<td>Hearing Aid</td>
<td>At cost but not to exceed P30,000.00 per device</td>
</tr>
<tr>
<td>Orthopedic Braces</td>
<td>At cost but not to exceed Php 6,000.00 / piece</td>
</tr>
<tr>
<td>Hemodialysis Treatment</td>
<td>Not to exceed P400.00 per treatment and cost of epoetin alfa</td>
</tr>
<tr>
<td></td>
<td>In excess of 90 treatments covered by Philhealth, P2,500.00 per treatment will be reimbursed</td>
</tr>
<tr>
<td>Cardiac Bypass</td>
<td>P200,000.00</td>
</tr>
<tr>
<td>Coronary Angiogram</td>
<td>At cost but not to exceed P30,000.00</td>
</tr>
<tr>
<td>Chemotherapeutic Agents</td>
<td>P10,000.00 per cycle up to a maximum of 6 cycles</td>
</tr>
<tr>
<td>Angioplasty</td>
<td>P100,000.00 for single stent and only up to a maximum of P150,000.00 for two or more vessel stents</td>
</tr>
<tr>
<td>Endoaneurysmectomy for Thoracic/Abdominal Aortic Aneurysim</td>
<td>Up to a maximum of P40,000.00 for vascular graft only</td>
</tr>
</tbody>
</table>
How to Avail of the Hospitalization and Veterans Medical Care Program?

Steps in availing of the VHMCP benefits in the PVAO-VMMC accredited hospitals:

1. Once admitted to any Veterans Accredited Hospital, the veteran or veteran dependent should present to Emergency Nurse/Admitting Section of the hospital, any of the following proof of veteran status/eligibility to the program:

VETERAN:
- PVAO pensioner’s ID or VMMC Green Card ID
- AFP retiree’s ID
- PVAO Certification (can be secured from the nearest PVAO Field Office) in case PVAO ID is not yet available
- Military Honorable Discharge Paper or Retirement Order

VETERAN DEPENDENT:
- Marriage Certificate issued by PSA or LCR
- AFP retiree dependent’s ID
- Birth Certificate of single veterans – for parents beneficiary

2. Upon discharge, the hospital deducts the VHMCP subsidy from the total hospital bill, net of all applicable discounts (Senior Citizen, PhilHealth, HMO, etc.)

Steps for direct Filing/Reimbursement of VHMCP Benefits (hospital subsidy & select medical procedures):

1. Immediately after discharge, download VHMCP reimbursement form from the following websites:
2. Fill-out the reimbursement form or make a request letter and submit it to the Medical Administrative Section (MAS) of the Veterans Memorial Medical Center with postal address at North Avenue, Diliman, Quezon City together with the following documentary requirements:

- Original copy of Official Receipts
- Original copy of Statement of Account from the hospital
- Original copy of Medical Certificate/Discharge Summary
- Proof of Veteran Status (please see above list)

3. For re-imbursement of drugs and medicines:

- Prescription Form signed by the Physician of the Accredited Hospital (if drugs and medicines were not indicated in the detailed Statement of Account- SOA)
- Medical Abstract issued by the Physician of the Accredited Hospital (one time submission for chronic cases)

4. Reimbursement Check shall be mailed by VMMC if there is a need to submit additional requirements; and Notification letter/call shall be made by VMMC if the representative of the veteran/veteran dependent will claim the check at VMMC present the Special Power of Attorney (SPA).

Steps for Reimbursement of Hospital Subsidy by Veterans Accredited Hospitals:

After discharge of Veteran/Dependent, download VHMCPP reimbursement form from PVAO or VMMC website.
- Fill out the reimbursement form, make a request letter and submit it to the VMMC Office of the Director together with the following:
  - Original copy of Summary of patient’s bill & Statement of account with PhilHealth & other discounts
  - Original copy of Medical Certificate
  - Proof of Veteran Status (please refer to above list)

Is there a prescription period for reimbursement?

Yes. Any request for reimbursement or payment of daily subsidy to accredited hospitals should be received by the VMMC not later than one hundred eighty (180) days from the date of hospital discharge and/or from the date the procedure has been performed.

For personal reimbursement (direct filing) of additional benefits and reimbursement of hospital subsidy by veteran/veteran dependent, the date when the request was mailed and/or received by VMMC/ PVAO FSEOs shall be considered in the counting of days.

What are the Veterans Accredited Hospitals?

For the complete list of PVAO - VMMC hospitals, please visit the PVAO website at [https://pvao.gov.ph/](https://pvao.gov.ph/) or the VMMC website at [http://vmmc.gov.ph/](http://vmmc.gov.ph/)
OFFICE HOURS
Mondays to Fridays (except holidays)
from 8:00 A.M. to 5:00 P.M.
(No Noon-Break) - FOR FRONTLINE SERVICES

GUIDELINES for VETERANS and SURVIVOR BENEFITS
CLAIMS DIVISION

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912-4760

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