



Republic of the Philippines
Supreme Court
Office of the Court Administrator
Manila

OCA CIRCULAR NO. 10-2017

TO: ALL JUDGES PENSIONERS AND SURVIVORSHIP PENSIONERS
SUBJECT: BI-ANNUAL SUBMISSION OF PENSIONER'S SURVEY FORM

In a number of occasions, pensioners (both Judges and surviving spouses of Judges), have raised their concerns on the delayed or non-receipt of monthly pensions/survivorship pensions. This has been traced to the late or non-submission of Pensioner Survey Forms.

To show proof of life and pension entitlement, a duly-accomplished Pensioner's Survey Form (copy attached), together with the supporting documents, is required on a bi-annual basis, or in January and July of every year, before the monthly pensions are released.

To avoid delay in the release of monthly pensions, all Judges Pensioners and Survivorship Pensioners are strictly enjoined to **REGULARLY SUBMIT** every January and July of every year to the Employee's Welfare and Benefits Division (EWBD), Office of Administrative Services (OAS), Office of the Court Administrator (OCA), Supreme Court, Manila, the following:

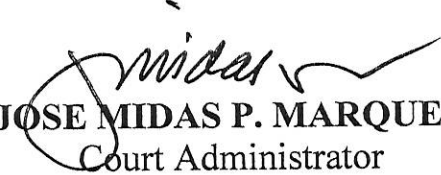
1. Duly-accomplished sworn Pensioner's Survey Form administered by the Executive/Presiding Judge having jurisdiction over the place of pensioner's residence;
2. Most recent full-body picture of the pensioner holding the front page of the most recent issue of a newspaper of national circulation (any size);
3. Original copy of the broadsheet's front page held in photo; and
4. Copies of at least two (2) current identification cards/documents issued by an official agency bearing photograph and signature of the pensioner, such as Senior Citizen's card, Passport, Driver's License, PRC ID, Postal ID, or any government office ID.

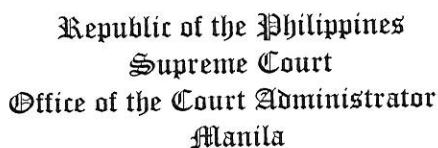
Inquiries relative to the Pensioner's Survey Form may be coursed to the EWBD, OAS, OCA at contact number (02) 5234893.

For strict compliance.

This Circular shall take effect immediately.

17 January 2017


JOSE MIDAS P. MARQUEZ
Court Administrator



Name: _____
 First Name **Middle Name** **Last Name**

Date of Birth: _____ **Sex:** _____
 Month **Day** **Year**

Mailing Address: _____

Contact Number/s (Pensioner): _____

Contact Person: _____ **Contact Number/s:** _____

Relationship: _____

Specimen Signatures (Pensioner): 1. _____ 2. _____

Current Marital Status: _____ **If Remarried, Date of Marriage:** _____

Name of Spouse: _____

Identification Cards Presented: 1. _____ 2. _____

1. **I shall not**, during the period that I am receiving the pension, **appear as counsel** before any court in any civil case wherein the Government, or any subdivision or instrumentality thereof is the adverse party, or in any criminal case wherein an incumbent or former officer or employee of the government is accused of an offense committed in relation to his/her office, or collect any fee for my appearance in any administrative proceedings;
2. **I shall not, upon assumption to an elective public office and during my term**, receive the monthly pension due me; and
3. I shall immediately inform the Office of the Court Administrator, through the Employee Welfare and Benefits Division, Office of Administrative Services, Supreme Court of such assumption to office.

Note: If pensioner cannot sign, thumbmark must be witnessed by two (2) persons.

1. _____
2. _____



Republic of the Philippines
Supreme Court
Office of the Court Administrator
Manila

PENSIONER'S SURVEY FORM

(surviving spouse of the deceased Judge)

Name: _____
 First Name **Middle Name** **Last Name**

Date of Birth: _____ **Sex:** _____
 Month **Day** **Year**

Mailing Address: _____

Contact Number/s (Pensioner): _____

Contact Person: _____ **Contact Number/s:** _____

Relationship: _____

Specimen Signatures (Pensioner): 1. _____ 2. _____

Current Marital Status: _____ **If Remarried, Date of Marriage:** _____

Name of Spouse: _____

Identification Cards Presented: 1. _____ 2. _____

I hereby declare under oath, that:

1. **I have not** contracted another marriage;
2. **I shall not**, during the period that I am receiving the survivorship pension, **appear as counsel** before any court in any civil case wherein the Government, or any subdivision or instrumentality thereof is the adverse party, or in any criminal case wherein an incumbent or former officer or employee of the government is accused of an offense committed in relation to his/her office, or to collect any fee for my appearance in any administrative proceedings;
3. **I shall not, upon assumption to an elective public office and during my term**, receive the monthly pension due me; and
4. I shall immediately inform the Office of the Court Administrator, through the Employee Welfare and Benefits Division, Office of Administrative Services, Supreme Court of such assumption to office.

By affixing my signature/thumbmark below, I certify that the following information given by me is **TRUE** and **CORRECT** to the best of my knowledge and belief and that any material misrepresentation or falsity therein shall be construed as an act of fraud to the Supreme Court for which civil and criminal liability can be pursued against me.

Note: If pensioner cannot sign, thumbmark must be witnessed by two (2) persons.

Signature over Printed Name

1. _____
2. _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____,
at _____, affiant exhibited to me his/her
_____ Identification Card bearing No. _____ as competent evidence of
identity.

Administering Officer