

**LETTER REQUEST FOR THE IMMEDIATE OFFSETTING OF
SHORT-TERM LOAN (STL) BALANCE**

HQP-SLF-150
(V01, 10/2021)

Date

Dear Sir/Madam:

This is to request for the immediate offsetting of my outstanding Short-Term Loan (STL) balance against my Total Accumulated Value (TAV) due to the following reason/s:

- Total disability or insanity;
- Separation from service by reason of health;
- Critical illness *Member* *Immediate family member*
Type of illness:
 - Cancer* *Organ Failure* *Heart-Related Illness*
 - Stroke* *Nueromuscular-Related Illness*
- Death of my immediate family member;
- Unemployment due to lay-off and/or closure of company;
- Repatriation from my host country (*for Overseas Filipino Workers*);
- Other reasons _____.

Attached are the required documents to support my request.

Should you have any query/clarification, please call me at contact no/s _____ or email at _____.

For your consideration and approval. Thank you.

Very truly yours,

(Signature Over Printed Name)

FOR PAG-IBIG FUND USE ONLY			
Received by:	Date:	Approved/Disapproved by:	Date:
_____	_____	_____	_____
(Signature Over Printed Name)		(Signature Over Printed Name)	

ACKNOWLEDGEMENT RECEIPT FOR REQUEST OF IMMEDIATE OFFSETTING OF SHORT-TERM LOAN (STL) BALANCE		
Name of Member-Borrower: <i>(Last Name, First Name, Name Extension, Middle Name)</i>		
Received by:	Date:	Remarks:
_____	_____	
(Signature Over Printed Name)		

CHECKLIST OF REQUIREMENTS	
Basic Requirements	
1. Letter Request for the Immediate Offsetting of Short-Term Loan (STL) Balance (HQP-SLF-150)	
2. Photo/scanned copy of one (1) valid ID	
Additional Requirements	
VALID GROUNDS FOR IMMEDIATE OFFSETTING	SUPPORTING DOCUMENTS
1. Total disability or insanity	Photo/scanned copy of the Physician's Certificate/Statement <i>(With Clinical or Medical Abstract)</i>
2. Separation from service by reason of health	
3. Critical Illness of the member or any of his/her immediate family member	
4. Death of member's immediate family member	Photo/scanned copy of the Death Certificate of the concerned family member issued by PSA or LCRO
5. Unemployment due to lay-off and/or closure of company	Photo/scanned copy of the Company's Notice of Termination due to Layoff and/or Closure of Company
6. Repatriation of OFW member from host country.	Photo/scanned copy of the Certification as OFW Repatriates from the Overseas Workers Welfare Administration (OWWA)