

# Republic of the Philippines SOCIAL SECURITY SYSTEM **RETIREMENT CLAIM APPLICATION**

PART 1 Please read the instructions at the back of the form before filling-up the application. Print information in capital letters and use black ink only.

MEMBER'S INFORMATION																	
SS NUMBER	F MEMBER (Surname) (Given				iven Na	en Name)				(Middle Name)							
ADDRESS (Number, Street and Subdivision	n)	(Bar	angay	)		(T	own/Distr	rict)		(City	/Prov	/ince)		POS	TAĻ	. CO	DE
DATE OF BIRTH (mm-dd-yyyy)	BIRTI	H (To	wn/E	istric	ct)	(City/Prov	vince)		GENDER								
										☐ Male ☐ Female							
CIVIL STATUS TIN							TE	ELEP	HONE	(Inclu	ding A	rea Coo	le) / <b>N</b>	IOBILI	E NC	).	
☐ Single ☐ Legally Separated ☐ Married ☐ Widow/Widower																	
	LOYMEN	T HI	STOR	RY (U	se se	ера	rate shee	et, if ne							J		
NAME OF EMPLOYER					ADDI	RF	99		PERIOD OF EMPLOYMENT (mm-yyyy)						уу)		
					יסטי					From				То			
1.																	
2.																	
3.										П		$\top$			+		1
4.									+	Н	+	+	+	+	+	+	+
										Ш		$\perp \perp$			_		
DEPENDEN	T CHILD	REN	(Belov	w 21	year						itated	l)					
		DΔ	TE OF	BIR	тн		CHECK	OLUI									
NAME OF CHILDREN		DATE OF BIRTH CO Legitimate								ADI	ADDRESS						
1.							-										
2.																	
3.																	
4.		П	П		П												
5.		П	П		П												
DO YOU WANT TO RECEIVE THE FIRS				URR	ENT	LY	RECEIV	ING S	SSS	F YE	S, CH	IECK 1	YPE	OF PE	NSI	NC	
MONTHLY PENSION IN ADVANCE?	PE	ENSI	ON?														
☐ Yes ☐ No				Yes			□ No				Disa	bility		☐ Dea	ıth		
IF RECEIVING PENSION UNDER DEA	TH, INDI	CAT	E SS	NUN	/IBE	R A	ND NAI	ME O	F DE	CEA	SED	MEM	BEF	₹:			
SS NUMBER (Surname) (Given Name) (Middle Name)																	
			DED	EOD/	TEU	ED	E										
			- PEK	FURA	VIE I	EK	<u> </u>	IRF	CEIVE	D B	γ.						
SOCIAL S	ECURIT	Y S	YSTE	ΞM				' '									
RETIREMENT					TI		J										
	_				•	•	•										
ACKNOWLEDGMENT STUB								SI	SIGNATURE OVER PRINTED NAME DATE								
PLEASE PRESENT THIS WHEN INQUIRING ABOUT THE STATUS OF YOUR APPLICATION. VERIFICATION WILL BE ENTERTAINED AFTER DAYS FROM THE DATE OF RECEIPT. YOU MAY VERIFY THRU																	
SSS WEBSITE AT www <u>.sss.gov.ph</u>	/ INE DAIE	OF R	CCEIPI	. 100	, IVIA Y	۷⊏	INIFT THAC	٦	_							_	
											CEIVING BRANCH						
SS NUMBER	NAME OF	ME	MBEF	3	(5	Surn	iame)		•	(Giver	n Nam	ne)		(	M.I.)		

### **INSTRUCTIONS**

- 1. Accomplish Parts I and II of this form in one (1) copy without erasures or alterations.
- 2. Support date of birth, marriage or death with birth/baptismal certificate, marriage contract or death certificate (original duplicate/certified true copy/certified photocopy) duly registered with the National Statistics Office/ Local Civil Registrar Office/Parish/Church. The baptismal certificate may be submitted in lieu of birth certificate.
- 3. Present original and submit photocopy of single savings account passbook/ATM card with name or copy of bank validated deposit slip or Cash Card Enrollment Form.
- 4. Affix your recent 1 x 1 photo.
- 5. Affix your fingerprints (right thumb and right index) on the portions provided for in the application form in the presence of an SSS employee. In case the claimant could not sign, fingerprints should be witnessed by two (2) persons, at least one (1) of whom is an SSS employee.
- 6. Present Social Security Card or SS Form E-6 Acknowledgment Stub with 2 valid IDs, at least one (1) with photo.
- 7. Present original and submit photocopy of identification cards.
- 8. Write "N/A" for items not applicable and/or delete portion/s not applicable in the Certification.

#### WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282).

## **NOTES:**

- 1. RE-COMPUTATION OR ADJUSTMENT AND FILING OF PETITION ASSAILING SETTLED CLAIMS SHALL NOT BE ALLOWED AFTER TEN (10) YEARS FROM THE DATE OF INITIAL SETTLEMENT OF CLAIM.
- 2. FOR THE PURPOSE OF QUALIFYING FOR RETIREMENT UNDER R.A. 7699 (Portability Law), A RETIREE WHO WAS GRANTED A LUMP SUM RETIREMENT MAY RETURN THE CHEQUE REPRESENTING THE RETIREMENT BENEFIT WITHIN SIX (6) MONTHS FROM THE DATE OF SETTLEMENT, OR IF ENCASHED, SHALL BE CHARGED 1% INTEREST PER MONTH.
- 3. ANY PERSON WHO CONTINUOUSLY RECEIVES MONTHLY PENSION DESPITE RE-EMPLOYMENT PRIOR TO AGE 65 OR 60, IN THE CASE OF UNDERGROUND MINEWORKER, SHALL BE CRIMINALLY LIABLE UNDER R.A. 8282 (Social Security Act of 1997 AND R.A. 8558 (Underground Mineworkers Act).

PART II	
PREFERRED MODE OF PAYMENT NAME OF BANK/BRANCH BRSTN (For SSS U	Jse Only)
☐ Cash Card ☐ ATM/Passbook	
BANK ADDRESS SAVINGS ACCOUNT NUMBER	₹ 
CERTIFICATION	
I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND IF	
APPLICABLE, THAT:  1. The aforementioned children are under my care and custody;	
2. I am competent to receive in behalf of the said children the amount due them as dependents;	
<ol><li>I have not abandoned, neglected, refused to support said children, nor caused them to commit offenses against the law;</li></ol>	
4. None of the aforementioned children are married nor employed; and	
<ol><li>I will immediately notify the SSS in case any of the above listed children die, marry or become employed, or I get re-employed before the age of 65 or 60, if underground miner.</li></ol>	
SIGNATURE OF MEMBER DATE	
(If claimant cannot sign, fingerprints should be witnessed by two persons)	
WITNESSES TO FINGERPRINTS	
Please affix signature over printed name and indicate date	
1	
Right Thumb	Right Index
2	
CERTIFICATE OF SEPARATION FROM LAST EMPLOYER	·
EMPLOYER NUMBER NAME OF EMPLOYER	
ADDRESS (Number, Street and Subdivision) (Barangay) (Town/District) (City/Province)	POSTAL CODE
I certify that was separated from our employ on	·
SIGNATURE OVER PRINTED NAME OF EMPLOYER/ OFFICIAL DESIGNATION	DATE
EMPLOYER'S AUTHORIZED REPRESENTATIVE	
FOR SSS USE	
FINDINGS: SCREENED BY: RECEIVED BY:	
Others (specify)———	

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE



## Republic of the Philippines SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONER'S FORM

PENSIONER'S REPLY

THIS FORM IS NOT FOR SALE										
PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.										
PART I - MEMBER'S / PENSIONER'S INFORMATION										
SS NUMBER OF PENSIONER COMMON REFERENCE NO. (IF APPLICABLE) DATE OF BIRTH (MMDDYYYY) TIN (IF SELF-EMPLOYED)										
NAME (SURNAME)	(GIVEN NAME)	)	(MIDDLE NAME)	(SUFFIX	)					
LOCAL ADDRESS (RM/FLR/ UNIT NO. & BLDG. NAME) (HOUSE/LOT/& BLOCK NO.) (STREET NAME)										
(BARANGAY/DISTRICT/LOCALITY)	(SUBDIVISION)	(CITY/MUNICIPALITY	(PROVINCE)		ZIP CODE					
TELEPHONE NO. (AREA CODE + TE	EL. NO. ) MOBILE/CELLPHON	NE NO.	E-MAIL ADDRESS							
FOREIGN ADDRESS (IF APPLICABLE)	1									
TVDE 10 OF DENION DENIO DEN	EIVED OUEOK THE ADDROD	DIATE DOVIES	COUN	ITRY	ZIP CODE					
TYPE/S OF PENSION/S BEING REC  Retirement	SS Total Disability	RIATE BOX/ES.  EC Total Disabi	lity	SS Death	EC Death					
IF RECEIVING PENSION UNDER DE (SURNAME) (GI	EATH, INDICATE NAME/SS NO. IVEN NAME)	OF DECEASED MEMB (MIDDLE NAME)	ER (SUFFIX)	SS NO. OF	DECEASED MEMBER					
IF RECEIVING PENSION AS GUARD	•		(0.1751)	SS NO. OF	MEMBER					
(SURNAME) (GI	IVEN NAME)	(MIDDLE NAME)	(SUFFIX)							
4 E. C. L. P. 1997 P		RT II - QUESTION								
For total disability/retirement pension     If yes, name and address of pre	esent employer :	d/resumed self-employme	nt? Yes	No						
Date re-employed or resumed s	elf-employment :			1						
For death pensioner, have you re-m     If yes, name of spouse/partner:	-	th another person?	Yes Date of	No marriage/cohabitation:						
Are you under the care and custody     If yes, name and address of gua	=	Yes	No							
4. Is there any dependent child who all	ready got married, employed or	died ? Yes	No If	yes, fill out the data belo	w:					
NAME OF DEPENDENT CHILDREN	NAME OF GUARDIAN, IF APPLICABLE	DATE OF MARRIAGE	DATE OF EMPLOYMENT	SS NO.	DATE OF DEATH					
1										
2										
3										
4										
5 I hereby certify that the foreg	  joing information is complete,	true and correct to the	best of my knowledge.							
SIGNATURE OVER PRINTED	NAME DATE	<del></del>								
OF PENSIONER  RIGHT THUMB  RIGHT INDEX										
(If unable to sign, affix fingerprints submit photocopy of one valid ID wit										
Witnesses to fingerprints:										
1)SIGNATURE OVER PRINTE	DATE	2)SIGNA	TURE OVER PRINTED N		DATE					
PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN  (For Retiree and Survivor Pensioners)										
Check the appropriate box (one only):	,	Bank Manager	rensioners)	Barangay Chairma	n					
This is to certif		_	_	a depositor/bona						
compliance to the annual confirmation			appeared before the undestem.							
		CICNATIDE	OVER PRINTED NAME		DATE					
		SIGNATURE	OVER FRINTED NAME		DATE					

For SSS Use Only **PART IV - DOCUMENTS SUBMITTED** Type of Compliance : Thru Bank Thru Representative Thru Mail Abroad Incapacitated Barangay Official Institution PENSIONER IS LIVING ABROAD PENSIONER IS A LOCAL RESIDENT Signed letter Signed letter Accomplished ACOP Form Accomplished ACOP Form Photocopy of valid passport Sketch of residence Certification from Photocopy of SS Card Photocopy of valid ID issued by host country governmental unit/ Barangay agency (Pls. specify) Institution Photocopy of two (2) valid IDs (Pls. Specify) Bank Medical Certificate Death Certificate 2) Medical Certificate Complete physical examination report Death Certificate Relevant laboratory or diagnostic result Complete physical examination report SS Card Two (2) valid IDs (Pls. specify) Relevant laboratory or other diagnostic exam results 1) Certification issued by (Pls. specify) **ACTION TAKEN/REMARKS** Identity of pensioner established For data capture For interview (Lacks valid IDs for the issuance of SS No./Data Capture, etc.) Deceased Pensioner (Date of Death) Others INTERVIEWED & SCREENED BY SIGNATURE OVER PRINTED NAME DATE DESIGNATION PART V - RECOMMENDATION Continue Suspend (Reason) Cancel (Reason) Re-adjudicate (Reason) \_ Returned (Reason) Pending (For further evaluation) X-ray/ECG for reading For Medical Fieldwork Services (MFS) For Fact of Pensioner's Existence (FPE) For referral to other branch/unit Others REVIEWED &/OR RECOMMENDED BY SIGNATURE OVER PRINTED NAME DESIGNATION DATE APPROVED BY SIGNATURE OVER PRINTED NAME DESIGNATION DATE This is your guide to accomplish the **ACOP Form** For Retiree or Total Disability Pensioner, fill out no. 1 For Survivor

Pensioner, fill For Pensioner out nos. 1 & 2 under a Guardian, fill out nos. 1 & 3

ACKNOWLEDGEMENT RECEIPT														
SS NUMBER OF PENSIONER NAME OF PENSION										NAME OF PENSIONER	(SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUF			
1,1,,,,,,								,	,	, , ,				
<u> </u>														
SS NUMBER OF MEMBER NAM										NAME OF MEMBER	<b>ER</b> (SURNAME) (GIVEN NAME) (MIDDLE NAME)			
	ıl		1	I	I	1	1							
	l e e e e e e e e e e e e e e e e e e e													
	Please	e rep	ort fo	r your	Ann	ual C	Confir	mation	anyti	me within your or member's	s birth month; of	herwise your pension	will be suspended.	
ISS	ISSUED BY:													
	SIGNATURE OVER PRINTED NAME DESIGNATION DATE										DATE			
	OF SSS /BANK PERSONNEL													