



(04-2012)

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				NAME OF MEMBER (Surname)				(Given Name)				(Middle Name)															
ADDRESS (Number, Street and Subdivision)												(Barangay)				(Town/District)				(City/Province)				POSTAL CODE			
DATE OF BIRTH (mm-dd-yyyy)						PLACE OF BIRTH (Town/District) (City/Province)						GENDER															
												<input type="checkbox"/> Male <input type="checkbox"/> Female															
CIVIL STATUS						TIN						TELEPHONE (Including Area Code) / MOBILE NO.															
<input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower																											

EMPLOYMENT HISTORY (Use separate sheet, if necessary)

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT (mm-yyyy)			
		From		To	
1.					
2.					
3.					
4.					

DEPENDENT CHILDREN (Below 21 years old or above 21 but incapacitated)

NAME OF CHILDREN	DATE OF BIRTH (mm-dd-yyyy)	CHECK APPLICABLE COLUMN		ADDRESS
		Legitimate	Illegitimate	
1.				
2.				
3.				
4.				
5.				

DO YOU WANT TO RECEIVE THE FIRST 18 MONTHLY PENSION IN ADVANCE?	ARE YOU CURRENTLY RECEIVING SSS PENSION?	IF YES, CHECK TYPE OF PENSION
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disability <input type="checkbox"/> Death

IF RECEIVING PENSION UNDER DEATH, INDICATE SS NUMBER AND NAME OF DECEASED MEMBER:

SS NUMBER	NAME OF MEMBER (Surname)	(Given Name)	(Middle Name)

----- PERFORATE HERE -----



(04-2012)

SOCIAL SECURITY SYSTEM RETIREMENT CLAIM APPLICATION ACKNOWLEDGMENT STUB

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.sss.gov.ph

RECEIVED BY:

SIGNATURE OVER PRINTED NAME DATE

RECEIVING BRANCH

SS NUMBER	NAME OF MEMBER (Surname)	(Given Name)	(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 MINERWORKER, SHALL BE CRIMINALLY LIABLE UNDER R.A. 8282 (Social Security Act of 1997 AND R.A. 8558 (Underground Mineworkers Act).



(02-2013)

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/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 + TEL. NO.), MOBILE/CELLPHONE NO., E-MAIL ADDRESS

FOREIGN ADDRESS (IF APPLICABLE), COUNTRY, ZIP CODE

TYPE/S OF PENSION/S BEING RECEIVED. CHECK THE APPROPRIATE BOX/ES. Retirement, SS Total Disability, EC Total Disability, SS Death, EC Death

IF RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER (SURNAME, GIVEN NAME, MIDDLE NAME, SUFFIX), SS NO. OF DECEASED MEMBER

IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER (SURNAME, GIVEN NAME, MIDDLE NAME, SUFFIX), SS NO. OF MEMBER

PART II - QUESTIONNAIRE

1. For total disability/retirement pensioner, have you been re-employed/resumed self-employment? Yes No
2. For death pensioner, have you re-married or currently cohabiting with another person? Yes No
3. Are you under the care and custody of a guardian? Yes No
4. Is there any dependent child who already got married, employed or died? Yes No

Table with 6 columns: NAME OF DEPENDENT CHILDREN, NAME OF GUARDIAN, IF APPLICABLE, DATE OF MARRIAGE, DATE OF EMPLOYMENT, SS NO., DATE OF DEATH. Rows 1-5.

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

SIGNATURE OVER PRINTED NAME OF PENSIONER, DATE, RIGHT THUMB, RIGHT INDEX, (If unable to sign, affix fingerprints with the signature of two witnesses and submit photocopy of one valid ID with photo and signature of each witness) Witnesses to fingerprints: 1) SIGNATURE OVER PRINTED NAME, DATE 2) SIGNATURE OVER PRINTED NAME, DATE

PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN (For Retiree and Survivor Pensioners)

Check the appropriate box (one only): Bank Manager, Barangay Chairman. This is to certify that Mr./Ms. _____, a depositor/bonafide resident of _____ personally appeared before the undersigned on _____ as compliance to the annual confirmation of pensioners being conducted by the Social Security System. SIGNATURE OVER PRINTED NAME, DATE

NOTICE: Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Sec. 28 (a) of the Social Security Law and Art.207 (b) Chapter IX of PD # 626).

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ACKNOWLEDGEMENT RECEIPT

SS NUMBER OF PENSIONER 	NAME OF PENSIONER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)
SS NUMBER OF MEMBER 	NAME OF MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)

Please report for your Annual Confirmation anytime within your or member's birth month ; otherwise your pension will be suspended.

ISSUED BY: _____
SIGNATURE OVER PRINTED NAME OF SSS /BANK PERSONNEL DESIGNATION DATE

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