

Republic of the Philippines SOCIAL SECURITY SYSTEM DEATH, DISABILITY AND RETIREMENT CLAIM

(Please read instructions at the back. Print all information in capital letters & use black ink only.)

S NUMBER NAME OF MEMBER (SURNAME)							(Ξ)	(M							DDLE NA	ME)				
ADDRESS (NUMBER & STREET) (BARANGAY)						((TOWN/DISTRICT)				(CITY/PROVINCE)							POSTAL COD			
DATE OF BIRTH (MM/DD/YYYYY) PLACE OF BIRTH (TOWN/DIST						(((CITY/PROVINCE)				CIVII						TUS				
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CLAIM TYPE																		TELEPH	IONE N	<u></u>	
Disability Retire	SS	EC] Dea	ath								f De					IOIVE	.	
]		of a retiree or	•				(MN	1/DL	D/YY	YYY))					
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NAME OF CLAIMANT (SURNAME) (GIVE				AME)	1			(MI)													
DATE OF BIRTH (MM/DD/YYYY) RELA				ATIONSHIP TO MEMBER														- Photo			
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				Signature Over Printed Name							Signature Over Printed Name										

GENERAL INSTRUCTIONS

- 1. Accomplish this form in one copy without erasures or alterations.
- 2. Submit photocopies together with the original or certified true copy of birth/baptismal/marriage/death certificate for authentication.
- 3. Submit photocopy together with the original single savings account passbook.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THIS CLAIM SHALL BE CRIMINALLY LIABLE FOR FALSIFICATION OF PUBLIC DOCUMENTS.

CHECKLIST OF REQUIRED DOCUMENTS

SPECIFIC INSTRUCTIONS

DEATH

Primary Beneficiaries	
Death Certificate of member	- Should be duly registered with Local Civil Registry Office.
Filer's Affidavit	To be accomplished by the person actually filing the application.
Marriage Certificate	 Should be duly registered with Local Civil Registry Office/Parish/ Church.
☐ Birth/Baptismal Certificates of minors	- Should be duly registered with Local Civil Registry Office/Parish/Church.
☐ Medical Certificate of incapacitated child, if any	- To be accomplished by the child's attending physician.
Death Certificate of spouse	- To be submitted if spouse is deceased.
Application for Representative Payee (CLD-15)	- To be accomplished by the guardian of the minor children other
Cuaranteed Band Form (BBN 107)	than the parent.
Guaranteed Bond Form (BPN-107)	- To be accomplished by a guarantor, if minor children are under a guardian.
Accident Report/Report of Death (BPN-105)	- To be secured from the employer.
Proof of relationship such as record of birth,	- To be submitted for illegitimate children.
a statement before a court of record of any	,
authentic writing/document	
Secondary Beneficiaries	
If Claimant is Parent:	
Death Certificate of member	- Should be duly registered with Local Civil Registry Office.
Filer's Affidavit	To be accomplished by the person actually filing the application.
Affidavit for Death Benefit Claim (CLD-1.3A)	- To be executed by the claimant.
Birth Certificate of Deceased member	 Should be duly registered with Local Civil Registry Office/Parish/ Church.
Marriage Certificate of parents	- Should be duly registered with Local Civil Registry Office/Parish/
	Church.
Accident Report/Report of Death (BPN-105)	- To be secured from the employer.
If Claimant is other than Darenta	
If Claimant is other than Parents: Joint Affidavit (CLD-1.3)	- To be executed by two persons of legal age and preferably close
USINE AMIDAVIE (OLD-1.0)	relatives of the deceased.
Death Certificate of parents	- To be submitted if parents are deceased.
Birth Certificate of the deceased brother/sister	- To be submitted to prove claimant's relationship with the
	deceased.
Birth Certificate of minor beneficiaries	 Should be duly registered with Local Civil Registry Office/Parish/ Church.
Application for Representative Payee (CLD-15)	- To be accomplished by the guardian of the minor children other
The production for representative rayes (OLD 10)	than the parent.
☐ Guaranteed Bond Form (BPN-107)	- To be accomplished by a guarantor, if minor children are under
	a guardian.
	DISABILITY
Medical Certificate (MMD-102)	- To be accomplished by the claimant's attending physician.
Operating Room Record	- To be secured if claimant has been operated on.
Accident Report (B-309)	- To be secured from the employer.
Affidavit of Guardianship Other medical records that may be requested by	- To be accomplished by the guardian of incapacitated member.
the Medical Services, QC Branch/Medical Benefits	
Medical Certificate of incapacitated child, if any	- To be accomplished by the child's attending physician.
	RETIREMENT
☐ Marriage Contract	- To be submitted if with children below 21 years old and
	incapacitated.
☐ Birth/Baptismal Certificate of Dependent	- Should be duly registered with Local Civil Registry Office/Parish/
minor children	Church.
Medical Certificate of incapacitated child, if any	- To be accomplished by the child's attending physician.
Birth Certificate of member Proof of business closure	- To be submitted if with discrepancy in the date of birth.
Affidavit of separation (Form E-47)	 To be submitted if self-employed member is below 65 years old. To be submitted if last employer has closed business operation.
/ indavit of separation (Form L-47)	to be submitted it last employer has closed business operation.