	Republic of the Philippines SOCIAL SECURITY SYSTEM				
	SOCIAL SECURITY SYSTEM				
CLAIM FOR FUNERAL BENEFIT					

CLAIM NO.	
RECEIVED BY	DATE

SSS FORM BPN - 103 (REV 8/91)

	`	,
SSS 🗌	EC 🗌	PD 🗌

MEMBER'S & CLAIMANT'S DATA

IS HE/SHE RECEIVING SSS PENSION? NO YES DATE OF BIRTH DATE OF DEATH IF YES WHAT BENEFIT? RETIREMENT TOTAL DISABILITY NAME OF PERSON WHO ACTUALLY PAID FUNERAL EXPENSES RELATION TO THE DECEASED NAME OF CLAIMANT RELATION TO THE DECEASED	(Please rea	nd instructions or	n page 2 of	this fom before	accomplishing)			
IF YES WHAT BENEFIT? RETIREMENT TOTAL DISABILITY NAME OF PERSON WHO ACTUALLY PAID FUNERAL EXPENSES RELATION TO THE DECEASED ADDRESS NAME OF CLAIMANT RELATION TO THE DECEASED POSTAL CODE HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT VITNESSES TO THUMBMARK (PRINT NAME & SIGN) I. 2. CIEARENDY: DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	NAME OF DECEASED (Last, First, M.I.)	SS NUMBER	· · · · · · · · · · · · · · · · · · ·					
IF YES WHAT BENEFIT? RETIREMENT TOTAL DISABILITY NAME OF PERSON WHO ACTUALLY PAID FUNERAL EXPENSES RELATION TO THE DECEASED ADDRESS NAME OF CLAIMANT RELATION TO THE DECEASED POSTAL CODE HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT VITNESSES TO THUMBMARK (PRINT NAME & SIGN) I. 2. CIEARENDY: DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
NAME OF PERSON WHO ACTUALLY PAID FUNERAL EXPENSES RELATION TO THE DECEASED POSTAL CODE HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) REMARKS: DO NOT FILL UP, FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS:	IS HE/SHE RECEIVING SSS PENSION?	□ No) [YES	DATE OF BIRT	H D	ATE OF DEATH	
ADDRESS NAME OF CLAIMANT MAILING ADDRESS OF CLAIMANT MAILING ADDRESS OF CLAIMANT PERIOD OF EMPLOYMENT EMPLOYER PERIOD OF EMPLOYMENT FROM TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET: LICEARANCE SHEET: LICEARANCE SHEET: RELATION TO THE DECEASED POSTAL CODE POSTAL CODE POSTAL CODE POSTAL CODE TOTAL NO. THE DECEASED POSTAL CODE TOTAL NO. OF CONTRIBUTIONS	IF YES WHAT BENEFIT?							
NAME OF CLAIMANT MAILING ADDRESS OF CLAIMANT POSTAL CODE HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	NAME OF PERSON WHO ACTUALLY PAID	FUNERAL EXP	ENSES		RELATION TO	RELATION TO THE DECEASED		
NAME OF CLAIMANT MAILING ADDRESS OF CLAIMANT POSTAL CODE HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
MAILING ADDRESS OF CLAIMANT HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET: CLEARED BY:	ADDRESS							
MAILING ADDRESS OF CLAIMANT HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET: CLEARED BY:								
HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT TO SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP, FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	NAME OF CLAIMANT				RELATION TO	RELATION TO THE DECEASED		
HISTORY OF EMPLOYMENT: EMPLOYER PERIOD OF EMPLOYMENT FROM TO SIGNATURE OF CLAIMANT WITNESSES TO THUMBMARK (PRINT NAME & SIGN) 1. 2. DO NOT FILL UP, FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
EMPLOYER PERIOD OF EMPLOYMENT FROM TO SIGNATURE OF CLAIMANT WITNESSES TO THUMBMARK (PRINT NAME & SIGN) 1. (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	MAILING ADDRESS OF CLAIMANT				<u>'</u>		POSTAL CODE	
EMPLOYER PERIOD OF EMPLOYMENT FROM TO SIGNATURE OF CLAIMANT WITNESSES TO THUMBMARK (PRINT NAME & SIGN) 1. (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
EMPLOYER PERIOD OF EMPLOYMENT FROM TO SIGNATURE OF CLAIMANT WITNESSES TO THUMBMARK (PRINT NAME & SIGN) 1. (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	LUCTORY OF EMPLOYMENT							
SIGNATURE OF CLAIMANT SIGNATURE OF CLAIMANT (If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:			ADDRESS					
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:								
(If claimant cannot sign, thumbmark should be witnessed by two persons.) DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	SIGNATURE OF CLAIMANT		W					
(If claimant cannot sign, thumbmark should be witnessed by two persons.) 2. DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:				(PRINT NAM	1E & SIGN)		THUMBPRINT	
DO NOT FILL UP. FOR SSS USE ONLY. DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	(If claimant cannot sign, thumbmark she		-			-		
DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:		2				-		
DATE OF COVERAGE OF EMPLOYEE TOTAL NO. OF CONTRIBUTIONS REMARKS: CLEARANCE SHEET:	DO NOT FILL LIP FOR SSS USE ONLY							
REMARKS: CLEARANCE SHEET:				TTOTAL NO	OF CONTRIBUTIONS			
CLEARANCE SHEET:	DATE OF GOVERAGE OF EMPLOTEE				TOTAL NO. OF CONTRIBUTIONS			
CLEARANCE SHEET:	REMARKS:							
CLEARED BY:								
CLEARED BY:	CI EADANCE CHEET:							
		REMARKS			CLEARED B	Y:		

Internet Edition (7/2000)

INSTRUCTIONS

- 1. Accomplish this form in one (1) copy.
- 2. **AT ALL TIMES**, the person actually filing the claim must attach his/her picture in the Filer's Affidavit.
- 3. Submit together with this form a copy of the death certificate duly certified by the Local Civil Registrar concerned. (If submitting a photocopy, present the original copy for comparison)
- 4. Submit the official receipt of payment issued by the funeral parlor or contract duly signed by the parties concerned.
- 5. In cases where the name appearing in the receipt being submitted as proof of payment of funeral expense is different from that of the claimant (as indicated in SSS Form BPN-103), the claimant must submit a signed authority or conformity of payment in favor of the claimant.

WARNING

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

CHECKLIST OF DOCUMENTS REQUIRED FOR FUNERAL BENEFIT

- 1. Death Certificate duly registered with the Local Civil Registrar.
- 2. Official Receipt from the Funeral Parlor or contract signed by the parties.
- 3. Filer's Affidavit to be accomplished by the person actually filing the claim.
- 4. ID picture (1" x 1") of the filer.
- 5. New Residence Certificate and any of the following documents:
 Marriage contract, driver's license, voter's affidavit or ID, company ID, birth or baptismal certificate of children or barangay certification.
- 6. Letter of explanation from the person whose name appears in the Official Receipt as to why such claimant is claiming the funeral benefit.

TO EXPEDITE SETTLEMENT PLEASE FILE YOUR CLAIM AT THE BRANCH OR REPRESENTATIVE OFFICE NEAREST THE MEMBER'S PLACE OF DEATH.