



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**SICKNESS BENEFIT APPLICATION FORM**  
**(FOR UNEMPLOYED/SELF-EMPLOYED/VOLUNTARY MEMBERS)**  
SSS FORM CLD-9A

|            |
|------------|
| CLAIM NO.  |
| DATE FILED |

|                                       |                                     |  |                                     |
|---------------------------------------|-------------------------------------|--|-------------------------------------|
| CLAIMANT(FIRST, MIDDLE INITIAL, LAST) |                                     | SS NUMBER  |                                     |
| ADDRESS (GIVE FULL ADDRESS)           |                                     | DATE OF BIRTH  | DATE WHEN EMPLOYEE BECAME SS MEMBER |
| DATE WHEN CLAIMANT NOTIFIED SSS       | CONFINEMENT<br>A. STARTED ON (FROM) | B. ENDED UP TO (LAST DAY)  | D. NO. OF DAYS                      |
|                                       |                                     | C. PLACE CONFINED<br><input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME |                                     |

WERE YOU EMPLOYED AT ANY TIME DURING THE PERIOD OF SICKNESS FOR WHICH BENEFIT IS BEING CLAIMED? (PLEASE CHECK PROPER BOX.)  
(FILL UP SUCCEEDING DATA)

|  |  |
|--|--|
| <input type="checkbox"/> YES<br>EMPLOYER | <input type="checkbox"/> NO<br>LAST EMPLOYER |
| ADDRESS                                  | ADDRESS                                      |
| PERIOD OF EMPLOYMENT (EXACT DATES)       | EMPLOYER I.D. NO.                            |
| EXACT DATE OF SEPARATION                 | TOTAL MONTHLY SALARY CREDITS                 |

CERTIFICATION OF SEPARATION

THIS IS TO CERTIFY THAT THE CLAIMANT HAS BEEN SEPARATED FROM COMPANY EFFECTIVE \_\_\_\_\_ 19\_\_\_\_.

|  |                      |
|--|----------------------|
| PRINTED NAME AND SIGNATURE OF COMPANY REPRESENTATIVE | OFFICIAL DESIGNATION |
|--|----------------------|

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

|                       |                        |
|-----------------------|------------------------|
| SIGNATURE OF CLAIMANT | BIR TAX ACCOUNT NUMBER |
|-----------------------|------------------------|

| PREVIOUS EMPLOYERS (IF ANY) | ADDRESS | INCLUSIVE PERIODS OF EMPLOYMENT |
|-----------------------------|---------|---------------------------------|
| _____                       | _____   | _____                           |
| _____                       | _____   | _____                           |
| _____                       | _____   | _____                           |

|   |            |   |            |
|---|------------|---|------------|
| (TO BE FILLED IN BY CLAIMANT)   |            | <b>SICKNESS CLAIM INDEX CARD</b>        |            |
| <b>ACKNOWLEDGEMENT RECEIPT</b><br>FROM: SOCIAL SECURITY SYSTEM, QUEZON CITY<br>TO: POSTMASTER<br>PLEASE DELIVER THIS RECEIPT TO |            | NAME OF CLAIMANT                        | SS NO.     |
| CLAIMANT  |            | ADDRESS                                 |            |
| ADDRESS   |            | CONFINEMENT PERIOD(EXACT DATES)<br>FROM | TO         |
| CLAIM NO.   | DATE FILED | FOR SSS USE<br>CLAIM NO.                | DATE FILED |
| RECEIVED BY   |            | RECEIVED BY                             |            |

## INSTRUCTIONS

1. Submit only one (1) copy. Avoid erasures or alterations.
2. If personally filed, submit this SSS form directly to the SSS Medical Evaluation Department.
3. If confined member is a married woman, print reported name at coverage.
4. Fill in the dates required in the format Month-- Day-- Year.
5. Certification of separation is not necessary when the company is on strike, dissolved or closed, or when there is a case pending before a court regarding separation of the claimant. The following table shows the document required for any of these cases:

| <b>CONDITION</b>               | <b>DOCUMENT REQUIRED</b>                                     |
|--------------------------------|--|
| a. Company on strike           | Certification from CIR or Department of Labor and Employment |
| b. Company dissolved or closed | Affidavit by the claimant to this effect                     |
| c. Pending case before a court | Certification from the court                                 |

6. The 12-month period where to select the six highest Salary Credits:  
Example:

| <b>CONFINEMENT</b>       | <b>PERIOD</b>                  |
|--------------------------|--------------------------------|
| January to March 1998    | October 1996 to September 1997 |
| April to June 1998       | January 1997 to December 1997  |
| July to September 1998   | April 1997 to March 1998       |
| October to December 1998 | July 1997 to June 1998         |