

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)).**

PART II

PREFERRED MODE OF PAYMENT <input type="checkbox"/> Cash Card <input type="checkbox"/> ATM/Passbook	NAME OF BANK/BRANCH	BRSTN (For SSS Use Only) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																
BANK ADDRESS	SAVINGS ACCOUNT NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																	
CERTIFICATION																		
<p>I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND IF APPLICABLE, THAT:</p> <ol style="list-style-type: none"> 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; 3. I have not abandoned, neglected, refused to support said children, nor caused them to commit offenses against the law; 4. None of the aforementioned children are married nor employed; and 5. 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. 																		
<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 45%;">_____</td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 45%;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">SIGNATURE OF MEMBER</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DATE</td> </tr> <tr> <td colspan="3" style="border: none; text-align: center; font-size: small;">(If claimant cannot sign, fingerprints should be witnessed by two persons)</td> </tr> </table>			_____		_____	SIGNATURE OF MEMBER		DATE	(If claimant cannot sign, fingerprints should be witnessed by two persons)									
_____		_____																
SIGNATURE OF MEMBER		DATE																
(If claimant cannot sign, fingerprints should be witnessed by two persons)																		
<p>WITNESSES TO FINGERPRINTS Please affix signature over printed name and indicate date</p>																		
1. _____	_____	<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"></div> <p style="font-size: small; margin: 0;">Right Thumb</p>																
2. _____	_____	<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"></div> <p style="font-size: small; margin: 0;">Right Index</p>																
CERTIFICATE OF SEPARATION FROM LAST EMPLOYER																		
EMPLOYER NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																	NAME OF EMPLOYER	
ADDRESS (Number, Street and Subdivision)	(Barangay)	(Town/District)																
(City/Province)	POSTAL CODE <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																	
I certify that _____ was separated from our employ on _____.																		
_____ SIGNATURE OVER PRINTED NAME OF EMPLOYER/ EMPLOYER'S AUTHORIZED REPRESENTATIVE	_____ OFFICIAL DESIGNATION	_____ DATE																
FOR SSS USE																		
FINDINGS: <input type="checkbox"/> No other pending claim <input type="checkbox"/> Others (specify) _____ _____ _____	SCREENED BY: _____ SIGNATURE OVER PRINTED NAME DATE	RECEIVED BY: _____ SIGNATURE OVER PRINTED NAME DATE																

PART III For Colored Scanning

MEMBER'S/CLAIMANT'S PHOTO AND SIGNATURE CARD			
SS NUMBER 	NAME OF MEMBER (Surname) (Given Name) (M.I.)		
SS NUMBER (If any) 	NAME OF CLAIMANT (Surname) (Given Name) (M.I.)		
TYPE OF CLAIM : <input type="checkbox"/> DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT			
SIGNATURE OF MEMBER/CLAIMANT _____		DATE _____	
(If member/claimant cannot sign, fingerprints should be witnessed by two persons)			
WITNESSES TO FINGERPRINTS Please affix signature over printed name and indicate date			
1	_____	_____	 Photo 1 X 1
2	_____	_____	
		 Right Thumb	 Right Index

Cut along the dotted line.