DDR-2
(REV. 05-01)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
DEATH, DISABILITY, RETIREMENT AND EARLY WITHDRAWAL CLAIM
(FLEXI-FUND PROGRAM)
(Please read instructions at the back, Print all information in capital letters & use blank ink only)

MEMBER'S SS NUMBER (must be 10 digits)

MEMBER'S NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME)

ADDRESS (NUMBER & STREET) (BARANGAY) (TOWN/DISTRICT) (CITY/PROVINCE) | **POSTAL CODE**

DATE OF BIRTH (MM/DD/YYYY)

TELEPHONE NO.

CLAIM TYPE
- [ ] DEATH
- [ ] DISABILITY
- [ ] RETIREMENT
- [ ] EARLY WITHDRAWAL

BENEFIT OPTION (Check option)
- [ ] LUMPSUM
- [ ] PENSION
- [ ] BOTH

Indicate the no. of years
NO. OF YEARS

LUMPSUM: P _____
NO. OF YEARS
OF PENSION: _____

DEPENDENT CHILDREN (Beginning from the youngest)	**DATE OF BIRTH** (MM/DD/YYYY)	Check Applicable Column		**ADDRESS**
		LEGITIMATE	ILLEGITIMATE	

NAME OF BANK/BRANCH | **BANK ADDRESS** | **ACCOUNT NUMBER** | **BRSTN** (SSS to fill in this portion)

CLAIMANT'S NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME) | **DATE OF BIRTH** (MM/DD/YYYY) | **RELATIONSHIP TO MEMBER**

_____
Signature of Claimant

_____
Date

Photo
1 x 1

WITNESSES TO FINGERPRINTS (If claimant cannot sign)

1. _____
   Signature Over Printed Name
   Date

2. _____
   Signature Over Printed Name
   Date

RIGHT THUMBMARK | RIGHT INDEX

FOR SSS USE ONLY

REMARKS
- [ ] NO OTHER CLAIM FILED

CLEARED/DATE

_____
Signature Over Printed Name

RECEIVED/DATE:

_____
Signature Over Printed Name

SOCIAL SECURITY SYSTEM
DEATH, DISABILITY, RETIREMENT,
AND EARLY WITHDRAWAL CLAIM
(FLEXI-FUND PROGRAM)

ACKNOWLEDGEMENT RECEIPT

PLEASE PRESENT THIS WHEN INQUIRING
ABOUT THE STATUS OF YOUR APPLICATION.
VERIFICATION WILL BE ENTERTAINED AFTER
_____ DAYS FROM THE DATE OF RECEIPT

MEMBER'S SS NUMBER (must be 10 digits) | **MEMBER'S NAME** (SURNAME) (GIVEN NAME) (MI) | **FOR SSS USE ONLY**

DATE RECEIVED | RECEIVED BY

GENERAL INSTRUCTIONS

1. Accomplish this form in one (1) copy without erasures or alterations.
2. If claimant cannot sign, affix right thumbmark and right index on the spaces provided and must be identified by two (2) witnesses.
3. If the benefit option selected is pension, submit photocopy together with the original copy of single savings account passbook.

W A R N I N G
ANY PERSON WHO MAKES FALSE STATEMENTS IN THIS APPLICATION OR SUBMITS FALSIFIED DOCUMENTS IN CONNECTION WITH HIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS.

CHECKLIST OF REQUIRED DOCUMENTS AND SPECIFIC INSTRUCTIONS

DEATH

Primary Beneficiaries

☐	Death Certificate of member	- Duly registered with Local Civil Registry Office
☐	Marriage Certificate	- Duly registered with Local Civil Registry Office
☐	Birth/Baptismal Certificates of minors	- 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, if already deceased	- Duly registered with Local Civil Registry Office
☐	Application for Representative Payee (CLD-15)	- To be accomplished by the guardian of the minor children other than parent
☐	Guaranteed Bond Form (BPN-107)	- To be accomplished by a guarantor, if minor children are under a guardian
☐	Proof of relationship such as record of birth, a statement before a court of record or any authentic writing/document	- To be submitted for illegitimate children

Secondary Beneficiaries

If Claimant is Parent

☐	Death Certificate of member	- Duly registered with Local Civil Registry Office
☐	Birth Certificate of deceased member	- Duly registered with Local Civil Registry Office/Parish Church
☐	Marriage Certificate of parents	- Duly registered with Local Civil Registry Office/Parish Church

If Claimant is other than Parents

☐	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	- Duly registered with Local Civil Registry Office/Parish Church

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
☐	Other medical records that may be requested by the Medical Benefits Section, Diliman Branch	

RETIREMENT

☐	Birth Certificate of member	- To be submitted if with discrepancy in the date of birth