



**CLAIM FOR FUNERAL BENEFIT**

SSS FORM BPN - 103 (REV 8/91)

SSS  EC  PD

CLAIM NO.	
RECEIVED BY	DATE

**MEMBER'S & CLAIMANT'S DATA**

(Please read instructions on page 2 of this form before accomplishing)

NAME OF DECEASED (Last, First, M.I.)		SS NUMBER	
IS HE/SHE RECEIVING SSS PENSION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES WHAT BENEFIT? <input type="checkbox"/> RETIREMENT <input type="checkbox"/> TOTAL DISABILITY		DATE OF BIRTH	DATE OF DEATH
NAME OF PERSON WHO ACTUALLY PAID FUNERAL EXPENSES		RELATION TO THE DECEASED	
ADDRESS			
NAME OF CLAIMANT		RELATION TO THE DECEASED	
MAILING ADDRESS OF CLAIMANT			POSTAL CODE

**HISTORY OF EMPLOYMENT:**

EMPLOYER	PERIOD OF EMPLOYMENT		ADDRESS
	FROM	TO	

SIGNATURE OF CLAIMANT  <hr/> (If claimant cannot sign, thumbmark should be witnessed by two persons.)	WITNESSES TO THUMBMARK (PRINT NAME & SIGN)	RIGHT THUMBPRINT
	1. _____ 2. _____	

**DO NOT FILL UP. FOR SSS USE ONLY.**

DATE OF COVERAGE OF EMPLOYEE	TOTAL NO. OF CONTRIBUTIONS
REMARKS:	

**CLEARANCE SHEET:**

<input type="checkbox"/> NO OTHER CLAIM FILED	REMARKS	CLEARED BY: DATE:
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## **I N S T R U C T I O N S**

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.

## **W A R N I N G**

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.