MAT-1 REV. 03-99	SOCIAL SECU MATERNITY N (Please read instructions at the ba	ck. Print all information in blac			
SS NUMBER TYP	E OF MEMBERSHIP (CHECK	,			
			ED SEPARA	TED Date of Separation	
NAME (SURNAME)	(GIVEN NAME)		(MIDI	(MIDDLE NAME)	
HOME ADDRESS (NUMBER & STREE	ET)	(BARANGAY)			
(TOWN/DISTRICT)		(CITY/PROVINCE)		POSTAL CODE	
THIS IS TO NOTIFY MY EMPLOYER/	SSS THAT I AM EXPECTING TO GIVE	BIRTH ON	BELOW IS MY	PREGNANCY HISTORY.	
	DELIVERY/IES	MISCARRIA	AGE/S		
NUMBER					
LAST DATI	Ξ				
	SIGNATURE		DATE		
	FOR EMPI	LOYER USE			
EMPLOYER ID NUMBER ADDRESS (NUMBER & STREET)	EMPLOYER NAME	(BARANGAY)			
(TOWN/DISTRICT)		(CITY/PROVINCE)		POSTAL CODE	
THIS IS TO CERTIFY THAT THE	ABOVE-NAMED MEMBER IS PREGNA	ANT AND IS EXPECTED TO GIV		E STATED ABOVE.	
	FOR S	SS USE			
PROCESSED/DATE			RECE	EIVED/DATE	
		HERE — — — — — —			
MAT-1 REV. 03-99 MAT-1 REV. 03-99 MAT-1			RECE	EIVED/DATE	
SS NUMBER NAM	IE (SURNAME) (GIVEI	N NAME) (MIDDL	E NAME)		

INSTRUCTIONS

- 1. Accomplish and submit this form in one (1) copy.
- 2. Any alterations should be initialed by the member or the employer's authorized representative, if employed.
- 3. The female member should submit this form together with the Pregnancy Test or Ultrasound Report at least 60 days from the date of conception, to her employer if employed, or to the SSS, if separated/voluntary/self-employed member.
- 4. The employer must submit the maternity notification (MAT-1) within 15 days upon receipt of notification from the employee.
- 5. The maternity notification (MAT-1) duly stamped received by the SSS should be attached to the properly filled out Maternity Reimbursement (MAT-2).