



COV - 01229 (12-2015)

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

EMPLOYER ID NUMBER						EMPLOYER NAME							TYPE OF EMPLOYER <input type="checkbox"/> Business <input type="checkbox"/> Household		TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent		
ADDRESS		(RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)		(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)		(PROVINCE)		ZIP CODE

FOREIGN ADDRESS (IF APPLICABLE)

[illegible]

TELEPHONE NO. (AREA CODE+TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	WEBSITE (IF ANY)	TAX IDENTIFICATION NUMBER

SS NUMBER	NAME OF EMPLOYEE				DATE OF BIRTH (MMDDYYYY)	DATE OF EMPLOYMENT (MMDDYYYY)	DATE OF SEPARATION (MMDDYYYY)	MONTHLY COMPENSATION	POSITION/ NATURE OF WORK	FOR SSS USE
	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)						
	1.									
	2.									
	3.									
	4.									
	5.									
	6.									
	7.									
	8.									
	9.									
	10.									
	11.									
	12.									
	13.									
	14.									
	15.									

TOTAL NUMBER OF REPORTED EMPLOYEES	<input type="text"/>	NAME OF OWNER/MANAGING PARTNER/ PRESIDENT/CHAIRMAN/CORPORATE SECRETARY
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I certify that the information provided in this form are true and correct.

PAGE OF _____

PART II - TO BE FILLED OUT BY SSS

BATCH NUMBER	SCREENING & RECEIVING RESULTS
	<input type="checkbox"/> Correct authorized signatory per SS Form L-501 <input type="checkbox"/> Unauthorized signatory per SS Form L-501 <input type="checkbox"/> Others: _____
NO. OF OUTPUT (ER/EE)	

SCREENED & RECEIVED BY

SIGNATURE OVER PRINTED NAME

BRANCH

DATE & TIME

PROCESSED BY	
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REVIEWED BY

SIGNATURE OVER PRINTED NAME

DATE _____

SIGNATURE OVER PRINTED NAME

DATE _____

LEGEND

NO SSN	- No SS Number
NO NAME	- No EE Name
NO DOB	- No Date of Birth
NO DOE	- No Date of Employment
NO MC	- No Monthly Compensation
NO PNW	- No Position/Nature of Work
DOB INT DOE	- Date of Birth Interchanged with Date of Employment
DOB = DOE	- Same Date of Birth & Date of Employment
INV DOB	- Invalid Date of Birth
INV DOE	- Invalid Date of Employment
INV SSN	- Invalid SS Number
DOB FD	- Date of Birth is a Future Date

DOE FD	- Date of Employment is a Future Date
MC LESS 1K	- Monthly Compensation is Less than P1,000
NOT COV	- Not coverable by SSS as an employee
NAME DNM	- Name does not match SSS database
DOB DNM	- Date of birth does not match SSS database
SSN BTAP	- SS Number Belongs to Another Person
SSN CNCLD	- Cancelled SS Number
EE OVRRG	- Employee is Overage
EE WITH FC	- Employee is tagged with Final Claim

INSTRUCTIONS

1. Fill out this form in two (2) copies.
2. Fill out the appropriate boxes for the Type of Employer, as follows:
 - a. For business employer
 - correct employer ID number, business name, business address (local and foreign, if applicable), telephone number, mobile/cellphone number, e-mail address, website, and business TIN as registered with the SSS in Employer Registration Form (SS Form R-1)
 - b. For household employer
 - correct household employer ID number, household employer name, home address, telephone number, mobile/cellphone number, e-mail address, and personal TIN, if any, as registered with the SSS in Employer Registration Form (SS Form R-1)
3. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
4. Always affix initials on erasures on this form.
5. Write "**Nothing Follows**" immediately after the last entry on reported employee.
6. The owner of a single proprietorship business is disqualified to be reported as an employee thereof. However, the owner may register as a self-employed member, provided, he/she is not over sixty (60) years old.
7. The signatory in this form should be one of the authorized signatories in the current SS Form L-501.

WARNING

MISREPRESENTATION OF THE TRUE DATE OF EMPLOYMENT, MONTHLY EARNINGS, OR OTHER DATA OF EMPLOYEES IS PUNISHABLE UNDER THE PENAL PROVISION OF THE SS LAW.

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS

EMPLOYMENT REPORT (SS FORM R-1A)

IDENTIFICATION REQUIREMENTS	FILED BY			
	BUSINESS EMPLOYER	AUTHORIZED COMPANY REPRESENTATIVE	BUSINESS EMPLOYER'S REPRESENTATIVE	HOUSEHOLD EMPLOYER'S REPRESENTATIVE
1. One (1) Primary ID card/document of the <u>authorized signatory</u> of the SS Form R-1; OR Two (2) Secondary ID cards/documents of the <u>authorized signatory</u> of the SS Form R-1. [both with signature and at least one (1) with photo]	✓ (Present the original.)			✓ (Present the original & submit the photocopy.)
2. One (1) Primary ID card/document of the <u>representative</u> of the authorized signatory of the SS Form R-1; OR Two (2) Secondary ID cards/documents of the <u>representative</u> of the authorized signatory of the SS Form R-1. [both with signature and at least one (1) with photo]			✓ (Present the original & submit the photocopy.)	✓ (Present the original & submit the photocopy.)
3. Authorization Letter			✓ (Submit the original.)	✓ (Submit the original.)
4. Authorized Company Representative (ACR) Card		✓ (Present the original.)		

Note: If filed personally by the Household Employer, no ID card/document is required.

A. Primary ID Cards/Documents

1. Driver's License
2. Passport
3. Professional Regulation Commission (PRC) Card
4. Seaman's Book (Seafarer's Identification & Record Book)
5. Social Security (SS) card
6. Unified Multi-Purpose ID (UMID) Card

B. Secondary ID Cards/Documents

1. Alien Certificate of Registration
2. Certificate from any of the following, whichever is applicable:
> National Commission on Indigenous Peoples
> National Commission on Muslim Filipinos
3. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
4. Company ID Card
5. Credit Card
6. Firearm License Card issued by Philippine National Police (PNP)
7. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
8. Government Service Insurance System (GSIS) Card/Member's Record/Certificate of Membership
9. Health or Medical Card
10. Homeowners Association ID Card
11. ID Card issued by Local Government Units (LGUs) (e.g., Barangay/Municipality/City)
12. ID Card issued by professional association recognized by PRC
13. Marriage Contract/Marriage Certificate
14. Overseas Worker Welfare Administration (OWWA) Card
15. Pag-IBIG Member's Data Form or Transaction Card
16. Philippine Health Insurance Corporation (PHIC) ID Card/Member's Data Record
17. Police Clearance
18. Postal ID Card
19. School ID Card
20. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
21. Senior Citizen Card
22. Student Permit issued by Land Transportation Office (LTO)
23. Taxpayer's Identification Number (TIN) Card
24. Voter's Identification Card/Affidavit/Certificate of Registration