To our valued members:

In behalf of the Social Security System management and staff, I am pleased to present to you this Citizen’s Charter, a handbook that provides a step-by-step, easy to understand guide on how you can avail yourself of the top 26 high volume services of the SSS.

Before coming up with this handbook, we reviewed and streamlined the procedures of these services and determined the most efficient processing time that served as the basis of our commitments to you. With this Charter, we now have a yardstick, by which to measure the SSS frontline offices’ performance and I hope that you will let us know how we are doing so that we can continually improve our services to you.

This Charter was developed not only in compliance with the provisions of Republic Act No. 9485, also known as the “Anti-Red Tape Act of 2007” but also as part of the SSS’ desire to achieve its vision of providing world-class and delightful service to you, our members.

Thank you for your support and continued trust and confidence in your SSS.

EMILIO S. DE QUIROS, JR.
President and CEO
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## DIRECTORY OF LOCAL OFFICES

## DIRECTORY OF FOREIGN OFFICES
Citizen’s Charter of the
SOCIAL SECURITY SYSTEM

MISSION

To manage a sound and viable social security system which shall promote social justice and provide meaningful protection to members and their families against the hazards of disability, sickness, maternity, old age, death and other contingencies resulting in loss of income or financial burden.

VISION

A viable social security institution providing universal and equitable social protection through world-class service.

CORPORATE VALUES

The SSS aims to institutionalize a corporate culture that instills the core values of Trust, Empowerment and Teamwork.

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<th>COMMITMENT (Working Days)</th>
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17. Processing of Maternity Benefit Applications (For SE/VM/Members Separated from Employment) | 10

18. Employer’s Enrollment in the Sickness and Maternity Benefits Payment Thru the Bank Program | 3 (if with bank confirmation)

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22. Processing of Funeral Claim Applications | 5

23. Processing of Death Claim Applications | 10

24. Receipt of Payment through the SSS Telling Facility | Within the day

25. Issuance of SSS Card
   - Screening of Application for Social Security ID (SS Form E-6) | Within the day
   - SS Card Enrollment

26. Filing of Complaints/Suggestions | Within the day

## DEFINITION OF TERMS

**Average Daily Salary Credit** – The result obtained by dividing the sum of the six (6) highest monthly salary credits in the twelve-month period immediately preceding the semester of contingency by one hundred eighty (180).

**Average Monthly Salary Credit** – The result obtained by dividing the sum of the last sixty (60) monthly salary credits immediately preceding the semester of contingency by sixty (60), or the result obtained by dividing the sum of all the monthly salary credits paid prior to the semester of contingency by the number of monthly contributions paid in the same period, whichever is greater: Provided, That the injury or sickness which caused the disability shall be deemed as the permanent disability for the purpose of computing the average monthly salary credit.

**Beneficiaries:**

1. **Primary** – the primary beneficiaries who shall be entitled to the benefits are:
   a. The dependent spouse until he or she remarries; and
   b. The dependent legitimate, legitimated or legally adopted, and illegitimate children, subject to the following conditions:
      - share of the dependent illegitimate children shall be fifty percent (50%) of the share of the legitimate, legitimated or legally adopted children in the basic pension;
      - In the absence of the dependent legitimate, legitimated or legally adopted children of the member, his/her dependent illegitimate children shall be entitled to one hundred percent (100%) of the benefits.

2. **Secondary** – the secondary beneficiaries who shall be entitled to the benefits in the absence of the primary beneficiaries are:
   a. The dependent parents;
   b. In the absence of dependent parents, any other person designated by the member.

The following may be designated as secondary beneficiary/ies who shall be entitled to the benefit under the Act provided that he/she is dependent for support upon the member at the time of contingency:
• Legitimate ascendants and descendants.
• Parents and their legitimate children and the legitimate and illegitimate children of the latter.
• Parents and the illegitimate children of the latter.
• Legitimate brothers and sisters, whether full blood or half blood.

Compensation – All actual remuneration for employment, including the mandated cost of living allowance, as well as the cash value of any remuneration paid in any medium other than cash except that part of the remuneration received during the month in excess of the maximum salary credit as provided under Section 18 of the SS Law.

Compensation shall include the following:

1. Salaries and Wages
2. Direct Labor or Indirect Labor
3. Superintendence
4. Commission Expense
5. Bonuses (except Christmas Bonus)
6. Overtime Pay
7. Maternity Leave with Pay
8. Sick Leave with Pay
9. Vacation Leave with Pay
10. Cost of Living Allowance
11. Emergency Cost of Living Allowance
12. Workers Compensation Benefit
13. Transportation, Board and Lodging Allowance
14. Tuition, Matriculation and School Fees as payment for services rendered
15. Commission Advances and Allowances Monthly
16. Cash Value of Living Expense
17. Salaries earned while on board Foreign Vessel
18. Share in the Catch Project

Contribution – The amount paid to the SSS by and on behalf of the member in accordance with Section 18 of the SS Law.

Credited Years of Service – The credited years of service shall be as follows:

1. For a member covered prior to January 1985, the credited years of service shall be 1985 minus the calendar year of coverage plus the number of calendar years in which six (6) or more contributions have been paid from January 1985 up to the calendar year containing the semester prior to the contingency

$$CYS = A + B$$

Where  

A = 1985 minus the calendar year of coverage  
B =  number of calendar years with at least 6 monthly contributions have been paid from January 1985 to the calendar year containing the semester prior to the contingency

2. For a member covered in or after January 1985 until December 2001, the credited years of service shall be the sum of the number of calendar years in which six (6) or more contributions have been paid from the year of coverage up to the calendar year containing the semester prior to the contingency.

3. Starting January 2002, the credited years of service shall be the sum of total number of monthly contributions paid divided by 12, 1985 minus date of coverage and number of years with at least 6 monthly contributions from 1985 to 2001, to be represented by a formula as follows:

$$CYS = A + B + C$$

Where  

A = 1985 minus the calendar year of coverage  
B =  number of years with at least 6 monthly contributions from 1985 to 2001  
C =  total number of monthly contributions paid beginning January 2002 divided by 12

Provided that the Commission may provide for a different number of contributions in a calendar year for it to be considered as a credited year of service.

Dependents - the dependents shall be the following:

1. The legal spouse entitled by law to receive support from the member;
2. The legitimate, legitimated or legally adopted, and illegitimate child who is:
   a. unmarried;
   b. not gainfully employed;
   c. has not reached twenty-one (21) years of age, or if over twenty-one (21) years of age, he is congenitally or while still a minor has been permanently incapacitated and incapable of self-support, physically and mentally.

A person reaches the age twenty-one (21) when he celebrates his 21st birthday anniversary because on that day he has completed 21 years of life since his birth. After that date, he is over 21 years of age.

3. The parent who is receiving regular support from the member.
Employee – Any person who performs services for an employer in which either or both mental and physical efforts are used and who receives compensation for such services, where there is an employer-employee relationship: Provided, That a self-employed person shall be both employee and employer at the same time.

Employer – Any person, natural or juridical, domestic or foreign, who carries on in the Philippines any trade, business, industry, undertaking or activity of any kind and uses the services of another person who is under his orders as regards the employment, except the Government and any of its political subdivisions, branches or instrumentalities, including corporations owned or controlled by the Government. Provided, That a self-employed person shall be both employee and employer at the same time.

Employment – Any service performed by an employee for his employer, except:

1. Employment purely casual and not for the purpose of occupation or business of the employer;
2. Service performed on or in connection with an alien vessel by an employee if he is employed when such vessel is outside the Philippines;
3. Service performed in the employ of the Philippine Government or instrumentality or agency thereof;
4. Service performed in the employ of a foreign government or international organization, or their wholly-owned instrumentality: Provided, however, That this exemption notwithstanding, any foreign government, international organization or their wholly-owned instrumentality employing workers in the Philippines or employing Filipinos outside of the Philippines, may enter into an agreement with the Philippine Government for the inclusion of such employees in the SSS except those already covered by their respective civil service retirement systems: Provided, further, That the terms of such agreement shall conform with the provisions of the SS Law on coverage and amount of payment of contributions and benefits: Provided, finally, That the provisions of the SS Law shall be supplementary to any such agreement; and
5. Such other services performed by temporary and other employees which may be excluded by regulation of the Commission. Employees of bona fide independent contractors shall not be deemed employees of the employer engaging the services of said contractors.

Farmer – any person whose primary livelihood, either by himself and/or his spouse and/or immediate members of his family, is cultivation and tillage of the soil, dairying, growing and harvesting of agricultural and horticultural products.

Fisherman – any natural person whose primary livelihood, either by himself and/or immediate members of his family, is fishing, catching, raising or gathering marine and other aquatic products.

Fixed charges – Recurring expense such as amortization of debt discount and rentals for leased properties, including interest on funded and unfunded debt.

Househelper/Domestic Helper – Any person who renders service in the employer’s home which is usually necessary or desirable for the maintenance and enjoyment thereof and includes ministering to the personal comfort and convenience of the members of the employer’s household including services of family driver; baby sitter; gardener; cook; nursemaid (yaya), etc., exclusively to a household employer.

Household Employer - Any person who engages the services of a househelper. For purposes of this rule, the head of the family (i.e. the husband and, in his absence, the wife) shall be deemed the househelper’s employer.

In Good Standing - A member/employer who is not remiss in the payment of SSS contributions and loan remittances.

Low-cost Housing - Refers to housing loan the original amount of which does not exceed P1.0 Million but over P400,000.00.

Member - A worker who is covered under Section 9 and Section 9-A of the SS Law.

An employer is not considered a member. An employer merely registers with the SSS for reason that he has an obligation to report all his employees for SSS coverage. No benefit can be granted to him as an employer and therefore he cannot be called a member but simply an employer.

Monthly - The period from one end of the last payroll period of the preceding month to the end of the last payroll period of the current month if compensation is on hourly, daily or weekly basis; if on any other basis, monthly shall mean a period of one (1) month.

Monthly Salary Credit - The compensation base for contributions and benefits as indicated in the schedule in Section 18 of the SS Law.

Net earnings - Net income before income taxes plus non-cash charges such as depreciation and depletion appearing in the regular financial statement of the issuing or assuming institution.

Quarter - A period of three (3) consecutive calendar months ending on the last day of March, June, September and December.

Self-employed - is one who has no employer, as defined in the SS Law, other than himself/herself and derives income from his/her physical and mental efforts, including but not limited to the following as identified under Section 9-A of the SS Law, as amended:

a. All SE professionals;
b. Partners and single proprietors of businesses;
c. Actors and actresses, directors, scriptwriters and news correspondents who do not
fall within the definition of the term “employee” in Sec. 8 (d) of the SS Law; 
d. Professional athletes, coaches, trainers and jockeys; Individual farmers and fishermen; and 
e. Any SE persons as may be determined by the Social Security Commission under such rules and regulations as it may prescribe.

**Semester** - A period of two (2) consecutive quarters ending in the quarter of contingency.

**Socialized Housing** - Refers to housing loan the original amount of which does not exceed P400,000.00.

### PROCEDURE IN GETTING AN SS NUMBER AS PRIOR REGISTRANT/SELF-EMPLOYED/OFW/NON-WORKING SPOUSE/KASAMBAHAY

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<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
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<tbody>
<tr>
<td>1. Get Personal Record Form (SS Form E-1). Note: For Househelper, get Kasambahay Unified Registration Form (PPS_KUR Form). For Family drivers, get SS Form E-1.</td>
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<td>Member Services Section (MSS) of SSS Branch or at SSS Service Office</td>
<td>Member Service Representative</td>
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<tr>
<td>2. Read instructions and fill out the form.</td>
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<td>MSS of SSS Branch or at SSS Service Office</td>
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<tr>
<td>3. Get a queue number and wait for the number to be called. Note: If the Branch is using an automated queueing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
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<td>MSS of SSS Branch or at SSS Service Office</td>
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<td>4. Submit the accomplished form and present the original/certified true Please see list of Documentary Requirements (MOP 2015-008)</td>
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<td>MSS of SSS Branch or at SSS Service Office</td>
<td>Member Service Representative</td>
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<td>STEPS</td>
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<td>LOCATION</td>
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<td>copy (with photocopy/ies of the documentary requirements, if any.)</td>
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<td>5. Get member’s copy bearing the new SS number.</td>
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**LIST OF DOCUMENTARY REQUIREMENTS**

Always present the original or certified true copy/ies when submitting the photocopy/ies of the required ID card(s) and/or document(s).

**A. ID Cards and/or Documents for the issuance of SS Number**

**Birth Certificate**, or in its absence, any of the following documents:

- Baptismal Certificate or its equivalent
- Driver’s License
- Passport
- Professional Regulation Commission (PRC) Card
- Seaman's Book (Seafarer’s Identification and Record Book)

In the absence of the above ID cards and/or documents, any two (2) of the following documents both with the correct name and at least one (1) with date of birth:

- Alien Certificate of Registration
- ATM card (with cardholder’s name)
- Bank Account Passbook
- Baptismal Certificate of child/ren or its equivalent
- Birth Certificate of child/ren
- Certificate of Confirmation issued by National Commission on Indigenous Peoples (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Muslim Filipino Tribal Affiliation issued by National Commission on Muslim Filipinos
- Company ID card
- Court Order granting petition for change of name or date of birth
- Credit card
- Firearm License card issued by Philippine National Police (PNP)
- Fishworker’s License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) card/Member’s Record/Certificate of Membership
- Health or Medical card
- Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member’s Data Form
- Homeowner’s Association ID card
- ID card issued by Local Government Units (LGUs) (e.g., Barangay/Municipality/City)
- ID card issued by professional association recognized by PRC
- Life Insurance Policy
- Marriage Contract/Marriage Certificate
- National Bureau of Investigation (NBI) Clearance
- Overseas Worker Welfare Administration (OWWA) card
• Philippine Health Insurance Corporation (PHIC) ID card/Member’s Data Record
• Police Clearance
• Postal ID card
• School ID card
• Seafarer’s Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
• Senior Citizen card
• Student Permit issued by Land Transportation Office (LTO)
• Taxpayer’s Identification Number (TIN) card
• Transcript of Records
• Voter’s ID card/Affidavit/Certificate of Registration

B. Additional Supporting Documents

For married

• Marriage Contract/Marriage Certificate or a copy of Member Data Change Request form (SS Form E-4) of the spouse duly received by the SSS where the name of the registrant is reported as the spouse

For widowed

• Marriage Contract/Marriage Certificate
• Marriage Contract/Marriage Certificate and Death Certificate of spouse or Court Order on the Declaration of Presumptive Death, if previously reported spouse is presumed dead

For legally separated

• Decree of Legal Separation

For annulled or with void marriage

• Certificate of Finality of Annulment/Nullity or annotated Marriage Contract/Marriage Certificate

For Divorced

• Decree of Divorce and Certificate of Naturalization (granted before divorce) or its equivalent

For divorced Muslim member

• Certificate of Divorce (OCRG Form No. 102)

For reporting child/ren - whichever is applicable

• Birth Certificate/s or Baptismal Certificate/s or its equivalent

C. Documents for local enrolment in the Flexi-fund Program

Valid Overseas Employment Certificate (OEC) or E-receipt issued by POEA
## PROCEDURE IN REGISTERING AS AN EMPLOYER

**Processing Time**: Within the day  
**Note**: No Service Fees

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<tr>
<th>STEPS</th>
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<th>PERSON IN-CHARGE</th>
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<tbody>
<tr>
<td>1.</td>
<td>Get Employer Registration Form (SS Form R-1) and Employment Report Form (SS Form R-1A) and Specimen Signature Card (L-501). For Household Employer, get Household Employer Unified Registration Form (PPS-HEUR1 Form).</td>
<td>Member Services Section (MSS) of SSS Branch or at SSS Service Office</td>
<td>Member Service Representative</td>
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<tr>
<td>2.</td>
<td>Read instructions and fill out the form in two (2) copies. For Household Employer, fill out one (1) copy only.</td>
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<td>3.</td>
<td>Get a queue number and wait for the number to be called. <strong>Note</strong>: If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td>MSS of SSS Branch or at SSS Service Office</td>
<td>Member Service Representative</td>
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<td>4.</td>
<td>Submit the accomplished form duly signed by the authorized signatory together with the original and photocopy of the required document/s.</td>
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### Legal Personality:

**SINGLE PROPRIETORSHIP**

**Required Documents:**
- Authority to operate from appropriate government office/s (e.g., Registration Business Name, Business Permit, or any proof of business operations)

**Authorized Signatories:**
- Owner or the spouse can sign in behalf of the Owner. In their absence, any representative with Special Power of Attorney.

### PARTNERSHIP

**Required Documents:**
- Approved Articles of Partnership

**Authorized Signatories:**
- Managing Partner

### CORPORATION, INCLUDING NON-STOCK/NON-PROFIT CORPORATIONS

**Required Documents:**
- Approved Articles of Incorporation

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<td>4.</td>
<td>Submit the</td>
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<td><strong>Authorized Signatories:</strong></td>
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<td>• President, Chairman or Corporate Secretary</td>
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<td><strong>FOREIGN-OWNED CORPORATION</strong></td>
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<td><strong>Required Documents:</strong></td>
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<td></td>
<td>• Approved Articles of Incorporation and License to Transact Business in the Philippines</td>
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<td><strong>Authorized Signatories:</strong></td>
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<td>• The designated Philippine representative as shown in the SEC Registration</td>
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<td><strong>MANNING AGENCY WITH FOREIGN PRINCIPAL</strong></td>
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<td><strong>Required Documents:</strong></td>
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<td>• Approved Articles of Incorporation and Agency Agreement between the manning agency and foreign principal</td>
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<td></td>
<td><strong>Required Documents:</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Approved Articles of Cooperation from the Cooperative Development Authority (CDA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Authorized Signatories:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chairman or Corporate Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>MANPOWER SERVICE COOPERATIVE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Required Documents:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Approved Articles of Cooperation from the Cooperative Development Authority (CDA) and accreditation from the Department of Labor and Employment (DOLE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Authorized Signatories:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chairman or Corporate Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>FOR HOUSEHOLD EMPLOYER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If filed/submitted personally by the Household Employer, no supporting document is required to be submitted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If duly accomplished Form is filed/submitted through an Authorized Representative of the Household Employer, presentation of the following is required:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Letter of Authorization from Household Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Valid ID of the Household Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEPS</td>
<td>REQUIREMENTS</td>
<td>LOCATION</td>
<td>PERSON IN-CHARGE</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>• Valid ID of the Authorized Representative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update/s or Change/s in the Employer Information should be submitted to each of the 3 Agencies -- Pag-IBIG, PhilHealth and SSS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Get or download Electronic R-3 Program.</td>
<td>Flash drive</td>
<td>Corporate Lane, Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2. Get a queue number and wait for the number to be called.</td>
<td></td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Submit Contribution Collection List (Electronic R-3).</td>
<td>• Two (2) copies of Transmittal Report/Certificate • Copies of validated Contributions Payment Form or Contributions Payment Form with Special Bank Receipt (SBR) • ACR/SS card/valid ID • Letter of Authorization, valid ID of Household</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>5. Get processed copies of SS Form R-1/HEUR1 Form (if Household Employer), SS Form R-1A, Specimen Signature Card and Authorized Company Representative Card.</td>
<td>MSS of SSS Branch or at SSS Service Office</td>
<td>Member Service Representative</td>
<td></td>
</tr>
<tr>
<td>STEPS</td>
<td>REQUIREMENTS</td>
<td>LOCATION</td>
<td>PERSON IN-CHARGE</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| 4.    | Get the following:  
• Flash drive  
• Transmittal Report/Certificate with validated Contributions Payment Form or Contributions Payment Form with SBR, if valid.  
• Error List/Rejection Notice, if invalid. | MSS of SSS Branch | Member Service Representative |

**PROCEDURE IN THE SUBMISSION OF CONTRIBUTION COLLECTION LIST (SS FORM R-3)**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Contribution Collection List (SS Form R-3).</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch or at Service Office</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Submit Contribution Collection List (SS Form R-3) in two copies.</td>
<td>MSS of SSS Branch or at Service Office</td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>
| • ACR/SS card/valid ID  
• Copies of validated Contributions Payment Form or Contributions Payment Form with SBR  
• Letter of Authorization, valid ID of Household Employer and valid | | |
### Procedure in Requesting for Adjustment of Contributions and/or Correction of Credited Years of Service (CYS)

#### STEPS | REQUIREMENTS | LOCATION | PERSON IN-CHARGE
--- | --- | --- | ---
1. | Get a request form (Request/Verification Form). | Member Services Section (MSS) of SSS Branch | Member Service Representative
2. | Read instructions and fill out the form. | Properly accomplished form with complete employment history:
- Employer Name
- Employer ID
- Exact period of employment per company | MSS of SSS Branch | Member Service Representative
3. | Get a queue number and wait for the number to be called. | No Service Fees
4. | Submit the request form. | SS card/valid ID | MSS of SSS Branch | Member Service Representative
5. | Get the acknowledgment stub. | | MSS of SSS Branch | Member Service Representative
### PROCEDURE IN REQUESTING FOR CERTIFICATE OF COMPLIANCE

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Submit a letter request.</td>
<td>Accounts Management Section (AMS) of SSS Branch</td>
<td>Junior/Senior Analyst</td>
</tr>
<tr>
<td></td>
<td>• Latest contribution payment (validated Contributions Payment Form or Contributions Payment Form with SBR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ACR/SS card/valid ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>AMS of SSS Branch</td>
<td>Junior/Senior Analyst</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td>If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>If regularly paying (RP), get a Certificate of Compliance (COC). If delinquent, pay and submit validated Contributions Payment Form or Contributions Payment Form with SBR or Promissory Note (PN).</td>
<td>AMS of SSS Branch</td>
<td>Junior/Senior Analyst</td>
</tr>
</tbody>
</table>

- **Processing Time:** Five (5) Working Days
- **Note:** No Service Fees

### PROCEDURE IN FILING MEMBER LOAN APPLICATION

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download and print Member Loan Application.</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td>If member is employed, require the authorized signatory of the employer to sign the Part II section of the Member Loan Application.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td>If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Submit the Member Loan Application.</td>
<td>Properly filled out Member Loan Application together with corresponding documentary requirements:</td>
<td>MSS of SSS Branch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>

- **Processing Time:** Five (5) Working Days (from receipt of application to generation of check)
- **Note:** No Filing Fees
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
</table>
| If filed by Member-Borrower: | • Presentation of original copy of any one (1) of the primary ID cards/documents or in its absence,  
• Two (2) secondary ID cards/documents at least one (1) with signature and photo | | |
| If filed by Authorized Representative of Member-Borrower: | • Original copy of any one (1) of the Authorized Representative’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
• Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo  
• Letter of Authority (LOA) | | |
| If filed by Employer | • Original copy of any one (1) of the Employer’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
• Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo | | |
| If filed by Company Representative: | • Authorized Company Representative (ACR) card or  
• If without ACR card (not available at the time of filing), present the following:  
  – Original copy of any one (1) of the Company Representative’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) | | |
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>with signature and photo; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one with signature and photo</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Letter of Authority</td>
<td></td>
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</tr>
</tbody>
</table>

*If filed by Employer’s Representative:*

• Original copy of any one (1) of the Employer Representative’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one with signature and photo; and

• Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents at least one (1) with signature and photo

• Letter of Authority (LOA)

*Note:*

For security agencies and employers with branches but with centralized filing of loan applications, photocopy of the above cited documents duly certified by the member and authenticated by the authorized company signatory may be accepted.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If filed by Household Employer’s Representative:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Original copy of any one (1) of the Employer Representative’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one with signature and photo; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Letter of Authority (LOA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEPS</td>
<td>REQUIREMENTS</td>
<td>LOCATION</td>
<td>PERSON IN-CHARGE</td>
</tr>
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</tr>
<tr>
<td>5. Get the acknowledgment stub, signed disclosure statement, if qualified, and rejection letter, if rejected.</td>
<td>MSS of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
<td></td>
</tr>
</tbody>
</table>

**PROCEDURE IN FILING OF APPLICATION FOR EDUCATIONAL ASSISTANCE LOAN PROGRAM (INITIAL) AND APPLICATION FOR SUBSEQUENT RELEASE OF EDUCATIONAL ASSISTANCE LOAN**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get or download and print Application for Educational Assistance Loan Program or Application for Subsequent Release of Educational Assistance Loan.</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
<td></td>
</tr>
<tr>
<td>2. Read instructions and fill out the form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Submit the Application for Educational Assistance Loan Program or Application for Subsequent Release of Educational Assistance Loan.</td>
<td>Properly filled out Application for Educational Assistance Loan Program or Application for Subsequent Release of Educational Assistance Loan</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>STEPS</td>
<td>REQUIREMENTS</td>
<td>LOCATION</td>
<td>PERSON IN-CHARGE</td>
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</tr>
</tbody>
</table>
| Subsequent Release of Educational Assistance Loan | Educational Assistance Loan together with corresponding documentary requirements:  
1. Valid Identification Card/s (IDs)  
   If filed by Member-Borrower:  
   • Presentation of original copy of any one (1) of the primary ID cards/document or in its absence,  
   • Two (2) secondary ID cards/documents at least one (1) with signature and photo.  
   If filed by Authorized Representative of Member-Borrower:  
   • Original copy of any one (1) of the Authorized Representative’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
   • Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo.  
   • Letter of Authority (LOA) | | | |
| | 2. Assessment/Billing statement issued by the school of member/beneficiary | | |
| | 3. For initial application:  
   • Proof of salary/income  
     For Employed - pay slip or pay envelope or employer’s certification  
     For Self-employed/Voluntary Member - Income Tax Return or affidavit of income  
   • Proof of relationship to beneficiary | | |
### PROCEDURE IN THE SUBMISSION OF LOAN REPAYMENT (LR) COLLECTION LIST (SS FORM ML-2)

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download and print Collection Lists (SS Form ML-2) and Member Loan Payment Return Form (SS Form ML-1).</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called. <strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out SS Form ML-2 and validated ML-1 or ML-1 and Special Bank Receipt (SBR), if paid thru the bank.</td>
<td>Properly filled out SS Form ML-2, validated ML-1 and SBR</td>
<td>Corporate Lane, MSS of SSS Branch</td>
</tr>
</tbody>
</table>

- **Processing Time:** Ten (10) Working Days (Including Posting)
- **Note:** No Filing Fees
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Get original copy of SS Form ML-1 and SBR with stamp “RECEIVED” duplicate copy of SS Form ML-2.</td>
<td>Corporate Lane, MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>
| 6.    | Get the Employer List of Unpostables (LUT), if any. | If filed by Employer:  
- Original copy of any one (1) of the Employer’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
- Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo  

If filed by Company Representative:  
- Authorized Company Representative (ACR) card or  
- If without ACR card (not available at the time of filing), present the following:  
  - Original copy of any one (1) of the Employer Representative’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
  - Original copy of any one (1) of the Member-Borrower’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
  - Letter of Authority (LOA) If filed by Employer’s Representative:  
- Original copy of any one (1) of the Employer Representative’s primary ID cards/documents or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
  - Original copy of any one (1) of the Member-Borrower’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
  - Letter of Authority (LOA)
## Procedure in the Submission of Electronic Loan Repayment (LR) Collection List

<table>
<thead>
<tr>
<th>Steps</th>
<th>Requirements</th>
<th>Location</th>
<th>Person In-Charge</th>
</tr>
</thead>
</table>
| 1. Get the following:  
• LMS Program or download the program directly through the SSS website  
• Billing Records  
• Member Loan Payment Return Form (SS Form ML-1) | For Loans Management System (LMS) Program and/or Billing records: Corporate Lane, Member Services Section (MSS) of SSS Branch/SSS website (www.sss.gov.ph) | Member Service Representative |
| 2. Read instructions on how to install and use the LMS Program and generate collection and transmittal lists. | Corporate Lane, MSS of SSS Branch | Employer/LMS Participant |
| 3. Get a queue number and wait for the number to be called. | Corporate Lane, MSS of SSS Branch | Member Service Representative |

**Note:** If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.

**Processing Time:** Five (5) Working Days (Including Posting)

**Note:** No Filing Fees
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Submit flash drive and hard copy of transmittal list and report together with validated SS Form ML-1 and SBR.</td>
<td>Generated flash drive and transmittal list, validated SS Form ML-1 or SS Form ML-1 with SBR.</td>
<td>Corporate Lane, MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>5. Get duplicate copy of Transmittal List with stamped “Received”, SS Form ML-1 and SBR, if valid.</td>
<td></td>
<td>Corporate Lane, MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong> If submitted flash drive is found with error after pre-validation, flash drive, transmittal list, ML-1 and OR/ SBR, together with the deficiency notification shall be returned to employer/LMS participant for correction and re-submission.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6. Get the Employer List of Unpostables (LUT), if any. | If filed by Employer:  
- Original copy of any one (1) of the Employer’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
- Original copy of any one (1) of the Member-Borrower’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo | Corporate Lane, MSS of SSS Branch | Member Service Representative |

If filed by Company Representative:  
- Authorized Company Representative (ACR) card or  
- If without ACR card (not available at the time of filing), present the following:  
  - Original copy of any one (1) of the Company Representative’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and  
  - Original copy of any one (1) of the Member-Borrower’s primary ID cards/document.
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Letter of Authority (LOA)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*If filed by Employer’s Representative:*

- Original copy of any one (1) of the Employer Representative’s primary ID cards/document or original copies of two (2) secondary ID cards/documents at least one (1) with signature and photo; and
- Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents at least one (1) with signature and photo
- Letter of Authority (LOA)

*If filed by Household Employer’s Representative:*

- Original copy of any one (1) of the Employer Representative’s primary ID cards/documents at least one (1) with signature and photo; and
- Original copy of any one (1) of the Member-Borrower’s primary ID cards/documents at least one (1) with signature and photo
- Letter of Authority (LOA)
## Procedure in Filing for Sickness Notification of Employed Members Filing Personally

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get or download the required forms.</td>
<td>• Sickness Notification; and • Accident/Sickness Report, if work-connected</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Junior/Senior Member Service Representative</td>
</tr>
<tr>
<td>2. Read instructions and fill out the form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Get a queue number and wait for the number to be called.</td>
<td></td>
<td>Medical Evaluation Section (MES) or Member Services Section (MSS), for branch without MES, SSS Branch</td>
<td>Senior Clerk/ Junior Nurse</td>
</tr>
<tr>
<td><strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Submit properly filled out form together with the supporting documents.</td>
<td>• Sickness Notification; • Identification card/s or document/s; • Medical documents, if any; In case of work-related claims, above-documents, plus the following: • Accident/Sickness Report from Medical Evaluation Section (MES) or Member Services Section (MSS), for branch without MES, SSS Branch</td>
<td>Medical Evaluation Section (MES) or Member Services Section (MSS), for branch without MES, SSS Branch</td>
<td>Senior Clerk/ Junior Nurse</td>
</tr>
<tr>
<td>5. Get acknowledgment stub or rejection notice.</td>
<td></td>
<td>Medical Evaluation Section (MES) or Member Services Section (MSS), if branch has no MES, SSS Branch</td>
<td>Senior Clerk/ Junior Nurse</td>
</tr>
</tbody>
</table>

**Notes:**
- Medical Specialist shall determine required medical documents based on a separate checklist.
- For sickness/injury acquired abroad, documents issued by foreign country should be in English translation and must be authenticated by the Philippine Embassy Consulate Office or duly notarized by a notary public from the host country.
### STEPS IN FILING FOR SICKNESS NOTIFICATION OF EMPLOYED MEMBER

**FILED THROUGH COMPANY REPRESENTATIVE**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get or download the required forms.</td>
<td>Sickness Notification; and Accident/Sickness Report, if work-related</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Junior/Senior Member Service Representative</td>
</tr>
<tr>
<td>2. Read instructions and fill out the form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Get a queue number and wait for the number to be called.</td>
<td>Member Services Section (MSS), Corporate Lane, SSS Branch</td>
<td>Junior/Senior Member Service Representative</td>
<td></td>
</tr>
<tr>
<td>Note: If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Submit properly filled out form together with the supporting documents.</td>
<td>System-generated Transmittal List (TL) or System-generated Acknowledgment Letter; if filed through Electronic Notification (3 copies); or Employer TL (3 copies); Sickness Notification; Member’s</td>
<td>Member Services Section (MSS), Corporate Lane, SSS Branch</td>
<td>Junior/Senior Member Service Representative</td>
</tr>
</tbody>
</table>

**Notes:**
- Medical Specialist shall determine required medical documents based on a separate checklist.
- For sickness/injury acquired abroad, documents issued by foreign country must be in English translation and must be authenticated by the Philippine Embassy/Consulate Office or duly notarized by a notary public from the host country.

**Processing Time:** Five (5) Working Days  
**Note:** No Service Fees
### PROCEDURE IN FILING SICKNESS BENEFIT REIMBURSEMENT APPLICATION (FOR EMPLOYED MEMBERS)

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Sickness Benefit Reimbursement Application.</td>
<td>Member Services Section (MSS), SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch Office</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td>If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out Sickness Benefit Reimbursement Application together with the required documents.</td>
<td>Refer to Table 1 for the List of Required Documents</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>5.</td>
<td>Get acknowledgment stub or disapproval notice.</td>
<td>MSS of SSS Branch Office</td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>

**Processing Time:** Ten (10) Working Days (from receipt of claim to check date)

**Note:** No Service Fees
### DOCUMENTARY REQUIREMENTS

1. Sickness Benefit Reimbursement Application (SBRA)
2. Approved Sickness Notification (SN) or Certificate of Medical Approval issued by the Medical Evaluation Section
3. Copy of page of Employer’s Logbook (manual logbook or electronic filing) for approved EC claim
4. Filers SS card or other valid IDs/documents listed below:

**A. Primary ID Cards/Documents**
1. Social Security (SS) card
2. Unified Multi-Purpose ID (UMID) card
3. Passport
4. Professional Regulation Commission (PRC) card
5. Seaman’s Book (Seafarer’s Identification & Record Book)

**B. Secondary ID Cards/Documents**
1. Alien Certificate of Registration
2. ATM card (with cardholder’s name)
3. Bank Account Passbook
4. Company ID card
5. Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
6. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
7. Certificate of Naturalization
8. Credit card
9. Court Order granting petition for change of name or date of birth
10. Driver’s License
11. Firearm License card issued by Philippine National Police (PNP)
12. Fishworker’s License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
13. Government Service Insurance System (GSIS) card/Member’s Record/Certificate of Membership
14. Health or Medical card
15. Home Development Mutual Fund (HDMF) Transaction Card/Member’s Data Form
16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
17. ID card issued by professional association recognized by PRC
18. Life Insurance Policy of member

### Table 1. LIST OF REQUIRED DOCUMENTS

| 19. | Marriage Contract/Marriage Certificate |
| 20. | National Bureau of Investigation (NBI) Clearance |
| 21. | Overseas Worker Welfare Administration (OWWA) card |
| 22. | Philippine Health Insurance Corporation (PHIC) ID card/Member’s Data Record |
| 23. | Police Clearance |
| 24. | Postal ID card |
| 25. | School ID card |
| 26. | Seafarer’s Registration Certificate issued by Philippine Overseas Employment Administration (POEA) |
| 27. | Senior Citizen card |
| 28. | Student Permit issued by Land Transportation Office (LTO) |
| 29. | Taxpayer’s Identification Number (TIN) card |
| 30. | Transcript of Records |
| 31. | Voter’s Identification card or Voter’s Affidavit / Certificate of Registration |

**Filed by Employer (Business/Household)**

Present the original of any one (1) of the Employer’s **primary** ID cards/documents in Item A or two (2) **secondary** ID cards/documents in Item B both with signature and at least one (1) with photo.

**Filed by Company Representative**

Present the Authorized Company Representative (ACR) Card or if without ACR Card (not available at the time of filing) present the following:
- Letter of Authorization (LOA) issued by the employer’s authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and
- Original company ID of company representative.

**Filed by Employer Representative**

- LOA issued by the employer’s authorized signatory reflected in the SS Form L-501
- Original company ID of employer representative.

**Note:** If member is entitled to SS and EC Sickness Benefit, fill out Part IIB of the Sickness Benefit Reimbursement Application for the computation of both benefits.
### Table 2. List of Required Documents

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sickness Benefit Application (SBA)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Copy of page of Employer’s Logbook (manual logbook or electronic filing) for approved EC claim</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Additional required documents, present the original/certified true copy and submit the photocopy of the following, whichever is applicable:</td>
<td></td>
</tr>
<tr>
<td><strong>For Self-Employed and Voluntary Members (previously employed)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If confinement period applied for is within the period of employment or prior to date of separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certificate of separation from employment with effective date of separation and that no advance payment was granted (signed by the employer’s authorized signatory reflected in SS Form L-501)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For Member separated from employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If confinement period applied for is within the period of employment or prior to date of separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certificate of separation from employment with effective date of separation and no advance payment was granted (signed by the employer’s authorized signatory reflected in SS Form L-501 of employer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If confinement period applied for is after the date of separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certificate of separation from employment with effective date of separation (signed by the employer’s authorized signatory reflected in SS Form L-501 of employer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of separation is <strong>not required</strong> for self-employed/voluntary member (previously employed) or member separated from employment under any of the following conditions in which supporting document/s shall be required to be submitted as enumerated below:</td>
<td></td>
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</tr>
<tr>
<td><strong>If company is on strike</strong></td>
<td></td>
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</tr>
<tr>
<td>• Notice of strike duly acknowledged by the DOLE; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If company has been dissolved or has ceased operation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Procedure in Filing Sickness Benefit Application (For SE/VM/Members Separated from Employment)

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Sickness Benefit Application.</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch Office</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out Sickness Benefit Application together with the required documents.</td>
<td>Refer to Table 2 for the List of Required Documents</td>
<td>Medical Evaluation Section (MES) of SSS Branch Office</td>
</tr>
<tr>
<td>5.</td>
<td>Get acknowledgment stub or disapproval notice.</td>
<td>MES of SSS Branch Office</td>
<td>Senior Clerk/ Junior Nurse</td>
</tr>
</tbody>
</table>
If there is a case pending before a court regarding separation of member:

- Certification from DOLE; and
- Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.

If separated from employment due to AWOL or with strained relations with the employer:

- Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.

4. Filers SS card or other valid IDs/documents listed below:

A. Primary ID Cards/Documents

- Social Security (SS) card
- Unified Multi-Purpose ID (UMID) card
- Passport
- Professional Regulation Commission (PRC) card
- Seaman’s Book (Seafarer’s Identification & Record Book)

B. Secondary ID Cards/Documents

- Alien Certificate of Registration
- ATM card (with cardholder’s name)
- Bank Account Passbook
- Company ID card
- Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Naturalization
- Credit card
- Court Order granting petition for change of name or date of birth
- Driver’s License
- Firearm License card issued by Philippine National Police (PNP)
- Fishworker’s License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) card/Members Record/Certificate of Membership
- Health or Medical card
- Home Development Mutual Fund (Pag-IBIG) Transaction Card/Members Data Form

Filed by Member

Present original of any one (1) of the primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo.

Filed by Member’s Representative

Present the following:

- Original of any one (1) of the Authorized Representative’s primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one with photo; and
- Original of any one (1) of the Member’s primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo.
## Procedure in Filing Maternity Notification

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Maternity Notification.</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out Maternity Notification.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>5.</td>
<td>Get the stamped “Received” form.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Processing Time
Within the day

### Note
No Service Fees

### Requirements
- If filed thru the SSS web:
  - No documentations needed. Member/employer registered in the SSS web can file their Maternity Notification thru the SSS web.
- If filed thru the Self-Service Information Terminal (SSIT):
  - No documentations needed. Self-employed/Voluntary Members can file their Maternity Notification thru the SSIT.
- If filed over-the-counter:
  - Maternity Notification; and
  - SS card or two (2) valid IDs both with signature and at least one (1) with photo

### Location
- MSS of SSS Branch
- MSS of SSS Branch or at SSS Service Office

### Person In-Charge
- Member Service Representative
PROCEDURE IN FILING MATERNITY BENEFIT REIMBURSEMENT APPLICATION (FOR EMPLOYED MEMBERS)

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Maternity Benefit Reimbursement Application.</td>
<td>Member Services Section (MSS) of SSS Branch Office/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>Note:</td>
<td>If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out Maternity Benefit Reimbursement Application together with the required documents.</td>
<td>Refer to Table 3 for the List of Required Documents</td>
<td>MSS of SSS Branch</td>
</tr>
</tbody>
</table>

Processing Time: Ten (10) Working Days (from receipt of claim to check date)

Note: No Service Fees
### Table 3. LIST OF REQUIRED DOCUMENTS

1. Maternity Benefit Reimbursement Application (MBRA)
2. Maternity Notification (MN) duly received by SSS prior to delivery/ miscarriage/ procedure or “Maternity Notification Submission Confirmation” (if filed thru the SSS Website or SSIT).
3. Present the original/certified true copy and submit the photocopy of the following whichever is applicable:

   **For Normal Delivery**
   - Child’s birth or fetal death certificate duly registered with the Local Civil Registrar (LCR)

   **For Caesarean Delivery**
   - Child’s birth or fetal death certificate duly registered with the Local Civil Registrar (LCR); and
   - Any of the following documents issued by the hospital indicating the type of delivery:
     - Operating Room Record (ORR)
     - Surgical Memorandum
     - Discharge Summary Report
     - Medical/Clinical Abstract
     - Delivery Report
     - Detailed Invoice showing caesarean delivery charges, for deliveries abroad only

   **For Complete Miscarriage**
   - Obstetrical History indicating the number of pregnancy/ies duly certified by attending physician with his/her Professional Medical License number with printed name and signature; and
   - Any of the following:
     - Pregnancy test before and after miscarriage
     - Ultrasound report indicating proof of pregnancy
     - Medical Certificate issued by attending physician on the circumstances of pregnancy

   **For Incomplete Miscarriage**
   - Obstetrical History indicating the number of pregnancy/ies duly certified by attending physician with his/her Professional Medical License number with printed name and signature; and
   - Any of the following:

- Certified true copy of hospital/medical record/s
- Dilation & Curettage (D & C) report
- Histopathological report
- Pregnancy test before and after miscarriage
- Ultrasound report indicating proof of pregnancy

**For Ectopic Pregnancy**
- Obstetrical History indicating the number of pregnancy/ies duly certified by attending physician with his/her Professional Medical License number with printed name and signature; and
- Any of the following:
  - Certified true copy of hospital/medical record/s
  - Certified true copy of ORR
  - Histopathological report
  - Pregnancy test before and after miscarriage

**For Hydatidiform Mole (All of the following :)**
- Obstetrical History indicating the number of pregnancy/ies duly certified by attending physician with his/her Professional Medical License number with printed name and signature.
- Dilation and Curettage (D & C) report
- Histopathological report

**Notes:**

The Medical Specialist may require other documents necessary for the evaluation of the claim (for miscarriage/ectopic/H-Mole cases)

For deliveries/miscarriages that happened abroad, documents issued by foreign country should be with English translation and duly authenticated by the Philippine Embassy/Consulate Office or duly notarized by notary public in host country.

4. Filers SS card or other valid IDs/documents listed below:

   **A. Primary ID Cards/Documents**
   - Social Security (SS) card
   - Unified Multi-Purpose ID (UMID) card
   - Passport
   - Professional Regulation Commission (PRC) card
   - Seaman’s Book (Seafarer’s Identification & Record Book)
### Table 3. LIST OF REQUIRED DOCUMENTS

<table>
<thead>
<tr>
<th>B. Secondary ID Cards/Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alien Certificate of Registration</td>
</tr>
<tr>
<td>• ATM card (with cardholder’s name)</td>
</tr>
<tr>
<td>• Bank Account Passbook</td>
</tr>
<tr>
<td>• Company ID card</td>
</tr>
<tr>
<td>• Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)</td>
</tr>
<tr>
<td>• Certificate of Licensure/Qualification Documents from Maritime Industry Authority</td>
</tr>
<tr>
<td>• Certificate of Naturalization</td>
</tr>
<tr>
<td>• Credit card</td>
</tr>
<tr>
<td>• Court Order granting petition for change of name or date of birth</td>
</tr>
<tr>
<td>• Driver’s License</td>
</tr>
<tr>
<td>• Firearm License card issued by Philippine National Police (PNP)</td>
</tr>
<tr>
<td>• Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)</td>
</tr>
<tr>
<td>• Government Service Insurance System (GSIS) card/Member’s Record/Certificate of Membership</td>
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<td>• Health or Medical card</td>
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<tr>
<td>• Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member’s Data Form</td>
</tr>
<tr>
<td>• ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)</td>
</tr>
<tr>
<td>• ID card issued by professional association recognized by PRC</td>
</tr>
<tr>
<td>• Life Insurance Policy of member</td>
</tr>
<tr>
<td>• Marriage Contract/Marriage Certificate</td>
</tr>
<tr>
<td>• National Bureau of Investigation (NBI) Clearance</td>
</tr>
<tr>
<td>• Overseas Worker Welfare Administration (OWWA) card</td>
</tr>
<tr>
<td>• Philippine Health Insurance Corporation (PHIC) ID card/Member’s Data Record</td>
</tr>
<tr>
<td>• Police Clearance</td>
</tr>
<tr>
<td>• Postal ID card</td>
</tr>
<tr>
<td>• School ID card</td>
</tr>
<tr>
<td>• Seafarer’s Registration Certificate issued by Philippine Overseas Employment Administration (POEA)</td>
</tr>
<tr>
<td>• Senior Citizen card</td>
</tr>
<tr>
<td>• Student Permit issued by Land Transportation Office (LTO)</td>
</tr>
<tr>
<td>• Taxpayer’s Identification Number (TIN) card</td>
</tr>
<tr>
<td>• Transcript of Records</td>
</tr>
<tr>
<td>• Voter’s Identification card or Voter’s Affidavit / Certificate of Registration</td>
</tr>
</tbody>
</table>

---

**Filed by Employer (Business/ Household)**

Present the original of any one (1) of the Employer’s primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo.

**Filed by Company Representative**

Present the Authorized Company Representative (ACR) Card or if without ACR Card (not available at the time of filing) present the following:
- Letter of Authorization (LOA) issued by the employer’s authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and
- Original company ID of company representative.

**Filed by Employer Representative**

- LOA issued by the employer’s authorized signatory reflected in the SS Form L-501
- Original company ID of employer representative.
### Table 4. LIST OF REQUIRED DOCUMENTS

1. Maternity Benefit Application (MBA)
2. Maternity Notification (MN) duly “Received” by SSS prior to delivery/miscarriage/procedure or “Maternity Notification Submission Confirmation” (if MN is filed thru the SSS Website or SSIT)
3. Present the original/certified true copy and submit the photocopy of the following whichever is applicable:

   #### For Normal Delivery
   - Child’s birth or fetal death certificate duly registered with the Local Civil Registrar (LCR)

   #### For Caesarean Delivery
   - Child’s birth or fetal death certificate duly registered with the Local Civil Registrar (LCR); and
   - Any of the following documents issued by the hospital indicating the type of delivery:
     - Operating Room Record (ORR)
     - Surgical Memorandum
     - Discharge Summary Report
     - Medical/Clincal Abstract
     - Delivery Report
     - Detailed Invoice showing caesarean delivery charges, for deliveries abroad only

   #### For Complete Miscarriage
   - Obstetrical History indicating the number of pregnancy/ies duly certified by attending physician with his/her Professional Medical License number with printed name and signature; and
   - Any of the following:
     - Pregnancy test before and after miscarriage
     - Ultrasound report indicating proof of pregnancy
     - Medical Certificate issued by attending physician on the circumstances of pregnancy

   #### For Incomplete Miscarriage
   - Obstetrical History indicating the number of pregnancy/ies duly certified by attending physician with his/her Professional Medical License number with printed name and signature; and
   - Any of the following:
### Table 4. LIST OF REQUIRED DOCUMENTS

<table>
<thead>
<tr>
<th>For Member separated from employment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If delivery/miscarriage/procedure is within employment period</strong></td>
</tr>
<tr>
<td>• Certificate of separation from employment with effective date of separation and no advance payment was granted (signed by the employer’s authorized signatory reflected in SS Form L-501 of employer)</td>
</tr>
<tr>
<td><strong>If delivery/miscarriage/procedure is after date of separation</strong></td>
</tr>
<tr>
<td>• Certificate of separation from employment with effective date of separation (signed by the employer’s authorized signatory reflected in SS Form L-501 of employer)</td>
</tr>
<tr>
<td>Certificate of separation is <strong>not required</strong> for self-employed/voluntary member (previously employed) or member separated from employment under any of the following conditions in which supporting document/s shall be required to be submitted as enumerated below:</td>
</tr>
<tr>
<td><strong>If company is on strike</strong></td>
</tr>
<tr>
<td>• Notice of strike duly acknowledged by the DOLE; and</td>
</tr>
<tr>
<td>• Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.</td>
</tr>
<tr>
<td><strong>If company has been dissolved or has ceased operation</strong></td>
</tr>
<tr>
<td>• Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.</td>
</tr>
<tr>
<td><strong>If there is a case pending before a court regarding separation of member</strong></td>
</tr>
<tr>
<td>• Certification from DOLE; and</td>
</tr>
<tr>
<td>• Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.</td>
</tr>
<tr>
<td><strong>If separated from employment due to AWOL or with strained relations with the employer</strong></td>
</tr>
<tr>
<td>• Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effected date of separation.</td>
</tr>
</tbody>
</table>

4. Additional required documents, present the original/certified true copy and submit the photocopy of the following, whichever is applicable:

#### For Self-Employed and Voluntary Members (previously employed)

**If delivery/miscarriage/procedure is within employment period or within six (6) months from date of separation**

• Certificate of separation from employment with effective date of separation and that no advance payment was granted (signed by the employer’s authorized signatory reflected in SS Form L-501)

#### Notes:

*The Medical Specialist may require other documents necessary for the evaluation of the claim (for miscarriage/ectopic/H-Mole cases)*

*For deliveries/miscarriages that happened abroad, documents issued by foreign country should be with English translation and duly authenticated by the Philippine Embassy/Consulate Office or duly notarized by notary public in host country.*

5. Filers SS card or other valid IDs/documents listed below:

#### A. Primary ID Cards/Documents

• Social Security (SS) card
• Unified Multi-Purpose ID (UMID) card
Table 4. LIST OF REQUIRED DOCUMENTS

B. Secondary ID Cards/Documents

- Alien Certificate of Registration
- ATM card (with cardholder’s name)
- Bank Account Passbook
- Company ID card
- Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Naturalization
- Credit card
- Court Order granting petition for change of name or date of birth
- Driver’s License
- Firearm License card issued by Philippine National Police (PNP)
- Fishworker’s License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) card/Member’s Record/Certificate of Membership
- Health or Medical card
- Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member’s Data Form
- ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
- ID card issued by professional association recognized by PRC
- Life Insurance Policy of member
- Marriage Contract/Marriage Certificate
- National Bureau of Investigation (NBI) Clearance
- Overseas Worker Welfare Administration (OWWA) card
- Philippine Health Insurance Corporation (PHIC) ID card/Member’s Data Record
- Police Clearance
- Postal ID card
- School ID card
- Seafarer’s Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
- Senior Citizen card
- Student Permit issued by Land Transportation Office (LTO)
- Taxpayer’s Identification Number (TIN) card

Filed by Member

Present original of any one (1) of the primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo.

Filed by Member’s Representative

Present the following:

- Original of any one (1) of the Authorized Representative’s primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo; and
- Original of any one (1) of the Member’s primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo.

- Transcript of Records
- Voter’s Identification card or Voter’s Affidavit/Certificate of Registration

**Table 4.** LIST OF REQUIRED DOCUMENTS
EXEMPTIONS FROM PROCESSING TIME COMMITMENTS

SICKNESS/MATERNITY

1. Sickness Notification that needs:
   • Verification of attending physician’s license number at PRC
   • Verification of clinical or operating room record, diagnostic or laboratory result
   • X-ray/ECG interpretation by Health Care Department
   • Domiciliary service for physical examination and interview of member
   • Ocular inspection of workplace (for EC claim)
   • Medical/legal opinion from Medical Operations or Medical Program Department

2. Maternity Benefit Application for Abortion/Miscarriage that needs:
   • Verification of histopath or clinical record from clinic/hospital/physician
   • Specialist’s opinion for cases if can be considered under maternity benefit

3. Claims for payment through Special Voucher
   • Re-filed/reconstructed claims not accepted by the system for the reason “Invalid Year”
   • Employer has final/inactive status but contingency date is prior to cessation/closure of the company
   • Adjustment of claims that was initially paid under cancelled SS number but contributions are transferred to the retained SS number
   • Payment of sickness/maternity benefits for the deceased member in favor of his/her beneficiary
   • Additional payment of previously adjusted sickness/maternity claims
   • Replacement of cancelled checks
   •Offsetting of overpayments of benefits
   • Cases reconsidered by Social Security Commission or Employees’ Compensation Commission for payment
   • EC claim of member (with previous employer/s whose injury falls within the month or within the 12 calendar months from the month of hiring under the present employer)
   • Overlapping of benefits for sickness and maternity. In which case, maternity benefit shall be paid in full but deduct the amount of sickness benefit granted to the member from the start of her maternity benefit.

4. Claims where records are active in other branches.

5. Claims that require database correction due to erroneous data of the previously settled claim, such as:
   • Number of delivery
   • Type of delivery
   • Confinement period/delivery date
   • Type of claim

6. Claims for revalidation due to the re-computation of benefits
   • Late filing of notification/reimbursement from employer (ER) to SSS
   • Rule on flexibility
   • Computation of ER liability for EC claims (Article 205 of PD 626)
   • Member returned to work earlier than the approved confinement

7. Future confinement claim.
## PROCEDURE IN FILING DISABILITY CLAIM APPLICATION

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get or download the required form.</td>
<td>• Disability Claim Application</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td></td>
<td>• Medical Certificate signed by the attending physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Photo and Signature Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Employment Data (if work-related)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refer to Table 5 for the List of Required Documents</td>
<td>Medical Evaluation Section of SSS Branch, Physical Examination Center (PEC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical Specialist (MS) II/III</td>
</tr>
<tr>
<td>2. Read instructions and fill out the form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Get a queue number and wait for the number to be called.</td>
<td></td>
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</tr>
<tr>
<td>Note: If the Branch is using an automated queuing system, the queue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number and the assigned counter will be flashed via the display</td>
<td></td>
<td></td>
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<tr>
<td>monitor.</td>
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<td></td>
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</tr>
<tr>
<td>4. Submit properly filled out form together with the required</td>
<td>Refer to Table 5 for the List of Required Documents</td>
<td>Medical Evaluation Section of SSS Branch, PEC</td>
<td>MS II/III</td>
</tr>
<tr>
<td>documents.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PROCEDURE IN FILING EMPLOYER’S ENROLLMENT IN THE SICKNESS AND MATERNITY BENEFITS PAYMENT THRU THE BANK PROGRAM

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer/company representative to get or download Sickness and</td>
<td>Sickness and Maternity Benefits Payment thru the Bank Form (SMB-PB Form)</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>Maternity Benefits Payment thru the Bank Form (SMB-PB Form).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: SSS-accredited bank shall certify the correctness of the bank account</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>information and shall forward the SMB-PB Form (2 copies) to SSS-accredited</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>bank.</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2. Read instructions and fill out the form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Submit properly filled out SMB-PB Form (2 copies) to designated</td>
<td>MSS of SSS Branch Office</td>
<td>Member Service Representative</td>
<td></td>
</tr>
<tr>
<td>SSS-accredited bank.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: SSS-accredited bank shall certify the correctness of the bank account</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>information and shall forward the SMB-PB Form (2 copies) to SSS Branch Office.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Get a copy of SMB-PB Form duly received by SSS from the designated</td>
<td>Employer/Representative’s SS card or two (2) valid IDs both with</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>SSS-accredited bank.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: SSS-accredited bank shall certify the correctness of the bank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>account information and shall forward the SMB-PB Form (2 copies) to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSS Branch Office.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Three (3) Working Days (if with bank confirmation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: No Service Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Processing Time
- Disability Claim Application: Ten (10) Working Days
- Employer’s Enrollment in the Sickness and Maternity Benefits Payment Thru the Bank Program: Three (3) Working Days (if with bank confirmation)
### Table 5. LIST OF REQUIRED DOCUMENTS

#### BASIC DOCUMENTS

The documentary requirements are as follows:

1. Disability Claim Application (DisCA) form
2. Member’s/Claimant’s Photo and Signature Form (for initial claims only)
3. SSS Medical Certificate Form accomplished by attending physician
4. Medical records

#### CHECKLIST

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>WHEN TO FILE</th>
<th>DOCUMENTS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture</td>
<td>Four (4) months from injury/operation</td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation (if operated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• X-ray plate of affected part/s</td>
</tr>
<tr>
<td>Amputation</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary/Record of Consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation (if operated)</td>
</tr>
<tr>
<td>Coronary Artery Disease/Heart Attack</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation (if operated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent ECG tracing with result</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2D Echo result (if any)</td>
</tr>
<tr>
<td>Cerebrovascular Attack (Stroke)</td>
<td>Four (4) months after onset</td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation (if operated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent CT Scan/MRI Result</td>
</tr>
</tbody>
</table>

**Note:** A member who is unable to file the disability claim application personally due to the following conditions shall submit the required documents either through his/her representative or through mail to the nearest SSS branch:

- Member is either wheelchair-borne, in respiratory distress, with IV fluid or other debilitating conditions; or
- Member is confined in institution such as hospital, correctional institution, penitentiary, rehabilitation center;
- Member is residing abroad.
### Table 5. LIST OF REQUIRED DOCUMENTS

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>WHEN TO FILE</th>
<th>DOCUMENTS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTB, Minimal</td>
<td>Two (2) years after onset</td>
<td>Recent and old Chest X-ray with official result taken at least two (2) years ago</td>
</tr>
<tr>
<td>PTB, Moderate</td>
<td>Six (6) months after onset</td>
<td>Recent and old Chest X-ray with official result taken at least six (6) months ago</td>
</tr>
<tr>
<td>PTB, Far Advanced</td>
<td></td>
<td>Recent Chest X-ray with official result</td>
</tr>
<tr>
<td>Pulmonary Diseases</td>
<td></td>
<td>• Pulmonary Function Test result taken within the last six (6) months</td>
</tr>
<tr>
<td>(COPD)</td>
<td></td>
<td>• Recent Chest X-ray plate with result (if any)</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>Two (2) years after onset</td>
<td>• Recent and complete Psychiatric Evaluation Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Certified true copy of Hospital Abstract/Discharge Summary (if confined)</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Two (2) years after onset</td>
<td>• Recent and serial FBS results taken during the last two (2) years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent ECG tracing with result (if any)</td>
</tr>
<tr>
<td>Removal of Organ</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Histopath result</td>
</tr>
<tr>
<td>Malignancy (Cancer)</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation (if operated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Histopath result</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CT Scan/MRI Result (if any)</td>
</tr>
</tbody>
</table>

Note: Medical Specialist shall decide if additional medical records/documents will be required.
# Procedure in Filing Disability Claim Application for Disability That Happened Abroad

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download the required form.</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>Medical Evaluation Section of SSS Branch, Physical Examination Center (PEC)</td>
<td>Medical Specialist (MS) II/III</td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out form together with the required documents.</td>
<td>Medical Evaluation Section of SSS Branch</td>
<td>MS II</td>
</tr>
<tr>
<td>5.</td>
<td>Pre-evaluation if to undergo physical examination and interview.</td>
<td>Medical Evaluation Section of SSS Branch</td>
<td>MS II/III</td>
</tr>
<tr>
<td>6.</td>
<td>Get acknowledgment stub or disapproval notice.</td>
<td>Medical Evaluation Section of SSS Branch, PEC</td>
<td>MS II/III</td>
</tr>
</tbody>
</table>

**Note:** A member who is unable to file the disability claim application personally due to the following conditions shall submit the required documents either through his/her representative or through mail to the nearest SSS branch:

- Member is either wheelchair-borne, in respiratory distress, with IV fluid or other debilitating conditions;
- Member is confined in institution such as hospital, correctional institution, penitentiary, rehabilitation center;
- Member is residing abroad.
### BASIC DOCUMENTS

The documentary requirements are as follows:

1. Disability Claim Application (DisCA) form
2. Member’s/Claimant’s Photo and Signature Form (for initial claims only)
3. SSS Medical Certificate Form accomplished by attending physician
4. Medical records
5. Photocopy of SS card, Passport, Alien Resident Certificate

### CHECKLIST

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>WHEN TO FILE</th>
<th>DOCUMENTS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture</td>
<td>Four (4) months from injury/operation</td>
<td>Certified true copy of:</td>
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<td>• X-ray plate of affected part/s</td>
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<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary/Record of Consultation</td>
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<td></td>
<td>• Record of Consultation</td>
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<td>Four (4) months after onset</td>
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<tr>
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<td>• Record of Consultation</td>
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<td>• Hospital Abstract/Discharge Summary</td>
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<td></td>
<td>• Recent CT Scan/MRI Result</td>
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</tbody>
</table>

### Table 6. LIST OF REQUIRED DOCUMENTS

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<tr>
<th>ILLNESS</th>
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<th>DOCUMENTS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTB, Minimal</td>
<td>Two (2) years after onset</td>
<td>Recent and old Chest X-ray with official result taken at least two (2) years ago</td>
</tr>
<tr>
<td>PTB, Moderate</td>
<td>Six (6) months after onset</td>
<td>Recent and old Chest X-ray with official result taken at least six (6) months ago</td>
</tr>
<tr>
<td>PTB, Far Advanced</td>
<td></td>
<td>Recent Chest X-ray with official result</td>
</tr>
<tr>
<td>Pulmonary Diseases (COPD)</td>
<td></td>
<td>• Pulmonary Function Test result taken within the last six (6) months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent Chest X-ray plate with result (if any)</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>Two (2) years after onset</td>
<td>• Recent and complete Psychiatric Evaluation Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Certified true copy of Hospital Abstract/Discharge Summary (if confined)</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Two (2) years after onset</td>
<td>• Recent and serial FBS results taken during the last two (2) years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent ECG tracing with result (if any)</td>
</tr>
<tr>
<td>Removal of Organ</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Histopath result</td>
</tr>
<tr>
<td>Malignancy (Cancer)</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract/Discharge Summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation (if operated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Histopath result</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CT Scan/MRI Result (if any)</td>
</tr>
</tbody>
</table>
EXEMPTIONS FROM PROCESSING TIME COMMITMENTS

1. Disability benefit claims that need:
   - Verification of attending physician’s license number at PRC
   - Verification of clinical or operating room record/diagnostic or laboratory result
   - Repeat Physical Examination and Interview of member, in cases of suspect fraudulent claims
   - Domiciliary service for Physical Examination and Interview (PEI) of member if bedridden/severely disabled/confined in a hospital or mental institution
   - X-ray/ECG interpretation by the Health Care Department (HCD)
   - Repeat X-ray/ECG at HCD to validate suspect claims
   - Adjustment of previously settled lump sum disability to pension
   - Adjustment of previously settled Total Disability due to additional/change of beneficiary/ies.
   - Opinion from Medical Operations Department/Medical Program Department
   - Verification due to wrong encoding of previous granted disability
   - Repeat PEI since member at the time of filing is still capable to transact with bank, however became incapacitated due to progression of illness.

2. Disability Claim:
   - Filed at branches without permanent assigned Medical Specialist (visited once a month by another Medical Specialist within the cluster)
   - For review of evaluation by a designated Medical Reviewer from another branch or at the Processing Center
   - Claim awaiting additional documents but delayed compliance since member lives in far flung or in areas where peace and order situation is unsafe and means of communication is limited.

3. EC Disability Claims where member’s present status is self-employed or unemployed but contingency occurred when member was still employed.

4. With invalid information
   - Invalid credited years of service
   - Invalid LMS/LG transactions
   - Invalid date of coverage
   - With contributions prior to date of coverage
   - Late payments of self-employed prior to January 1, 1998
   - Contributions below P1,000 MSC
   - Ineffective contributions
   - Multiple SS numbers
   - Claims with Local Water District employers
   - Total disability claims settled under a refunded SS number due to late tagging of refunded SS number
   - With Death Claim

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Table 6. LIST OF REQUIRED DOCUMENTS

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>WHEN TO FILE</th>
<th>DOCUMENTS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Diseases</td>
<td></td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Abstract (if confined)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Laboratory results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Certificate of dialysis treatment (if any)</td>
</tr>
<tr>
<td>Hearing Loss</td>
<td></td>
<td>Certified true copy of Audiogram result taken within the last six (6) months</td>
</tr>
<tr>
<td>Cataract Operation</td>
<td>Four (4) months after operation</td>
<td>Certified true copy of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record of Operation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent visual acuity issued by Ophthalmologist</td>
</tr>
</tbody>
</table>

Note: Medical Specialist shall decide if additional medical records/documents will be required.
**PROCEDURE IN FILING RETIREMENT CLAIM APPLICATION**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Retirement Claim Application and supporting forms.</td>
<td>Refer to Table A for the List of Required Documents</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Get a queue number and wait for the number to be called.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>4.</td>
<td>Submit properly filled out forms.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>
| 5.    | Get:  
  - Acknowledgment Letter, if claim is complete and in order  
  - Rejection/ | MSS of SSS Branch | Member Service Representative |

**PROCEDURE IN FILING RETIREMENT CLAIM APPLICATION**

**EXEMPTIONS FROM PROCESSING TIME COMMITMENTS**

5. Unposted contributions
   - Consolidation of contributions and loan balances
   - Deemed paid contributions
   - Posting of SE/VM contribution
   - Lacks merit and needs further investigation
   - Employer liable cases

6. Special cases that need manual computation
   - With Stock Investment Loan Program
   - Claims that are paid under special voucher, special pension system, using manual computation mode of payment and encoded to on-line computer for check-date per Office Order 196-V

7. Claims for payment through Special Voucher
   - Total or partial disability applications with dates of contingency earlier than the dates of settlement of final claims as reflected in the DDR database.
   - Unpaid dependents’ pension of a total disability pensioner who dies and his death is already posted in the database
   - Unpaid partial disability pension of a member with Total Disability already posted in the database

8. Others
   - Cases that need legal opinion
   - Pensioners living abroad/local requesting exemption from MSB
   - Referral to other agency/unit
   - Request for confirmation of fact of guardianship
   - Manual verification and consolidation of contributions
Table A.

LIST OF REQUIRED DOCUMENTS

BASIC DOCUMENTS

1. Retirement Claim Application (RCA) form; or

   Application for Death/Disability/Retirement Benefit Under the Portability Law, if applying under Portability Law

2. Member’s/Claimant’s Photo and Signature form

3. Certified true copy of Birth certificate duly registered with LCR/NSO; or

   Baptismal certificate duly registered with the Parish/Church together with the Certification of Non-availability of Record from LCR/NSO; or duly signed portion in the RCA form if member was not able to submit birth certificate or baptismal certificate

4. Proof of separation from employment or cessation of self-employment

   For covered employees below 65 years old

   • Certification of separation from last employer or employers (if with simultaneous employers), if certification portion of the RCA form is not accomplished by last employer; or

   • Affidavit of Separation (SS Form E-417) indicating any of the following reason/s, in the absence of employer’s certification of separation:

      — Employer/Company no longer exists
      — The employee has an administrative case with his/her employer
      — The employees are on strike
      — Certification issued by the employer stating that employee’s records are no longer available
      — The employer’s location is situated under danger/calamity zone/s (e.g. war-torn or devastated by a calamity)

   For regular self-employed members below 65 years old

   • Certificate of non-practice of profession/non-renewal of business permit/license from applicable offices/transfer of ownership (e.g. Business Permit and Licensing Office, Professional Regulation Commission, etc.) or
Table A. LIST OF REQUIRED DOCUMENTS

- Certificate of cessation of business issued by the Barangay Chairman or his duly authorized representative where the business was located or place of residence and duly notarized affidavit of undertaking stating cessation of business/non-practice of profession and no earnings

*For expanded self-employed members, farmers and fishermen who are less than 65 years old*

- Certificate of cessation of business/undertaking issued by the Barangay Chairman or his duly authorized representative where the business was located or place of residence and duly notarized affidavit of undertaking stating cessation of business/non-practice of profession and no earnings

*If member is an underground mineworker*

- Certification of Separation from last employer for members less than 60 years old

- Affidavit of Separation (SS Form E-417) indicating any of the following reason/s, in the absence of employer's certification of separation:
  - Employer/Company no longer exists
  - The employee has an administrative case with his/her employer
  - The employees are on strike
  - Certification issued by the employer stating that employee's records are no longer available
  - The employer's location is situated under danger/calamity zone/s (e.g. war-torn or devastated by a calamity)

*Note:* Actual date of retirement should not be earlier than March 13, 1998.

*If member is Kasambahay*

- Affidavit of undertaking of the kasambahay and separation paper signed by the last household employer and stating cessation of employment with last household employer

*If member of association or cooperative*

- Certification issued by the President/Authorized Official of the affiliated association/cooperative (ex. TODA, Market Vendors Association, Cooperative, Card Inc., etc.)

*If member's coverage status is Self-employed/Overseas Filipino Worker (OFW) to Voluntary Member or from Self-employed/Covered employee to OFW and less than 65 years old*

- Proof of cessation of business/separation from employment from previous employer/s in the Philippines/in Abroad is no longer needed/required

*For 65 years old and above (Employed/SE/VM); 60 years old and above (Underground Mineworker)*

- Proof of separation/cessation of business/earnings is not a requirement

*If member's coverage status is Employed to VM*

- Proof of separation is not a requirement

5. Single savings account passbook/ATM/initial validated deposit slip/accomplished visa cash card enrollment form

- If name of member and/or savings account is not indicated in the ATM card, a copy of initial deposit slip shall be required

- If member cannot open a savings account or apply for visa cash card, a written request for exemption from the Pensioner's Remittance Program stating reason for the request shall be required

6. Any of the following, whichever is applicable:

- Form CLD 1.1B, Application for Guardianship (if guardian is spouse/parent); or
- Form CLD-15, Application for Representative Payee (if guardian is other than spouse/parent); and
- Form BPN-107, Guarantor’s Form (if with guardian other than the spouse/parent)

IDENTIFICATION DOCUMENTS (IDs)

Any one of the following valid primary IDs:
### LIST OF REQUIRED DOCUMENTS

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

Or in the absence of the valid primary IDs, any two (2) of the following valid secondary IDs (original) both with signature and at least one with photo:

- Driver’s License
- Postal ID Card
- School ID
- Company ID
- Taxpayer’s Identification Number (TIN) card
- Philippine Health Insurance Corporation (PHIC) ID Card
- Overseas Workers Welfare Administration (OWWA) Card
- Senior Citizen Card
- Voter’s Identification Card or Voter’s Affidavit/Certificate of Registration
- Credit Card (with name and signature)
- Fisherman’s Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) Card/Member’s Record/Certificate of Membership
- Health or Medical Card
- Firearm License card issued by Philippine National Police (PNP)
- ID Card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
- ID Card issued by professional associations recognized by PRC

Or in the absence of a valid primary ID, any one (1) of the valid secondary IDs (original) with signature and photo and at least one (1) of the following secondary documents:

- Marriage Contract/Certificate
- Home Development Mutual Fund (Pag-IBIG) Member’s Data Form
- Police Clearance
- Seafarer’s Registration Certificate issued by the Philippine Overseas Employment Authority (POEA)
- Student Permit issued by the Land Transportation Office (LTO)
- Allen Certificate of Registration
- Certificate from any of the following, whichever is applicable:
  - Driver’s License
  - Postal ID Card
  - School ID
  - Company ID
  - Taxpayer’s Identification Number (TIN) card
  - Philippine Health Insurance Corporation (PHIC) ID Card
  - Overseas Workers Welfare Administration (OWWA) Card
  - Senior Citizen Card
  - Voter’s Identification Card or Voter’s Affidavit/Certificate of Registration
  - Credit Card (with name and signature)
  - Fisherman’s Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR)
  - Government Service Insurance System (GSIS) Card/Member’s Record/Certificate of Membership
  - Health or Medical Card
  - Firearm License card issued by Philippine National Police (PNP)
  - ID Card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
  - ID Card issued by professional associations recognized by PRC

### SUPPORTING DOCUMENTS

**If member has dual membership (covered employee and self-employed) effective 16 May 2007 (Circular No. 37-P)**

Requirements for proof of separation from employment or cessation of self-employment:

- Certification of separation from the last employer for members less than 65 years of age; or affidavit of separation (SS Form E-417) indicating any of the following reason/s, in the absence of employer’s certification of separation:
  - Employer/Company no longer exists
  - The employee has an administrative case with his/her employer
  - The employees are on strike
  - Certification issued by the employer stating that employee’s records are no longer available
  - The employer’s location is situated under danger/calamity zone/s (e.g. war-torn or devastated by a calamity) and

- Certificate of non-renewal of professional license/business permit from applicable offices/transfer of certificate (e.g. Business Permit and Licensing Office, Professional Regulation Commission, etc.) or certification of cessation of business issued by the Barangay Chairman or his duly authorized representative where the business was located or place of residence and affidavit of undertaking attesting cessation/non-practice of profession/no earnings; or

- Certification issued by affiliated associations (TODA, Market Vendors, Cooperatives, Card Inc., etc)
### Table A. LIST OF REQUIRED DOCUMENTS

#### If member is an underground mineworker
- Certification from the employer/s that member was an underground mineworker for at least 5 years (either continuous or accumulated prior to the semester of retirement) indicating the period of employment with the company and the worker’s job description

**Note:** Employer must be duly registered with the Bureau of Mines (per manual list)

#### If any of the member’s employer is a Transport Cooperative
- Certification issued by the President/Authorized Official of the Cooperative that the transportation is owned by the Cooperative

#### If member is applying under the Portability Law
- Certificate of total contributions under the Portability Law

#### If with dependent child/ren
- Certified true copy of marriage contract/certificate of member duly registered with LCR/NSO
  - If marriage certificate is not available or marriage record is intact but no record of marriage from LCR or NSO - certification of non-availability from LCR/NSO, Certificate of Non-Marriage (CENOMAR) and marriage certificate issued by Parish/Church/Imam, or joint affidavit of two persons who witnessed the marriage and birth certificates of at least two children wherein under both documents the names of parents and the date & place of marriage are indicated (if applicable)
- Certified true copy of birth certificate of legitimate, legitimated or legally adopted dependent children duly registered with LCR/NSO
  - If birth certificate is not available - certification of non-availability of record of birth from LCR and NSO and certified true copy of the baptismal certificate duly registered with the Parish/Church

**Note:**
1. Baptismal certificate must bear the original signature of the parish priest or his authorized signatory official.
2. Stamped signature is not acceptable.

- If baptismal certificate is not available (with certification of non-availability from the Parish/Church) – any of the following where name of member, name of dependent, date of birth of dependent and relationship to member are indicated:
  1. school cards/records of dependent
  2. educational/insurance plans
  3. employment records of member
  4. Philhealth/GSIS/Pag-IBIG records

- Legal adoption papers for legally adopted child/ren

**Note:** Date of adoption should be prior to date of retirement

- Any proof of filiation for illegitimate dependent children (for date of retirement on or after May 24, 1997), as follows:
  1. Certified true copy of birth certificate of illegitimate dependent children duly registered with LCR/NSO (if birth certificate is not available, refer to the alternative documents mentioned under birth/baptismal certificate)
  2. Will
  3. Statement before a court of record
  4. Any authentic writing (letter, diary, school records)

#### If dependent child/ren is/are under guardian (parent other than the member)
- Claim for Dependent’s Pension (SS Form BPN-106) duly accomplished by the guardian

#### If dependent child/ren is/are incapacitated and under guardian (parent other than the member)
- Medical certificate of child/ren issued by the attending physician confirmed by the Medical Specialist, MES, Branch/PE Center
- Claim for Dependent’s Pension (SS Form BPN-106) duly accomplished by the guardian
**Table A. LIST OF REQUIRED DOCUMENTS**

**If dependent child/children is/are incapacitated and under guardian (other than parents)**

- Medical certificate of child/ren issued by the attending physician confirmed by the Medical Specialist, MES, Branch/PE Center
- Application for Representative Payee (CLD15) and Guarantor’s Bond Form (BPN-109)

**If member is incapacitated**

- Valid medical certificate of member issued by his/her attending physician confirmed/certified by the Medical Specialist of PEC;

  **Note:** RCA form and submitted documentary requirements may be received while awaiting PEI result.

- Affidavit for Guardianship of Incompetent Pensioner (CLD1.1B), if guardian is the spouse/parent; or
- Application for Representative Payee and Guarantor’s Bond Form (BPN 109), if guardian is other than spouse/parent; and
- In-trust for savings account

**If filed thru a representative**

- Letter of Authority signed by the member; or
- Special Power of Attorney (SPA) specifically stating the authority to file/process the claim

  **Note:**
  1. Authorized representative is allowed to sign for and in behalf of member is stipulated in the SPA.
  2. SPA is valid within 6 months if issued in the Philippines or one (1) year if issued abroad.

**EXEMPTIONS FROM PROCESSING TIME COMMITMENTS**

1. **With invalid information**
   - Invalid Credited Years of Service (CYS)
   - Invalid LMS/LG transactions
   - Invalid date of coverage
   - With contributions prior to date of coverage
   - Late payments of self-employed prior to January 1, 1998
   - Contributions below P1,000 MSC
   - Ineffective contributions
   - Multiple SS numbers
   - Claims with Local Water District employers
   - Retirement/Total disability claims settled under a refunded SS number due to late tagging of refunded SS number

2. **Unposted contributions**
   - Consolidation of contributions and loan balances
   - Posting of SE/VM contributions
   - Lacks merit and needs further investigation
   - Employer liable cases

3. **Special cases that need manual computation**
   - With Stock Investment Loan Program
   - Claims that are paid under special voucher, special pension system, using manual computation mode of payment and encoded to on-line computer for check date per Office Order 196-V

4. **Others**
   - Cases that need legal opinion
   - Death claim without funeral claim
   - Contested claims
   - Pensioners living abroad/local requesting exemption from MSB
   - Request for investigation if death is work-related
   - Referral to other agency/unit (internal)
   - Request for confirmation of fact of birth/marriage/death/guardianship that will endanger the lives of the employees due to:
     - Critical area/s affecting the peace and order situation
     - Dangerous route/s
     - Island/s where there is no SSS office
   - Manual verification and consolidation of contribution
   - Cases for referral to Operations Legal Department
   - Referral to other department/branch/office/agency/unit (internal/external)
   - Cases that need approval of the Flag Clearing Committee (retirement, death, funeral and disability benefits)
PROCEDURE IN FILING FUNERAL CLAIM APPLICATION

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Get or download Funeral Claim Application and supporting forms.</td>
<td>Refer to Table B for the list of Required Documents</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
</tr>
<tr>
<td>2.</td>
<td>Read instructions and fill out the form.</td>
<td>Member Services Section (MSS) of SSS Branch</td>
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<td>4.</td>
<td>Submit properly filled out forms.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>5.</td>
<td>Get: • Acknowledgment Letter; if claim is complete and in order • Rejection/Denial Letter with reason, if claim is rejected/denied.</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>

Table B. LIST OF REQUIRED DOCUMENTS

BASIC FORMS/DOCUMENTS:

1. Funeral Claim Application Form
   • Filer’s Affidavit

2. Proof to establish SSS Membership of deceased member (Present any one (1) of the following):
   • Social Security (SS) Card/Unified Multi-Purpose ID (UMID) card
   • Duly received SS Form E-4/Contributions Collection List (R-3)/validated Contributions Payment (RS-5)/Member Loan Payment (ML-1), SS Form E-1/RS-1/NW-1/OW-1
   • Employment Record with member’s SS Number (e.g. company ID, payslip)
   • Letter/Certification document with indicated correct SS Number previously issued by SSS prior to the death of member

In the absence of the Proof to establish SSS Membership, any one (1) of the following documents may be presented as reference for the verification of the deceased member’s SSS membership:

• Birth Certificate
• Baptismal Certificate
• Marriage Contract/Certificate
• Philippine Health Insurance Corporation (PHIC) Member’s Data Form
• Home Development Mutual Fund (Pag-IBIG) Member’s Data Form
• BIR Form
• GSIS Member’s record
• Life Insurance Policy
• School Records
• Business Permit/Registration of Business Name or any proof of business operations

Claimant’s Identification Cards/Documents (Present the original and submit photocopy)

Any one (1) of the following ID cards/documents:

• SS Card
• UMID card
• Passport
• Professional Regulation Commission (PRC) Card
• Seaman’s Book (Seafarer’s Identification & Record Book)
• Driver’s License

Or in the absence of the above ID cards/documents, any two (2) of the following ID cards/documents (original) both with signature and at least one (1) with photo:
**Table B. LIST OF REQUIRED DOCUMENTS**

- Postal ID Card
- Company ID Card
- School ID Card
- Taxpayer’s Identification Number (TIN) Card
- PHIC Card/Member’s Data Record
- Overseas Workers Welfare Administration (OWWA) Card
- Senior Citizen Card
- Voter’s Identification Card or Voter’s Affidavit/Certificate of Registration
- Credit Card (with name and signature)
- Fish Worker’s License Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) Card/Member’s Record/Certificate of Membership
- Health or Medical Card
- Firearm License Card issued by Philippine National Police (PNP)
- ID Card issued by Local Government Units (LGUs) (e.g., Barangay/Municipality/City)
- ID Card issued by professional associations recognized by PRC
- Marriage Contract/Certificate
- Pag-IBIG Transaction Card/Member’s Data Form
- Police Clearance
- Seafarer’s Registration Certificate issued by the Philippine Overseas Employment Authority (POEA)
- Student Permit issued by the Land Transportation Office (LTO)
- Alien Certificate of Registration
- Certificate of Confirmation issued by National Commission on Indigenous Peoples (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Muslim Filipino Tribal Affiliation issued by National Commission on Muslim Filipinos
- Certificate of Licensure/Qualification Documents/Seafarer’s ID & Record Book from the Maritime Industry Authority
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Naturalization issued by the Bureau of Immigration

If claim is filed by representative, the following additional documents shall be required:

- Letter of Authority/Special Power of Attorney; and
- IDs of claimant’s representative

3. **Death Certificate of deceased member** (Present the original/duplicate/certified true copy/certified photocopy and submit photocopy)

   *If member was buried/cremated in the Philippines — Any one (1) of the following:
   - Death Certificate duly registered with the Local Civil Registry Office (LCR) and signed by the authorized signatory of the Office of the Civil Registry
   - Death Certificate issued by the National Statistics Office (NSO)
   - Certification of Death of deceased member issued and signed by the authorized signatory of the Office of the Civil Registry and bearing the official seal

   In the absence of the above-mentioned documents, submit the following:
   - Certification of non-availability issued by LCR and NSO; and
   - Any one (1) of the following:
     - Certification of Death issued by the Parish/Church
     - Certification of Burial issued by the Cemetery Administrator
     - Certification of cremation

**Note:** Late registered Death Certificate shall be accepted provided the following information/features are present:

- Registry Number
- Name and signature of authorized signatory of the Office of Civil Registry
- Date of receipt by the LCR/NSO
- Properly filled-out affidavit at the back of the Death Certificate explaining the reason for the delay
- Without erasures, alterations, insertions and superimpositions

4. **Official Receipt (OR) with BIR registration bearing the name of the claimant and the deceased member** (Submit original copy)

   *If the name of the claimant is not the one indicated in the OR, submit additional document below:
   - Waiver/Pagpapaubaya

   *If original OR is not available (e.g. lost, original copy submitted to other agency), submit any of the documents below:
   - Certified true copy of OR
   - Certification issued by the funeral parlor/memorial service indicating the details of payment in defrayal of funeral expenses of the deceased member

   *If the OR is not yet available and not yet buried, submit the document below:
   - Funeral service contract issued by the funeral parlor

   *If the OR is not yet available and payment not yet fully settled, submit the document below:
2. For missing persons during emergencies and disasters
   • Certificate of missing person, believed to be dead in times of disaster, from the National Disaster Risk Reduction and Management Council (NDRRMC); and
   • A notarized undertaking executed by the claimant in the form prescribed by the System stating that the death benefit shall be returned to SSS should the member appear and proven to be alive

   Note: Emergencies and disasters refer to natural and/or human-generated disasters including terrorism or the use of weapons of mass destruction; e.g. tsunami, flood, landslide, typhoon, earthquake, etc. (Administrative Order No. 2007-0018 issued by the Department of Health).

3. For victims of air or sea mishap
   • For victims whose bodies were NOT recovered but whose names appeared in the passenger manifest, any of the following is needed in addition to the undertaking cited in item no. 2:
     - Marine protest issued by the Philippine Coast Guard and passenger’s manifest issued by the shipping company;
     - Passenger’s manifest issued by airline company;
     - Marine protest supported by quit claim or fax messages from the manning agency regarding the disappearance and authenticated by employer;
     - Certification from the shipping/airline company or Philippine Coast Guard, or the Inter-Agency Task Force created by the President of the Philippines
   • For victims whose bodies were NOT recovered and whose names did not appear in the passenger manifest, any three (3) of the following are needed in addition to the undertaking cited in item no. 2:
     - Certification from the employer that the victim has not reported for work from the time the accident happened up to the present time, if the victim was employed
     - Certification from the barangay chairman on the disappearance of the member and a joint affidavit of two persons preferably immediate relatives of the deceased member that it is a common knowledge within the barangay that the victim died in the accident, if the victim was unemployed
     - List of passengers compiled by the Department of Local Government and duly certified by the Chairman of the Government’s INTER-AGENCY TASK FORCE created by the President of the Philippines where the name of the victim appears
     - Certification from the shipping/airline company stating that it has recognized the fact that the victim was aboard the ship/airplane during that particular trip
     - Affidavit of at least two (2) persons stating that they saw the deceased actually board or actually on board the ship/airplane on its last, ill-fated voyage

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**Table B. LIST OF REQUIRED DOCUMENTS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. In lieu of Official Receipt (Submit original copy):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Memorial/Insurance was in the name of the deceased member; submit the document below: (for preferred beneficiary only)</td>
</tr>
<tr>
<td></td>
<td>• Certification of Availment from the memorial/insurance life plan company</td>
</tr>
<tr>
<td></td>
<td>If Memorial/Insurance plan was in the name of the claimant; submit the document below:</td>
</tr>
<tr>
<td></td>
<td>• Certification of Availment from the memorial/insurance life plan company indicating the name of deceased member, claimant and date of death</td>
</tr>
<tr>
<td></td>
<td>If name of deceased member is not indicated in the certification of availment, submit the additional document below:</td>
</tr>
<tr>
<td></td>
<td>— Affidavit executed by the plan holder allowing the use of the memorial/insurance plan by the deceased member</td>
</tr>
<tr>
<td></td>
<td>If Memorial/Insurance plan was not in the name of the deceased member and claimant, submit the documents below:</td>
</tr>
<tr>
<td></td>
<td>• Certification of Availment from the memorial/insurance life plan company; and</td>
</tr>
<tr>
<td></td>
<td>• Any one (1) of the following whichever is applicable:</td>
</tr>
<tr>
<td></td>
<td>— Transfer Certificate</td>
</tr>
<tr>
<td></td>
<td>— Deed of Sale</td>
</tr>
<tr>
<td></td>
<td>— Deed of Donation</td>
</tr>
<tr>
<td></td>
<td>— Affidavit of Sale executed by the plan holder</td>
</tr>
<tr>
<td></td>
<td>For funeral expenses incurred without corresponding OR/contract, submit the document below (for preferred beneficiary only)</td>
</tr>
<tr>
<td></td>
<td>• Duly notarized Affidavit (Funeral Expenses)/ Sinumpaang Salaysay (Pinagbayaran sa Pagpapalibing)</td>
</tr>
</tbody>
</table>

**ADDITIONAL/OTHER REQUIRED DOCUMENTS:**

1. If death certificate is not available from LCR or NSO
   • Death certification issued by Parish/Church or Burial certification from the Cemetery Administrator with certification of non-availability issued by LCR and NSO
   • In case of late registration (affidavit at the back of the death certificate should be properly filled-out explaining the reason for the delay), death certification issued by Parish or Burial certification from the Cemetery Administrator
Table B. **LIST OF REQUIRED DOCUMENTS**

1. For missing persons without credible proof of death. The following are needed in addition to the undertaking cited in item no. 2:
   - Police investigation report (reflected in the police blotter) conducted immediately after the disappearance of the member which tends to show that the member is already deceased; and
   - Confirmation report from a police authority or other government agency after four (4) or seven (7) years from the date of disappearance of the member to the effect that the member has not yet been found

2. If due to sickness
   - Accident Report/Report of Death
   - Statement of duties and responsibilities
   - Photocopy of page in the company logbook/record of accident signed by the employer
   - Pre-employment medical record

3. If due to accident
   - Accident Report/Report of Death (SS Form BPN-105)
   - Statement of duties and responsibilities
   - Updated service record
   - Police investigation report or employer’s report of injury, death or casually spot report, when applicable
   - Mission/Job or Travel Order, when applicable
   - Photocopy of page in the company logbook/record of accident signed by the employer

4. If funeral claim is filed thru a representative (dependent on the discretion of the branch head)
   - Letter of Authority or Special Power of Attorney and representative’s SS card or two valid IDs both with signature and at least one with photo

5. If claimant is the funeral parlor
   - Copy of the service contract showing the name, address and contact number of the person who contracted the funeral service
   - Authorization For Funeral Benefit Form

6. If claimant is other than the person indicated in the official receipt
   - Letter of explanation signed by the person whose name appears in the official receipt stating that the claimant was the one who actually defrayed the funeral expenses

**NOTE**: Supporting documents such as birth certificate and marriage contract, including late registered documents, should have the following features (Office Order No. 107-A dated 14 March 2000):
- With registry number
- With signature of the Local Civil Registrar (LCR) or his authorized signatory official. The name and signature of the official authorized to sign the document in the absence of the LCR must always be indicated. Hence, signature with “For” or “By” is not allowed.
- With date received by NSO or LCR
- Without erasures, alterations, insertions or superimpositions whatsoever. Any amendment or correction in the document should bear the marginal notation of the NSO.

Late registered documents should further contain the following features:
- Duly authenticated by the National Statistics Office (NSO)
- The word “Late registration” stamped on the upper right hand corner of the document
- With filled-up affidavit at the back of the document explaining the reason for the delay
EXEMPTIONS FROM PROCESSING TIME COMMITMENTS

1. With invalid information
   • Invalid date of coverage
   • Multiple SS numbers
   • Claims with Local Water District employers
   • Retirement/Total disability claims settled under a refunded SS number due to late tagging of refunded SS number
2. Unposted contributions
   • Lacks merit and needs further investigation
   • Employer liable cases
3. Others
   • Cases that need legal opinion
   • Contested claims
   • Referral to other agency/unit (external)
   • Request for confirmation of fact of death that will endanger the lives of the employees due to:
     — Critical area/s affecting the peace and order situation
     — Dangerous route/s
     — Island/s where there is no SSS office
   • Cases for referral to Operations Legal Department
   • Referral to other department/branch/office/agency/unit (internal/external)
   • Cases that need approval of the Flag Clearing Committee (retirement, death, funeral and disability benefits)

PROCEDURE IN FILING DEATH CLAIM APPLICATION

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get or download Death Claim Application and supporting forms.</td>
<td>Refer to Table C for the List of Required Documents</td>
<td>Member Services Section (MSS) of SSS Branch/SSS website (<a href="http://www.sss.gov.ph">www.sss.gov.ph</a>)</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>2. Read instructions and fill out the form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Get a queue number and wait for the number to be called.</td>
<td></td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td><strong>Note:</strong> If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Submit properly filled out forms.</td>
<td></td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>5. Get:</td>
<td></td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>• Acknowledgment Letter, if claim is complete and in order</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table C. LIST OF REQUIRED DOCUMENTS

#### BASIC DOCUMENTS

1. Death Claim Application (DCA) form
2. Member’s/Claimant’s Photo and Signature form
3. Filer’s Affidavit (Sinumpaang Salaysay) [only one Filer’s Affidavit is required at the time of filing]
4. Form CLD-1.3A, Affidavit of Death Benefit (if claimants are primary or secondary) [only one CLD-1.3A is required at the time of filing]
5. Any of the following, whichever is applicable:
   - Form CLD1.3, Joint Affidavit of two (2) disinterested persons, preferably relatives of the deceased member, if claimants are designated beneficiaries or legal heirs of deceased member [only one CLD-1.3 is required at the time of filing]
   - Form CLD-15, Application for Appointment as Representative Payee, if claimant is a guardian
   - Form BPN-107, Guarantor’s Bond Form, if claimant is a guardian
   - If cause of death is work-connected:
     - Report of death (BPN-105)
     - Pre-employment medical records, if cause of death is due to illness
     - Statement of duties and responsibilities duly signed by the employer
     - Mission/Job or travel order duly signed by the employer, when applicable
     - Photocopy of page in the company logbook/record of accident signed by the employer
     - Police investigation report or employer’s report of injury, death or casualty spot report, when applicable
     - Joint Affidavit (preferably by the relatives of deceased member) that the deceased and the common-law-spouse have no legal impediment to marry, if with dependent illegitimate children
   - Single savings account passbook/ATM card/validated initial deposit slip/accomplished visa cash card enrollment form, if pension
   - If the account number is not reflected in the ATM card or if the name of spouse/claimant is not embossed in the ATM card or it is not yet available, a copy of initial deposit slip shall be required
   - If spouse/claimant cannot open a savings account passbook or apply for visa cash card, a written request for exemption from the Pensioner’s Remittance Program indicating the reason/s for the request shall be required
   - In-Trust-For (ITF) account if claimant is under guardianship
   - Pro-forma affidavit attesting dependency for support (if dependent-parent/s)
   - Written explanation, if death claim was filed by spouse beyond 5 years from date of death

#### STEPS

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejection/Denial Letter with reason, if claim is rejected/denied.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IDENTIFICATION DOCUMENTS (IDs)

Any one of the following valid primary IDs:

- Social Security (SS) card
- Unified Multi-Purpose ID (UMID) card
- Passport
- Professional Regulation Commission (PRC) Card
- Seaman’s Book (Seafarer’s Identification & Record Book)

Or in the absence of the valid primary ID, any two (2) of the following valid secondary IDs (original) both with signature and at least one with photo:

- Driver’s License
- Postal ID Card
- School ID
- Company ID
- Taxpayer’s Identification Number (TIN) card
- Philippine Health Insurance Corporation (PHIC) ID Card
- Overseas Workers Welfare Administration (OWWA) Card
- Senior Citizen Card
- Voter’s Identification Card or Voter’s Affidavit/Certificate of Registration
- Credit Card (with name and signature)
- Fisherman’s Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) Card/Member’s Record/Certificate of Membership
- Health or Medical Card
- Firearm License card issued by Philippine National Police (PNP)
- ID Card issued by Local Government Units (LGUs) (e.g., Barangay/Municipality/City)
- ID Card issued by professional associations recognized by PRC

Or in the absence of a valid primary ID, any one (1) of the valid secondary IDs (original) with signature and photo and at least one (1) of the following secondary documents:

- Marriage Contract/Certificate
- Home Development Mutual Fund (Pag-IBIG) Member’s Data Form
- Police Clearance
- Seafarer’s Registration Certificate issued by the Philippine Overseas Employment Authority (POEA)
- Student Permit issued by the Land Transportation Office (LTO)
- Alien Certificate of Registration
- Certificate from any of the following, whichever is applicable:

#### SUPPORTING DOCUMENTS

1. Certified true copy of death certificate of deceased member duly registered with the Local Civil Registry Office (LCR) and signed by the authorized signatory of the Office of the Civil Registrar or National Statistics Office (NSO); or

   Certification of Death of deceased member issued and signed by the authorized signatory of the Office of the Civil Registrar and bearing the official seal

   **If member died and buried abroad**

   Certified true copy of death certificate of deceased member issued by the Vital Statistics Office/County of Host Country or its equivalent (certified by the Philippine Embassy/Consulate, if with existing Philippine Embassy/Consulate in the place of death)

   **If member died abroad and buried in the Philippines**

   Certified true copy of death certificate of deceased member issued by the Vital Statistics Office/County of Host Country or its equivalent (certified by the Philippine Embassy/Consulate, if with existing Philippine Embassy/Consulate in the place of death)/NSO

   If the death certificate is not written in English language, authorized English translation from the Department of Foreign Affairs is required

1.1 If death certificate is not available from LCR and NSO, certification of non-availability issued by LCR and NSO together with any of the following:

   - Certification of Death issued by the Parish/Church
   - Certification of Burial from the cemetery administrator

   **Note:** For Muslim claimants, submission of death certificates duly certified by the LCR shall be required (Office Order No. 123-V dated 05 September 1994).
Table C. LIST OF REQUIRED DOCUMENTS

1.2 In case of late registration, Certification of Death issued by the Parish or Certification of Burial from the cemetery administrator and properly filled-out affidavit at the back of the death certificate explaining the reason for the delay

1.3 In lieu of death certificate

1.3.1 For missing persons during emergencies and disasters
- Certificate of Missing Person believed to be dead in times of disaster from the National Disaster Risk Reduction and Management Council (NDRRMC); and
- Notarized undertaking executed by the claimant in the form prescribed by the SSS stating that the death benefit shall be returned should member appear and proven to be alive.

1.3.2 For victims of air mishap whose bodies were NOT recovered but name appeared in the passenger manifest, any of the following in addition to the undertaking:
- Passenger’s manifest issued by airline company
- Certification from the airline company or Inter-Agency Task Force created by the President of the Philippines.

1.3.3 For victims of sea mishap whose bodies were NOT recovered but name appeared in the passenger manifest, any of the following in addition to the undertaking:
- Marine protest issued by the Philippine Coast Guard and passenger’s manifest issued by the shipping company
- Marine protest supported by quit claim or fax messages from the manning agency regarding the disappearance and authenticated by employer
- Certification from the shipping company or Philippine Coast Guard or Inter-Agency Task Force created by the President of the Philippines

1.3.4 For victims whose bodies were NOT recovered and whose names DO NOT appear in the passenger manifest, any three (3) of the following in addition to the undertaking:
- Certification from employer that the victim has not reported for work from the time of accident up to the present time, if the victim was employed
- Certification from the barangay chairman on the disappearance of the member and a joint affidavit of two persons preferably immediate relatives of the deceased member that is a common knowledge within the barangay
- Certification from the shipping company or the Philippine Coast Guard or the Inter-Agency Task Force created by the President of the Philippines
- Certification from the shipping/airline company stating that it has recognized the fact that the victim was aboard the ship/airplane during the particular trip
- Certification of death from the shipping/airline company stating that it has recognized the fact that the victim was aboard the ship/airplane during the particular trip
- Affidavit of at least two (2) persons stating that they saw the deceased actually boarded or on-board the ship/airplane on its last ill fated voyage
- Duplicate copy of tickets filed by the shipping company
- Affidavit of co-passenger who survived the accident

1.3.5 For missing person without credible proof of death, the following are needed in addition to the undertaking:
- Police investigation report conducted immediately after the disappearance of the member which tends to show that the member is already deceased
- Confirmation report from a police authority or other government agency after 4 or 7 years from the date of disappearance of the member to the effect that the member has not yet been found

1.3.6 Court order declaring death and “date of death of member”

PRIMARY BENEFICIARIES

Spouse and Dependent Legitimate/Legitimated, Legally Adopted and Illegitimate Dependent Child/Children

2. Certified true copy of marriage contract/certificate of deceased member duly registered with LCR/NSO

2.1 If marriage contract/certificate is not available or marriage record is intact but no record of marriage from LCR/NSO, appropriate certification issued by LCR/NSO together with marriage certification issued by the parish/church or birth certificate of at least two children showing the alleged date of marriage

2.2 Certification signed by Imam for Muslim marriage

2.3 Alien Certificate of Registration showing name of spouse

3. Certified true copy of birth certificate of dependent child/children duly registered with LCR/NSO
### Table C. LIST OF REQUIRED DOCUMENTS

| 3.1 | If birth certificate is not available, certified true copy of baptismal certificate duly registered with the Parish/Church together with certification of non-availability of records of birth from LCR/NSO  

*Note:* Baptismal certificate must always bear the original signature of the priest or his authorized signatory/official. Stamped signature is not acceptable.  

| 3.2 | If baptismal certificate is not available (with certification of non-availability from the parish church)  

- Any two of the following secondary proofs showing the name and date of birth of dependent:  
  - School cards/records of dependent  
  - Educational/Insurance Plan  
  - Employment records of member  
  - PhilHealth/GSIS/Pag-IBIG records  

| 3.3 | Legal adoption paper for legally adopted dependent child/children  

| 3.4 | Any proof of filiation for illegitimate dependent children (for date of death on or after May 24, 1997), as follows:  

- Certified true copy of birth certificate of illegitimate dependent children duly acknowledged by member and registered with LCR/NSO (if birth certificate is not available, refer to the alternative documents mentioned under birth/baptismal certificate)  
  - Will  
  - Statement before a court of record  
  - Any authentic writing (letter, diary, school records)  
  - Duly received membership data record by other agencies like PhilHealth, Pag-IBIG, GSIS, etc.  

| 4.1 | Medical certificate of spouse issued by the attending physician confirmed by the Medical Specialist, MES, Branch/PE Center  

| 4.2 | Application for Representative Payee (CLD15) and Guarantor’s Bond Form (BPN-107)  

| 4.3 | Single savings account passbook/ATM/accomplished visa cash card enrollment form (In-trust for the incapacitated spouse), for lump sum benefit  

| 5.1 | Medical certificate of child/ren issued by the attending physician confirmed by the Medical Specialist, MES, Branch/PE Center  

| 5.6 | If dependent child/children is/are incapacitated and under guardian (other than spouse)  

- Medical certificate of child/ren issued by the attending physician confirmed by the Medical Specialist, MES, Branch/PE Center  

| 5.6.1 | Application for Representative Payee (CLD15) and Guarantor’s Bond Form (BPN-107)  

| 5.6.2 | Single savings account passbook/ATM/accomplished visa cash card enrollment form (In-trust for the dependents)  

| 5.6.3 | Certified true copy of death certificate of spouse of deceased member, if already deceased  

| 6.1 | Application for Representative Payee (CLD15) and Guarantor’s Bond Form (BPN-107)  

| 6.2 | Single savings account passbook/ATM/accomplished visa cash card enrollment form (In-trust for the dependents)  

| 6.3 | Certified true copy of death certificate of spouse of deceased member, if already deceased  

| 7.1 | Application for Representative Payee (CLD15) and Guarantor’s Bond Form (BPN-107)  

| 7.2 | Single savings account passbook/ATM/accomplished visa cash card enrollment form (In-trust for the dependents)  

| 7.3 | Certified true copy of death certificate of spouse of deceased member, if already deceased  

| 8.1 | Certificate of no marriage from NSO of deceased member and spouse per death certificate; or joint affidavit of two (2) persons preferably nearest relatives of the deceased member regarding their marital relationship  

| 8.2 | Certified true copy of death certificate of other spouse, if already deceased  

| 9.1 | Joint affidavit of two persons (preferably nearest relatives of the deceased) who have knowledge on the separation stating the reason thereof and the fact of spouse’s dependency for support upon the deceased member  

| 9.2 | Certified true copy of death certificate of other spouse, if already deceased  

| 10.1 | Certified true copy of birth certificate of dependent illegitimate child/children duly acknowledged by member and registered with LCR/NSO (if birth certificate is not available, refer to the alternative documents mentioned under birth/baptismal certificate)  

| 10.2 | Certified true copy of death certificate of other spouse, if already deceased  

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**Note:** Baptismal certificate must always bear the original signature of the priest or his authorized signatory/official. Stamped signature is not acceptable.
Table C. LIST OF REQUIRED DOCUMENTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Document Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2 Joint affidavit of two persons preferably nearest relatives of the deceased member attesting that the deceased and the common-law-spouse have no legal impediment to marry each other at the time of conception of the dependent child/children and spouse's affidavit attesting to the fact of dependency for support</td>
<td></td>
</tr>
<tr>
<td>SECONDARY BENEFICIARIES (In the absence of primary beneficiaries)</td>
<td></td>
</tr>
<tr>
<td>Dependent Parents</td>
<td></td>
</tr>
<tr>
<td>1. Certified true copy of birth certificate of deceased member duly registered with LCR and signed by the Civil Registrar or NSO</td>
<td></td>
</tr>
<tr>
<td>1.1 If birth certificate is not available, certified true copy of baptismal certificate duly registered with the parish/church together with certification of non-availability of record from LCR/NSO</td>
<td></td>
</tr>
<tr>
<td>Note: Baptismal certificate must always bear the original signature of the priest or his authorized signatory/official. Stamped signature is not acceptable.</td>
<td></td>
</tr>
<tr>
<td>1.2 If death is prior to May 24, 1997 and claim is for SSS only:</td>
<td></td>
</tr>
<tr>
<td>• Certified true copy of marriage contract/certificate of deceased member’s parents duly registered with LCR and signed by the authorized signatory of the Office of the Civil Registrar or NSO</td>
<td></td>
</tr>
<tr>
<td>— If marriage contract/certificate is not available or marriage record is intact but no record of marriage from LCR/NSO, appropriate certification issued by LCR/NSO together with marriage certification issued by the parish/church or birth certificate of at least two children showing the alleged date of marriage</td>
<td></td>
</tr>
<tr>
<td>— Certification signed by Imam for Muslim marriage</td>
<td></td>
</tr>
<tr>
<td>2. Proofs of dependency upon the deceased member</td>
<td></td>
</tr>
<tr>
<td>2.1 Pro-forma affidavit to attest to the dependence for support of the parents from the deceased member</td>
<td></td>
</tr>
<tr>
<td>3. If deceased member was a widow/widower</td>
<td></td>
</tr>
<tr>
<td>3.1 Certified true copy of the death certificate of spouse of deceased member duly registered with LCR and signed by the authorized signatory of the Office of the Civil Registrar or NSO; or</td>
<td></td>
</tr>
<tr>
<td>OTHER BENEFICIARIES (In the absence of primary and secondary beneficiaries)</td>
<td></td>
</tr>
<tr>
<td>1. Designated Beneficiaries</td>
<td></td>
</tr>
<tr>
<td>1.1 If deceased member is a widow/widower at the time of death</td>
<td></td>
</tr>
<tr>
<td>1.1.1 Certified true copy of the birth certificate of deceased member duly registered with LCR and signed by the authorized signatory of the Office of the Civil Registrar or NSO</td>
<td></td>
</tr>
<tr>
<td>Certified true copy of death certificate of deceased member’s spouse issued by the Vital Statistics Office/County of Host Country or its equivalent, if deceased member’s spouse died abroad (certified by the Philippine Embassy/Consulate, if with existing Philippine Embassy/Consulate in the place of death)/NSO</td>
<td></td>
</tr>
<tr>
<td>4. If one of the parents is already deceased</td>
<td></td>
</tr>
<tr>
<td>4.1 Certified true copy of the death certificate of deceased parent duly registered with LCR and signed by the authorized signatory of the Office of the Civil Registrar or NSO; or</td>
<td></td>
</tr>
<tr>
<td>Certified true copy of death certificate of deceased member’s parent issued by the Vital Statistics Office/County of Host Country or its equivalent, if deceased member’s parent died abroad (certified by the Philippine Embassy/Consulate, if with existing Philippine Embassy/Consulate in the place of death)/NSO</td>
<td></td>
</tr>
<tr>
<td>Note: If the death certificates of the parents/grandparents of deceased member are not available and the age of the deceased member at the time of death is sixty five (65) years old and above, the parents/grandparents of the deceased member shall be presumed dead and death certificates are no longer necessary.</td>
<td></td>
</tr>
<tr>
<td>5. If both dependent parents are under guardian</td>
<td></td>
</tr>
<tr>
<td>5.1 Application for Representative Payee (SS Form CLD-15)</td>
<td></td>
</tr>
<tr>
<td>5.2 Guarantor’s Bond Form (SS Form BPN-107)</td>
<td></td>
</tr>
<tr>
<td>5.3 Medical Certificate issued by the attending physician confirmed by the Medical Specialist, MES Branch/PE Center</td>
<td></td>
</tr>
<tr>
<td>5.4 ITF account</td>
<td></td>
</tr>
<tr>
<td>6. If one of the parents is incapacitated and guardian is the other parent</td>
<td></td>
</tr>
<tr>
<td>6.1 Duly notarized SS Form CLD 1.1B</td>
<td></td>
</tr>
<tr>
<td>6.2 Medical certificate of incapacitated parent issued by the attending physician confirmed by the Medical Specialist, MES, Branch/PE Center</td>
<td></td>
</tr>
<tr>
<td>Note: If the death certificates of the parents/grandparents of deceased member are not available and the age of the deceased member at the time of death is sixty five (65) years old and above, the parents/grandparents of the deceased member shall be presumed dead and death certificates are no longer necessary.</td>
<td></td>
</tr>
</tbody>
</table>
### Table C. LIST OF REQUIRED DOCUMENTS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.2 Certified true copy of the death certificate of spouse of deceased member duly registered with LCR and signed by the authorized signatory of the Office of the Civil Registrar or NSO; or</td>
<td>Certified true copy of death certificate of deceased member’s spouse issued by the Vital Statistics Office/County of Host Country or its equivalent, if member’s spouse died abroad (certified by the Philippine Embassy/Consulate, if with existing Philippine Embassy/Consulate in the place of death)/NSO</td>
</tr>
<tr>
<td></td>
<td>Note: If the death certificates of the parents/grandparents of deceased member are not available and the age of the deceased member at the time of death is sixty five (65) years old and above, the parents/grandparents of the deceased member shall be presumed dead and death certificates are no longer necessary.</td>
</tr>
<tr>
<td>1.2 If deceased member is single at the time of death</td>
<td></td>
</tr>
<tr>
<td>1.2.1 Certified true copy of the birth certificate of deceased member duly registered with LCR and signed by the authorized signatory of the Office of the Civil Registrar or NSO</td>
<td>Certified true copy of death certificate of deceased member’s parents issued by the Vital Statistics Office/County of Host Country or its equivalent, if member’s parents died abroad (certified by the Philippine Embassy/Consulate, if with existing Philippine Embassy/Consulate in the place of death)/NSO</td>
</tr>
<tr>
<td></td>
<td>Note: If the death certificates of the parents/grandparents of deceased member are not available and the age of the deceased member at the time of death is sixty five (65) years old and above, the parents/grandparents of the deceased member shall be presumed dead and death certificates are no longer necessary.</td>
</tr>
</tbody>
</table>

2. Legal Heirs

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Certified true copy of the birth certificate of member and legal heirs (at least two) duly registered with LCR/NSO</td>
<td></td>
</tr>
<tr>
<td>2.1.1 If birth certificate is not available, certified true copy of baptismal certificate duly registered with the parish/church together with certification of non-availability of record from LCR/NSO</td>
<td></td>
</tr>
<tr>
<td>2.1.2 If deceased member is married, certified true copy of the death certificate of spouse and parents and marriage contract of deceased member duly registered with LCR/NSO</td>
<td></td>
</tr>
<tr>
<td>2.2 If deceased member is single, certified true copy of the death certificate of parents and grandparents of deceased member and death certificate of other legal heirs duly registered with LCR/NSO</td>
<td></td>
</tr>
<tr>
<td>2.3 If deceased member is married, certified true copy of the death certificate of parents and grandparents of deceased member and death certificate of other legal heirs duly registered with LCR/NSO</td>
<td></td>
</tr>
<tr>
<td>2.4 Certified true copy of the death certificate of the designated beneficiaries/other nearest relatives duly registered with LCR/NSO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: If the death certificates of the parents/grandparents of deceased member are not available and the age of the deceased member at the time of death is sixty five (65) years old and above, the parents/grandparents of the deceased member shall be presumed dead and death certificates are no longer necessary.</td>
</tr>
</tbody>
</table>
EXEMPTIONS FROM PROCESSING TIME COMMITMENTS

1. With invalid information
   - Invalid Credited Years of Service (CYS)
   - Invalid LMS/LG transactions
   - Invalid date of coverage
   - With contributions prior to date of coverage
   - Late payments of self-employed prior to January 1, 1998
   - Contributions below P1,000 MSC
   - Ineffective contributions
   - Multiple SS numbers
   - Claims with Local Water District employers
   - Retirement/Total disability claims settled under a refunded SS number due to late tagging of refunded SS number

2. Unposted contributions
   - Consolidation of contributions and loan balances
   - Posting of SE/VM contributions
   - Lacks merit and needs further investigation
   - Employer liable cases

3. Special cases that need manual computation
   Claims that are paid under special voucher, special pension system, using manual computation mode of payment and encoded to on-line computer for check date per Office Order 196-V

4. Others
   - Cases that need legal opinion
   - Death claim without funeral claim
   - Contested claims
   - Pensioners living abroad/local requesting exemption from MSB
   - Request for investigation if death is work-related
   - Referral to other agency/unit (external)
   - Request for confirmation of fact of birth/marriage/death/guardianship that will endanger the lives of the employees due to:
     - Critical area/s affecting the peace and order situation
     - Dangerous route/s
     - Island/s where there is no SSS office
   - Manual verification and consolidation of contribution
   - Cases for referral to Operations Legal Department
   - Referral to other department/branch/office/agency/unit (internal/external)
   - Cases that need approval of the Flag Clearing Committee (retirement, death, funeral and disability benefits)

PROCEDURE IN PAYING THROUGH SSS TELLERING FACILITY

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get and fill out Payment Form:</td>
<td>Contributions Payment Form</td>
<td>Member Services Section (MSS) of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>Contributions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans:</td>
<td>Validated ML-1/REL-9 (Office Order No. 2010-015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ML-1 - for Salary, Calamity, Educational, Emergency and Stock Investment Loan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL-9 (Real Estate Loan Payment Return) - for real estate payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R-6 (Miscellaneous Payment Return) - application fee for Real Estate, Commercial and Industrial Loans, SSS Digitized ID Replacement Fee, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PROCEDURE IN APPLYING FOR SSS-ISSUED UNIFIED MULTI-PURPOSE IDENTIFICATION (UMID) CARD**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Submit Payment Form together with payment.</td>
<td>Tellering Section of SSS Branch</td>
<td>Cashier</td>
<td></td>
</tr>
<tr>
<td>3. Get validated payment form/SBR.</td>
<td>Tellering Section of SSS Branch</td>
<td>Cashier</td>
<td></td>
</tr>
</tbody>
</table>

**Processing Time**: Within the Day  
**Note**: No Service Fees

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get UMID Card Application Form.</td>
<td>Member Services Section (MSS) of SSS Branch</td>
<td>Member Service Representative</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Read instructions and fill out the form. | • Accomplish the form in one (1) copy without erasures and alterations. In case of unavoidable erasures, affix your initial next to it.  
• Place a checkmark on the applicable box.  
• Never leave a field blank. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.  
• Observe proper use of abbreviation. | Tellering Section of SSS Branch | Cashier |
<p>| 3. Get validated payment form/SBR. | MSS of SSS Branch | Member Service Representative | |</p>
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Submit the accomplished UMID Card Application Form together with the original/certified true copy and photocopy of any of the primary or secondary documents (one of which with photo and date of birth).</td>
<td><strong>PRIMARY DOCUMENTS</strong> Any one (1) of the following: • Driver’s License • Passport • PRC Card • Seaman’s Book <strong>SECONDARY DOCUMENTS</strong> Any two (2) of the following: • Postal ID • School or Company ID • Taxpayer’s Identification Number (TIN) card • Membership card issued by private companies • Overseas Worker Welfare Administration Card • Senior Citizen Card • Voter’s Identification Card/Affidavit/Certificate of Registration • ATM card » with cardholder’s name » with certification from bank, if without name • Credit card • Fisherman’s Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR) • GSIS Card/Member’s Record/Certificate of Membership</td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td></td>
<td>• Health or Medical Card • ID Card issued by LGUs (e.g. Brgy/Municipal/City) • ID Card issued by professional associations recognized by PRC • Permanent Residency ID • Birth Certificate • Baptismal Certificate • Marriage Contract • NBI Clearance • PHIC Member’s Data Form • Permit to Carry Firearms issued by the Firearms and Explosives Unit of PNP • PHIC Member’s Data Record • Police Clearance • Seafarer’s Registration Certificate issued by the Philippine Overseas Employment Authority (POEA) • Temporary License issued by the Land Transportation Office (LTO) • Transcript of School Records • Alien Certificate of Registration • Bank Account Passbook • Certificate from: — Office of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEPS</td>
<td>REQUIREMENTS</td>
<td>LOCATION</td>
<td>PERSON IN-CHARGE</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>• Correctness of member's data against data in the “SSS WINS” Note: For card replacement, a validation of payment is done.</td>
<td>Production Department if card was disposed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANDATORY FIELDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Common Reference Number (if any)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Name (Last Name, First Name, Middle Name, Suffix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maiden Name (Last Name, First Name, Middle Name, Suffix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Date of Birth (MMDDYYYY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Home Address (Rm./Flr/Unit No. &amp; Bldg. Name, House/Lot &amp; Blk. No., Street Name, Subdivision, Barangays/District/Locality, City/Municipality, Province/State)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Height and Weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contact Details (Telephone Number, Mobile/Cellphone Number, E-mail Address)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER DATA WITH DISCREPANCIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If with middle initial only/without middle name in the member's database:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fill out the Member Data Amendment Form (SS Form E-4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Submit the said form together with the required documents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Undergo the screening process for Member Identity Verification and validation as follows:
- Establishment of identity
- Completeness of the required documents
- Proper accomplishment of UMID Card Application Form according to how it was asked to be filled out
- Proper abbreviation of words (Annex A)

<table>
<thead>
<tr>
<th>INITIAL APPLICATION</th>
<th>CARD REPLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMID Card Application Form</td>
<td>UMID Card Application Form</td>
</tr>
<tr>
<td>Identification Documents</td>
<td>Proof of Payment [Validated Miscellaneous Payment Form (R-6) or Special Bank Receipt with R-6]</td>
</tr>
<tr>
<td></td>
<td>Previously issued SS ID Card</td>
</tr>
<tr>
<td></td>
<td>Affidavit of Loss duly notarized or Affidavit of Non-Receipt of Card not received duly stamped “shredded” by ID Card</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>STEPS</td>
<td>REQUIREMENTS</td>
<td>LOCATION</td>
<td>PERSON IN-CHARGE</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>6.</td>
<td>Return to the branch office for UMID card application once the amendment is reflected in the member’s database.</td>
<td>MSS of SSS Branch</td>
<td>Data Capture Operator</td>
</tr>
<tr>
<td>1.</td>
<td>The following are unacceptable during the photo shoot:</td>
<td>MSS of SSS Branch</td>
<td>Data Capture Operator</td>
</tr>
<tr>
<td></td>
<td>• For male enrollee - wearing of undershirt/sando</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For female enrollee - wearing of spaghetti top</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wearing of reflective eyeglasses, colored contact lenses and/or dangling jewelries.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** For exceptions to the fingerprint and facial capture, the Team/Section Supervisor shall conduct the application system override and annotate in the UMID Card Application Form the reason(s) of exception.

- Wearing of head gear except those with religious significance provided it does not cover the eyes.
- Wearing of sunglasses, except for the medically blind, provided it is properly annotated in the UMID Card Application Form of the said enrollee.

2. The biometric capture of enrollee must conform to the ICAO Standards as follows:

   **For fingerprint capture:**
   - Absence of foreign substance in all fingerprints
   - Symmetrically centered

   **For facial image capture:**
   - Proper background free from any dirt, dents, folds, prints or any disorder
   - Proper distance between the
<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Get the Acknowledgment Stub.</td>
<td>MSS of SSS Branch</td>
<td>Data Capture Operator</td>
</tr>
</tbody>
</table>

enrollee and the camera during a photo shoot
- Optimum exposure to sufficient and even lighting in the capture area
- Fix eyes on the camera, except for the medically blind
- Symmetrically centered, except those with uneven shoulders due to illness or distorted facial feature (e.g. scoliosis, stroke, accident acquired etc.)
- Visible ears
- Closed mouth and unexposed teeth

*For signature capture:*
- Comparable to the enrollee’s signature in the accomplished UMIC Card Application Form and presented Identification Cards/Documents
- Legible strokes
- No unnecessary markings in the signature pad
### TABLE OF ABBREVIATIONS

Refer to the table below to standardize the use of abbreviated words when filling out the UMID Card Application Form.

#### NAME FIELD (Facts of Birth)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Senior</td>
<td>SR</td>
</tr>
<tr>
<td>2. Junior</td>
<td>JR</td>
</tr>
<tr>
<td>3. 2nd</td>
<td>II</td>
</tr>
<tr>
<td>4. 3rd</td>
<td>III</td>
</tr>
</tbody>
</table>

#### ADDRESS FIELD (Demographic Data)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Abbreviation</th>
<th>Particulars</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alley</td>
<td>ALLEY</td>
<td>22. Package</td>
<td>PKG</td>
</tr>
<tr>
<td>2. Annex</td>
<td>ANNEX</td>
<td>23. Phase</td>
<td>PH</td>
</tr>
<tr>
<td>3. Apartment</td>
<td>APT</td>
<td>24. Port</td>
<td>PORT</td>
</tr>
<tr>
<td>4. Area</td>
<td>AREA</td>
<td>25. Philippines</td>
<td>PHIL</td>
</tr>
<tr>
<td>5. Arcade</td>
<td>ARC</td>
<td>26. President</td>
<td>PRES</td>
</tr>
<tr>
<td>6. Avenue</td>
<td>AVE</td>
<td>27. Project</td>
<td>PROJ</td>
</tr>
<tr>
<td>7. Barangay</td>
<td>BRGY</td>
<td>28. Purok</td>
<td>PRK</td>
</tr>
<tr>
<td>8. Block</td>
<td>BLK</td>
<td>29. Road</td>
<td>RD</td>
</tr>
<tr>
<td>9. Boulevard</td>
<td>BLVD</td>
<td>30. Route</td>
<td>ROUTE</td>
</tr>
<tr>
<td>10. Building</td>
<td>BLDG</td>
<td>31. Saint</td>
<td>ST</td>
</tr>
<tr>
<td>11. Compound</td>
<td>CMPD</td>
<td>32. Scout</td>
<td>SCT</td>
</tr>
<tr>
<td>12. Condominium</td>
<td>CONDO</td>
<td>33. Senator</td>
<td>SEN</td>
</tr>
<tr>
<td>13. Corner</td>
<td>COR</td>
<td>34. Sergeant</td>
<td>SGT</td>
</tr>
<tr>
<td>14. Drive</td>
<td>DR</td>
<td>35. Sitio</td>
<td>SITO</td>
</tr>
<tr>
<td>15. Extension</td>
<td>EXT</td>
<td>36. Square</td>
<td>SQUARE</td>
</tr>
<tr>
<td>16. Floor</td>
<td>FLR</td>
<td>37. Street</td>
<td>ST</td>
</tr>
<tr>
<td>17. General</td>
<td>GEN</td>
<td>38. Subdivision</td>
<td>SUBD</td>
</tr>
<tr>
<td>18. Heights</td>
<td>HTS</td>
<td>39. Unit</td>
<td>UNIT</td>
</tr>
<tr>
<td>19. Highway</td>
<td>HWY</td>
<td>40. Village</td>
<td>VILL</td>
</tr>
<tr>
<td>20. Interior</td>
<td>INT</td>
<td>41. Zone</td>
<td>ZONE</td>
</tr>
<tr>
<td>21. Lot</td>
<td>LOT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PROCEDURE IN FILING COMPLAINTS/SUGGESTIONS

**Processing Time**: One (1) Working Day  
**Note**: No Service Fees

**Steps**

1. Get a queue number and wait for the number to be called.  
   **Note**: If the Branch is using an automated queuing system, the queue number and the assigned counter will be flashed via the display monitor.

   **Location**: Public Assistance Desk, Member Services Section (MSS) of SSS Branch  
   **Person In-Charge**: Member Service Representative

2. Present IDs together with the requirements.  
   SS card or any two (2) valid IDs (both with signature and at least one (1) with photo).  
   If representing a member/claimant, likewise present member’s/claimant’s SS card or any two (2) valid IDs (both with signature and at least one (1) with photo) and authorization letter or Special Power of Attorney  
   **Location**: Public Assistance Desk, MSS of SSS Branch  
   **Person In-Charge**: Member Service Representative

**Refer to Table D for the List of Required Documents**
Table D.  

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REQUIREMENTS</th>
<th>LOCATION</th>
<th>PERSON IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Provide information required by the Public Assistance Desk during interview.</td>
<td>Public Assistance Desk, MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
<tr>
<td>4.</td>
<td>If with complete requirements: Get form letter containing information on the action/s that will be taken by SSS branch office on the complaint/suggestion. If with incomplete requirements: Get form letter containing information on the lacking requirements that must be submitted to the SSS Branch Office.</td>
<td>Public Assistance Desk, MSS of SSS Branch</td>
<td>Member Service Representative</td>
</tr>
</tbody>
</table>

1. SS card or two (2) valid IDs both with signature and at least one (1) with photo. If filer is a representative, likewise present member’s/claimant’s SS card or two (2) valid IDs both with signature and at least one (1) with photo and authorization letter or Special Power of Attorney (SPA).

SUPPORTING DOCUMENTS

If non-reporting/non-remittance of SSS contributions by Employer:
- Sinumpaang Salaysay (duly notarized)
- Proof of employment (payslips, vale sheets, voucher, company ID, certification of employment)

If delay in the settlement of benefit claims:
- Acknowledgment stub

If employer refused to advance the sickness/maternity benefit:
- Duly approved Sickness Notification, Reimbursement Application, Maternity Notification or Maternity Benefit Application.
- Certified true copy of child’s birth certificate, as applicable

If against SSS personnel/employee (discourtesy, misinformation, unsatisfactory service):
- Incident report or letter narrating member’s/claimant’s experience.
DIRECTORY OF LOCAL OFFICES

NCR OPERATIONS GROUP
Group Head: SVP Jose B. Bautista
7/F SSS Building, East Avenue, Quezon City
Tel No. 924-9758
Fax No. 435-9813

NCR NORTH DIVISION
Division Head: VP Helen L. Abolencia
8/F SSS Building, East Avenue, Quezon City
Tel No. 922-3453 435-9827
Fax No. 435-9827

BATASAN HILLS BRANCH
Branch Head: Rowela Cristina R. Macasadia
Diliman Commercial Center Building, Congressional Avenue, No. 46, Batasan Hills, Quezon City
Tel No. 427-5169, 430-0094

CONGRESSIONAL BRANCH
Branch Head: Juanillo S. Descalzo III
2nd Floor, No. 12 Northridge Plaza Bldg., Congressional Avenue, Brgy. Bahay Toro, Quezon City
Tel No. 924-3872
Fax No. 924-3874

CUBAO BRANCH
Branch Head: Carolina L. Castro
SSS Bldg., 600 EDSA, Brgy. Socorro, Cubao, Quezon City
Tel Nos. 911-1864, 911-2782, 911-2783, 913-7217 to 913-7220
Fax No. 911-1191

Ali Mall - Service Office
OIC: Marlyneth C. Rejuso
Level 2, Araneta Center, Cubao, Quezon City
Tel No. 441-4303, 961-7438

DEPARO BRANCH
OIC - Branch Head: Ronald W. Recio
NC JEAM Bldg., Susano Rd., Celia Subd., Deparo, Caloocan City
Tel. No. 961-7510, 961-7508

DILIMAN BRANCH
Branch Head: Evelyn L. Duplon
Members Assistance Center (MAC), SSS Compound, East Ave., Diliman, Quezon City
Tel Nos. 921-2810, 921-9388, 924-7862, 924-7901, 924-7854, 924-7901
Fax No. 924-7836

EASTWOOD BRANCH
Branch Head: Rowena A. Fesalbon
ABQ Building, E. Rodriguez Avenue, Bagumbayan, Quezon City
Tel No. 351-1605, 351-1623

KALOOKAN BRANCH
Branch Head: Zara M. Dizon
Forward Group Bldg., 317 EDSA, cor. Gen. Malvar Street, Kalookan City
Tel Nos. 367-2265, 367-2266, 363-0382, 330-7401, 362-7626, 363-0383
Fax No. 366-7999

LRT Caloocan Mall - Service Office
OIC: Jeannette S. Ringon
4th Floor, LRT Caloocan Mall Building, Rizal Avenue Extension, Kalookan City
Tel No. 294-0414

MALABON BRANCH
Branch Head: Ruth A. De Guzman
Aglipay Bldg., C-4 Road, Dagat-Dagatan, Malabon City
Tel Nos. 287-5459, 287-5620, 287-5203, 285-2299
Fax No. 287-5235

Robinsons Place Malabon - Service Office
OIC: Rollela V. Cipriano
No. 5 Pascual Avenue, corner Crispin St., Malabon City
Tel No. 364-7466

NAVOTAS BRANCH
OIC - Branch Head: Martin D. Bautista, Jr.
2nd Floor, Phil. Mariner Bldg., Brgy. North Bay Blvd. South, Navotas City
Tel No. 351-8465, 351-8890

NORTH FAIRVIEW BRANCH
Branch Head: Liberty A. Gordovez
GEM Bldg. located at Lot 16, Block 83, Regalado Avenue, North Fairview, Quezon City
Tel Nos. 461-6997, 461-6937, 461-6939
Fax No. 461 - 6997

NOVALICHES BRANCH
Branch Head: Arthur O. Abary
Alfred Bldg., Quirino Highway corner 19 Nightingale St., Novaliches, Quezon City
Tel Nos. 937-4953, 937-4955, 935-7302
Fax No. 937-7417

Robinsons Nova Market - Service Office
OIC: Dolores A. Malinalo
3rd Floor, Brgy. Pasong Putik 2, Quirino Highway Novaliches, Quezon City
Tel No. 376-3109

PASO DE BLAS BRANCH
OIC - Branch Head: Orlando D. Cruz
Puregold Paso de Blas Mall, corner East Service Road and NLEX - Valenzuela Exit, Valenzuela City
Tel Nos. 961-7420, 961-7424

SAN FRANCISCO DEL MONTE BRANCH
Branch Head: Jocelyn Q. Garcia
RCDC Building, 154 Roosevelt Ave., San Francisco Del Monte, Quezon City
Tel Nos. 373-9907 to 373-9910, 374-6360, 371-9906, 371-1148
Fax No. 371-1130

VALENZUELA BRANCH
Branch Head: Emma J. Enriquez
Rich Tower Bldg., 288 McArthur Highway, Karuhatan, Valenzuela City
Tel Nos. 292-4203, 292-4243, 292-4378, 291-0461, 292-4225
Fax No. 292-4283

VALENZUELA BRANCH
OIC: Sheila Paje
Valenzuela Municipal Hall Bldg., Angono, Rizal
Tel No. 234 - 1369

Robinsons Place Antipolo - Service Office
OIC: Teresita Cruz
Sumulong Highway, Antipolo City
Tel No. 696-6687

Taytay, Rizal - Service Office
Taytay Municipal Hall Bldg., Taytay, Rizal

CANTA BRANCH
OIC - Branch Head: Ronald D. Ibay
Sta. Clara Bldg., A. Bonifacio St., corner Ortigas Avenue, Junction Cainta, Rizal
Tel Nos. 655-5400, 655-7325, 656-9771, 656-9746
Fax No. 655-6648

MANDALUYONG BRANCH
Branch Head: Felizario B. Minor, Jr.
Gomega Bldg., No. 6 J., Tiosejo St., cor. P. Martinez St., Shaw Blvd., Mandaluyong City
Tel Nos. 531-6461, 534-1445, 534-1446, 534-1445
Fax No. 533-9533

MANDALUYONG - SHAW BRANCH
Branch Head: Annabella Pollyanne M. Romasoc
500 Shaw Zentrum, Shaw Blvd. corner Laurel St., Mandaluyong City
Tel Nos. 696-1058, 696-1060
<table>
<thead>
<tr>
<th>Branch</th>
<th>Address</th>
<th>Contact Information</th>
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<td><strong>MARIKINA BRANCH</strong></td>
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<td><strong>SAN MATEO BRANCH</strong></td>
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<td><strong>GUADALUPE BRANCH</strong></td>
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<td><strong>LAS PIÑAS BRANCH</strong></td>
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<td><strong>Taguig</strong></td>
<td><strong>Gate 3 Branch</strong></td>
<td>Branch Head: Fe B. Nuñez 3rd Flr. Gate 3 Mall, Lawton Ave. Cor Juliano Ave., PH 3, AFPOVAI, Fort Bonifacio, Taguig City  Tel. No. 931-0592 Fax No. 364-7398</td>
</tr>
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<td><strong>Laura Branch</strong></td>
<td>Branch Head: Dr. Manuel F. Pastor 3rd Floor, B &amp; D Bldg., McNab Highway, San Antonio, Agoo, La Union  Tel. No. 604-0344</td>
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<td><strong>Cabugao - Representative Office</strong></td>
<td>OIC: Novelyn Paguel Municipal Hall, Cabugao  Tel. No. 444-2266</td>
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<td><strong>Santander, Isabela Branch</strong></td>
<td>Branch Head: Antonio J. de los Rios Branch Head, Avenida, Santander, Isabela  Tel. No. 604-0700</td>
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<tr>
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<td><strong>Sinait - Representative Office</strong></td>
<td>OIC: Novelyn Paguel Municipal Hall, Sinait  Tel. No. 604-0348</td>
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<tr>
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<td><strong>Tagudin - Representative Office</strong></td>
<td>OIC: Amor P. Erpelo Yellow Market, Tagudin, Ilocos Sur Thursday 10am - 3pm</td>
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<td><strong>Solano - Representative Office</strong></td>
<td>OIC: Sharon Joy A. Abalos 2nd Floor, NERBAC Office, ABC Bldg., JP Rizal, Poblacion West, Lagawe, Ilocos Norte  Tuesday 9am - 6pm</td>
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<td><strong>San Fernando, La Union Branch</strong></td>
<td>Branch Head: Judith B. Bajayo Branch Head, Bajayo, San Fernando, La Union  Tel. No. 442-8111</td>
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<td><strong>Bacolod - Representative Office</strong></td>
<td>OIC: Novelyn Paguel Municipal Hall, Bacolod  Tel. No. 442-8000</td>
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<td><strong>Camalag, Isabela Branch</strong></td>
<td>Branch Head: Ernesto B. dela Cruz Branch Head, Camalag, Isabela  Tel. No. 624-0013</td>
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<td><strong>ORANGE DIVISION</strong></td>
<td>OIC: Arlene A. Martinez 2nd Floor, Robinsons Mall, National Highway, Mabini, Santiago City  Tel. No. 624-0013</td>
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<td><strong>Pallar o - Representative Office</strong></td>
<td>OIC: Novelyn Paguel Municipal Hall, Pallar o, Ms.  Tel. No. 624-0013</td>
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<td><strong>Luzon North 1 Division</strong></td>
<td>OIC: Novelyn Paguel 2nd Floor, Robinsons Mall, National Highway, Mabini, Santiago City  Tel. No. 624-0013</td>
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<td><strong>Pallar o - Representative Office</strong></td>
<td>OIC: Novelyn Paguel Municipal Hall, Pallar o, Ms.  Tel. No. 624-0013</td>
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<td><strong>Luzon North 2 Division</strong></td>
<td>OIC: Novelyn Paguel 2nd Floor, Robinsons Mall, National Highway, Mabini, Santiago City  Tel. No. 624-0013</td>
</tr>
</tbody>
</table>
MALOLOS BRANCH
Branch Head: Francisco Paquito L. Lescano
N4 Bldg, Cabanas Mall, Mc Arthur Highway, Longos, City of Malolos, Bulacan
Tel. Nos. (045) 662-2916

Robinsons Place Malolos - Service Office
OIC: Alma Christi D. Dimagiba
Fax No. (045) 794-9662
Tel. Nos. (045) 861-3176, 861-3178, 861-3175
San Fernando City, Pampanga

SAN JOSE DEL MONTE BRANCH
OIC - Branch Head: Ma. Theresa A. Ribuyaco
Starmall San Jose Del Monte, Quirino Highway corner Kaypian Road, Brgy. Kaypian, San Jose Del Monte, Bulacan
Tel. No. (044) 977-0934

STA. MARIA BRANCH
Branch Head: Marites A. Dalope
Angelica Bldg., Gov. F. Halili Ave., Bagbagin Sta. Maria, Bulacan
Tel No. (044) 815-0898

LUZON SOUTH 1 DIVISION
Division Head: VP Virginia S. Cruz
SSS Bldg., Balagtas Blvd. corner Paulino St., San Pablo City
Tel Nos.: (049) 562-0324, 562-5922, 562-7056, (02) 520-6075 (DH)
Fax No. (049) 562-0921

OLONGAPO BRANCH
Branch Head: Marilou M. Santos
Fabunan Bldg., 1040 East Tapinac, Rizal Avenue, Olongapo City, Zambales
Tel. Nos. (047) 228-5886, 228-6020 Fax No. (047) 228-5872

Robinsons Starmills - Service Office
OIC: Christina B. Guiao
Robinsons Starmills Pampanga, Brgy. San Jose, City of San Fernando, Pampanga
Tel. No. (045) 300-1013

SUDBIC BRANCH
OIC: Mercy T. Elayda
Municipal Hall, Subic, Zambales
Tel. No. (047) 224-6718

SEBIAN BRANCH
Branch Head: Roberto S. Pagayunan
Central Mall Biñan, Malvar St., San Vicente, Biñan, Laguna
Tel. Nos. (049) 411-4861 Fax No. (02) 429-4821

CALAMBA BRANCH
Branch Head: Marina Paulina G. Pante
SSS Building, National Highway, Parian, Calamba City, Laguna
Tel. No. (049) 545-1689, 545-9663, 545-9667, 545-6860 loc 121
Fax No. (049) 545-6859

Waltermart Sta. Maria - Service Office
OIC: Sofia U. Suyat
Waltermart, Provincial Road cor., Bypass Road, Barangay Sta. Clara, Sta. Maria, Bulacan
Tel. No. (044) 815-3927

CARMAÑA BRANCH
OIC - Branch Head: Raquel E. Guinto
SSS Building, National Highway, Calamba, Laguna

CARMAÑA BRANCH
OIC: Enrico M. Cabrera
Barangay Makiling, National Highway, Calamba, Laguna

BACOOR BRANCH
Branch Head: Exequiel O. Panganiban
Jolly Home Apartelle, Aguinaldo Highway corner Coastal Road, Talaba 7, Bacoor City
Tel. Nos. (046) 472-2368, 472-2319, 472-2246, 472-2134
Fax No. (046) 472-2318

Robinsons Place, Imus - Service Office
OIC: Crescencia A. Mangubat
4/F, Emilio Aguinaldo Highway, Trazang Luma, Imus, Cavite
Tel No. (046) 474-0074

BULAKAN - Representative Office
OIC: Cynthia M. Cabacungan
Municipal Hall, Bulakan, Bulacan
Tuesday and Thursday 8am - 5pm

GUMACA - Service Office
OIC: Rafael A. Palma
R. Alvarez Bldg., No. 13 Tañada St., Brgy. Pipisik, Gumaca, Quezon
Tel. No. (042) 717-0995

ROSAFIO (EPZA) BRANCH
Branch Head: Josephine S. Hipolito
SSS Bldg., EPZA, Rosario, Cavite
Tel No. (046) 437-0025 Tel No. (046) 437-2290

SAN PABLO BRANCH
Branch Head: Jesrel H. Ancheta
SSS Bldg., Balagtas Blvd. corner M. Paulino St., San Pablo City
Tel. Nos. (049) 521-0831, 562-7503, 562-5919, 562-4506
Fax No. (049) 562 – 5920, 561-1559

SANTA ROSA BRANCH
Branch Head: Grace R. Velasco
2nd Floor, Waltermart Bldg., Balibago Highway, Santa Rosa City, Laguna
Tel No. (049) 543-0844 Fax No. (049) 543-0852

POLilio - Representative Office
OIC: Maria Ammie B. Candelaria
L-3 Old National Highway, Brgy. Tagapo, Santa Rosa, Laguna
Tel No.: (049) 533-9010

MALAYAN BRANCH
Branch Head: Almiro R. Llave
SSS Bldg., Balagtas Blvd. corner Paulino St., San Pablo City
Tel Nos.: (049) 562-0324, 562-5922, 562-7056, (02) 520-6075 (DH)
Fax No. (049) 562-0921

Robinsons Starmills - Service Office
OIC: Cristina B. Guiao
Robinsons Starmills Pampanga, Brgy. San Jose, City of San Fernando, Pampanga
Tel. No. (045) 300-1013

SAN JOSE DEL MONTE BRANCH
OIC - Branch Head: Ma. Theresa A. Ribuyaco
Starmall San Jose Del Monte, Quirino Highway corner Kaypian Road, Brgy. Kaypian, San Jose Del Monte, Bulacan
Tel. No. (044) 977-0934

STA. MARIA BRANCH
Branch Head: Marites A. Dalope
Angelica Bldg., Gov. F. Halili Ave., Bagbagin Sta. Maria, Bulacan
Tel No. (044) 815-0898

Waltermart Sta. Maria - Service Office
OIC: Sofia U. Suyat
Waltermart, Provincial Road cor., Bypass Road, Barangay Sta. Clara, Sta. Maria, Bulacan
Tel. No. (044) 815-3927

LUCENA BRANCH
Branch Head: Victoria A. Liwanag
Lucena Grand Central Terminal Bldg., Diversion Road, Ibayang Dubay, Lucena City
Tel. No. (042) 710-8626, 373-6421 Fax No. (042) 710-4240

GUMACA - Service Office
OIC: Rafael A. Palma
R. Alvarez Bldg., No. 13 Tañada St., Brgy. Pipisik, Gumaca, Quezon
Tel. No. (042) 717-0995

Alabat - Representative Office
OIC: Maria Sherryl M. Madrigal
Municipal Compound, Brgy. 1, Poblacion, Alabat, Quezon

BIÑAN BRANCH
Branch Head: Roberta S. Pagayunan
Central Mall Biñan, Malvar St., San Vicente, Biñan, Laguna
Tel. Nos. (049) 411-4861 Fax No. (02) 429-4821

Waltermart Makiling - Service Office
OIC: Enrico M. Cabrera
Barangay Makiling, National Highway, Calamba, Laguna

CARMONA BRANCH
OIC - Branch Head: Eva E. Tomenio
ESJBD Bldg., Governor’s Drive, Maduya, Carmona, Cavite
Tel. No. (046) 413-0683

GMA - Representative Office
OIC: Olive D. Abenida
Municipal Hall, GMA, Cavite

DASMARIÑAS BRANCH
Branch Head: Sonia H. Porras
Central Mall, Km. 28, Salitrang Road cor. Aguinaldo Highway, Dasmarinas, Cavite
Tel. No. (046) 416-6443, 416-6170

Robinsons Place Dasmarinas - Service Office
OIC: Aida L. Ibasco
G/F, Emilio Aguinaldo Highway cor. Governors Drive, Sitio Palapala, Dasmarinas, Cavite
Tel No. (046) 533-3010

INFASTA BRANCH
Branch Head: Eleanor R. Ebreo
CNV Business Hub, 311 Gen. Luna St., Infanta, Quezon
Tel No. (042) 535-2707

POLilio - Representative Office
OIC: Gwendolyn Cristostomo
Municipal Hall, Polilio Island
Every 2nd Wednesday of the month
STA. CRUZ BRANCH
Branch Head: Roman R. Belen
Agustin Lo Bldg., Brgy. Pagsawitan, Sta. Cruz, Laguna
Tel./Fax No. (049) 501-4531

Centro Mall, Los Banos – Service Office
OIC: Neil Nobillos
Centro Mall, Lopez Avenue, Brg. Batong Malake, Los Banos, Laguna
Tuesday – Saturday 9:00 am – 6:00 pm

Siniloan – Service Office
OIC: Cedric P. Ramores
Temprosa Bldg., Bagong Barangay Siniloan, Laguna
Mon-Fri 8:00 am – 5:00 pm

TAGAYTAY BRANCH
Branch Head: Monica P. Dino
JPD Bldg., Calamba Road, Brgy. San Jose, Tagaytay City
Tel. No. (046) 413-4612
Fax No. (046) 413-0385

LUZON SOUTH 2 DIVISION
Division Head: VP Manolito C. Tagalog
SSS Bldg., National Highway, Kumintang Ilaya, Batangas City

BATANGAS BRANCH
Branch Head: Joseph Pedley V. Britanico
SSS Bldg., National Highway, Kumintang Ilaya, Batangas City
Tel. Nos. (043) 723-5185, 723-2673, 723-2470 Mon-Fri 8:00 am – 5:00 pm
Fax No. (043) 723-0766

BOAC BRANCH
Branch Head: Santisima Rosario C. Baac
10 De Octubre St., Brgy. Malusak, Boac, Marinduque
Tel. No. (042) 332-1872

CALAPAN BRANCH
Branch Head: Roberto D. Marcelo
Uy Bldg., Corner Roxas and Governor Ignacio Streets, Lumang Boyan, Calapan City, Oriental Mindoro

Tel. Nos. (043) 288-2267 * 286-7133 * 288-2427
Fax No. (043) 288-2267

Bongabong - Service Office
OIC: Ryan A. Lubos
Tel. No. (043) 283-5110

Pinamalayan - Representative Office
OIC: Renato A. Castro
Business 1-stop Shop, Municipal Compound of Pinamalayan, Pinamalayan, Oriental Mindoro
Every Thursday

LEMERY BRANCH
OIC – Branch Head: Jessica M. Agbay
Xentro Mall, Ilustre Avenue, Lemery, Batangas
Tel. No. (043) 318-2623, 318-2470

Balayang - Service Office
OIC: William T. Ballelos
PED Realty & Devt. Corp. Building, PED Plaza Business Center, Batangas
Tel. No. (043) 706-4197

Lipa Branch
Branch Head: Edwin S. Igharas
AMR Business Center, Pilahan, Sabang, Lipa City
Tel. No. (043) 756-7507 * 757-1365
Fax No. (043) 756-1953

Palawan Branch
OIC – Branch Head: Abdulatib A. Abirin
Go Siong Kuan Bldg., Lacao St., Puerto Princesa City, Palawan
Tel. Nos. (048) 433-7147, 433-7148, 433-1671
Fax No. (048) 433-2726

Brookes Point - Service Office
OIC: Merly P. Gabo
Brooke’s Point Municipal Hall Building, Brooke’s Point, Palawan

Robinsons Place Palawan - Service Office
OIC: Maria Socorro M. Katon
National Highway, Barangay San Manuel, Puerto Princesa City, Palawan

Taytay, Palawan - Service Office
OIC: Zenia S. Delcoro
Taytay Municipal Hall Building, Taytay, Palawan

Coron - Representative Office
OIC: Mayette Bautista
Municipal Hall, Poblacion Coron, Palawan
Quarterly (2 weeks duty)

ODIONGAN BRANCH
OIC – Branch Head: Imelda G. Familaran
FLH Promenade Suite, Plaridel Street, Sittio Cocoville, Dapawan, Odiongan, Romblon
Tel. No. (042) 567-5114

Romboln – Representative Office
OIC: Ruth Bacasmo
4F Capitol Bldg., Romboln, Romboln
Every 4th week of the Month - Wednesday to Friday

Sibuyan – Representative Office
OIC: Noemi Famisaran
Municipal Hall, Sibuyan Island
Every 3rd week of the month 8am - 5pm (Wed -San Fernando; Thur – Cadjiodiocan; Fri - Magdiwang)

San Jose, occ. Mindoro Branch
Branch Head: Frederick D. Isip
Magsino Bldg., cor Palma and Sikatuna Sts., San Jose, Occidental Mindoro
Tel. No. (043) 491-7958

DAC - Bicol Branch
Division Head: VP Nilo D. Despuig
SSS Bldg., Concepcion Pequeña, Naga City
Tel. No. (054) 250-8120
Fax No. (054) 440-3140

Jose Panganiban - Representative Office
OIC: Gemma L. Moreno
Municipal Hall, Jose Panganiban, Camarines Norte
2nd and last Friday of the month
9:30 am to 4:00 pm

Labo - Representative Office
OIC: Alissa Cleotilde Avellana/ Odessa Necio
Municipal Hall, Labo, Camarines Norte
Thursday (8am - 5pm)

GOA BRANCH
Branch Head: Beatriz C. Gumabao
Uy Bldg., Scout Fuentebella Street, Goa, Camarines Sur
Tel. No. (054) 453-0260
Fax No. (054) 453-1386

Ocampo - Representative Office
OIC: Elenita C. Casi
Municipal Hall, Ocampo, Camarines Sur
Wednesday 8am - 12pm

IRIGA BRANCH
Branch Head: Prisco S. Sorsona
Cerillo Bldg., No. 272 National Highway, San Nicolas, Iriga City, Camarines Sur
Tel. No. (054) 456-0876
Fax No. (054) 299-2530

LEGAZPI BRANCH
Branch Head: Elenita S. Samblero
Morante Bldg., Imperial Court Subd., Phase II, Legazpi City
Tel. Nos. (054) 480-7074
Fax No. (054) 480-7074

Ligao - Service Office
OIC: Rolando G. Gomez
FOREIGN REPRESENTATIVE OFFICES

ASIA AND PACIFIC

BRUNEI DARUSSALAM
Embassy of the Philippines
Simpang 336, Diplomatic Enclave
Kampung Kianggeh, Jalan Kebangsaan
Bandar Seri Begawan Negara, Brunei Darussalam 00673
Telefax Nos. (673) 222-1173
Email: siamc@sss.gov.ph
Representative: Mary Jessielyn C. Sia

HONG KONG, SAR
Philippine Consulate General
14th Floor United Center Building
95 Queensway, Admiralty, Hong Kong S.A.R.
Tel. Nos. (852) 2143-6394; 2528-6971; 2377-9556
Email: simbolll@sss.gov.ph / balicasrs@sss.gov.ph
Representative: Lucille Blessilda L. Simbol / Rhea S. Balicas

MACAU, SAR
Philippine Consulate General
Units 1404-1406, 14/F AIA Tower
Avenida Comercial de Macau, Macau SAR
Mobile No.: (853) 6641-8717
Email: mon_cheng03@yahoo.com
Representative: Kristmond Rolly B. Cheng

MALAYSIA
Embassy of the Philippines
No. 1 Jalan Changkat Kia Peng, 50450 Kuala Lumpur, Malaysia
Mobile No. (601) 787-01944
Email: sss_sa_malaysia@yahoo.com
Representative: Ranulfo B. Tanquezon

SINGAPORE
Embassy of the Philippines
20 Nassim Road, Singapore 258395
Mobile No.: (65) 9759-2520
Email: clementeed@sss.gov.ph / sssatsingapore@yahoo.com
Representative: Elena DG. Clemente

TAIPEI, TAIWAN
Manila Economic and Cultural Office
10th Floor, No. 309 Songjiang Road
Zhong Shan District, Taipei City 10483, Taiwan (R.O.C.)
Tel No. (8862) 2507-9187
Fax No. (8862) 2507-9181
Mobile No.: (886) 926-382563
Email: leslie_sss responses@yahoo.com
Representative: Leslie P. De Leon

MIDDLE EAST

ABU DHABI, UAE
Embassy of the Philippines
W-48, Street No. 8, Sector 2-23, Plot 51
Al Qubaisat, Abu Dhabi, United Arab Emirates
Email: velasco_2012@yahoo.com
Representative: Ruel A. Velasco

AL KHOBAR, KSA
Al Ajaji Bldg., 1st St, cross King Abdullah Street, Al Shamalia District, P.O. Box 2539,
Al Khobar 31952, Kingdom of Saudi Arabia
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