

# INSTALLMENT PROPOSAL

Under Republic Act No. 11199 or the Social Security Act of 2018

## Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

\_\_\_\_\_  
(DD Month YYYY)

**TO THE SOCIAL SECURITY SYSTEM:**

Pursuant to Republic Act No. 11199, the "Social Security Act of 2018", and its implementing rules and regulations, I/We, \_\_\_\_\_  
(Name)  
, \_\_\_\_\_ of \_\_\_\_\_, with Employer ID Number \_\_\_\_\_  
(Position, if applicable) (Name of Business Entity, if applicable)  
\_\_\_\_\_ and principal place of business at \_\_\_\_\_,  
(Employer ID Number) (Address)

hereby apply for condonation of penalties on all unremitted/under-remitted or delinquent SS contributions amounting to \_\_\_\_\_ pesos  
(Amount in Words)

(Php \_\_\_\_\_) and submit the following for consideration of the SSS:  
(Amount in Figures)

1. Proof of down payment in the amount of \_\_\_\_\_ pesos (Php \_\_\_\_\_) under  
(Amount in Words) (Amount in Figures)  
official receipt number \_\_\_\_\_ dated \_\_\_\_\_  
(Receipt Number) (DD Month YYYY)  
paid at \_\_\_\_\_ in \_\_\_\_\_  
(Name of Collecting Agent) (Place of Payment)  
Representing \_\_\_\_\_ percent (\_\_\_%) of the total contribution  
(Percentage)  
delinquency;
2. Promissory note to pay the SSS the amount of \_\_\_\_\_ pesos (Php \_\_\_\_\_) per month  
(Amount in Words) (Amount in Figures)  
inclusive of six percent (6%) interest per annum, within a period of \_\_\_\_\_  
(Number of Months) (DD Month YYYY); and
3. The corresponding Contribution Collection List/s for the total contribution delinquency; and
4. Secretary's Certificate (if corporation).

I/We undertake to submit the corresponding post-dated checks, if required, and Payment Forms and the Contribution Collection List/s corresponding to the months covered not later than **fifteen (15) calendar days** from receipt of Notice of Approval of this proposal.

I/We further undertake that should the settlement of contributions through this application result in additional benefits for contingencies that have occurred prior to the date of settlement or shall occur within the installment period, I/we shall pay the SSS damages in accordance with the provisions of the Social Security Act of 2018.

I/We further agree that failure on my/our part to disclose and remit any/all of my/our delinquent contributions will result in the reimposition of penalties that have been condoned under this Program.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Official Designation