Republic of the Philippines
SOCIAL SECURITY SYSTEM/GOVERNMENT SERVICE INSURANCE SYSTEM
CERTIFICATION OF TOTAL CONTRIBUTIONS UNDER THE PORTABILITY LAW

(Please Use Black Ink Only)

<table>
<thead>
<tr>
<th>NAME OF MEMBER:</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS NUMBER:</td>
<td>GSIS MEMBERSHIP NUMBER:</td>
<td>CLAIM TYPE:</td>
<td>Medicare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sickness</td>
</tr>
</tbody>
</table>

**SSS / GSIS Certification**

This is to certify that the above member has:

- [ ] _________ total number of contributions
  - from ___________ to ___________

- [ ] separated from employment on ___________

Printed Name and Signature of Certifying Official:

Position/Title: Date:

This is to certify that the above member has:

- [ ] _________ total number of overlapping contributions
  - from ___________ to ___________

Printed Name and Signature of Certifying Official:

Position/Title: Date: