



Republic of the Philippines  
 SOCIAL SECURITY SYSTEM/GOVERNMENT SERVICE INSURANCE SYSTEM



**CERTIFICATION OF TOTAL CONTRIBUTIONS  
 UNDER THE PORTABILITY LAW**

*(Please Use Black Ink Only)*

NAME OF MEMBER:		Last Name	First Name	Middle Name
SS NUMBER:	GSIS MEMBERSHIP NUMBER:	CLAIM TYPE: <input type="checkbox"/> Disability <input type="checkbox"/> Death/Survivorship <input type="checkbox"/> Medicare <input type="checkbox"/> Sickness <input type="checkbox"/> Old Age/Retirement		
<b>SSS / GSIS Certification</b>				
This is to certify that the above member has:		Printed Name and Signature of Certifying Official:		
<input type="checkbox"/> _____ total number of contributions from _____ to _____		Position/Title:		Date:
<input type="checkbox"/> separated from employment on _____				
This is to certify that the above member has:		Printed Name and Signature of Certifying Official:		
<input type="checkbox"/> _____ total number of overlapping contributions from _____ to _____		Position/Title:		Date: