

APPLICATION FOR INSTALLMENT PAYMENT

(For Single Proprietorship/ Corporation/ Partnership/ Cooperative/ Joint Venture/
Association and Other Institutions)

Date: _____

TO THE SOCIAL SECURITY SYSTEM:

This is to formally acknowledge and admit the Social Security (SS) and/or Employees' Compensation (EC) contribution delinquency/ies, including the corresponding penalty/ies of _____ (Name of Employer) with Employer ID No. _____ and with registered business address at _____.

I/We are not capable of paying my/our delinquency/ies in full or have no other means to settle my/our total obligations with the SSS. Thus, I/we would like to avail of the installment payment offered by the Social Security System (SSS) under Circular No. _____ with regard to the settlement of my/our said obligations and to pay the same in the following manner:

Period of Delinquency/ies	Total Amount of Delinquency/ies	
	Principal	Penalty (As of _____)
_____	SS Contributions	P 00.00
_____	EC Contributions	P 00.00
_____	Total Amount	P 00.00

To be paid in the following manner:

Downpayment: (Minimum of 5%)	P 00.00
Remaining Balance:	To be paid in _____ () months starting _____ P 00.00

To support this application, the following documents are hereto attached:

For Corporation/ Partnership/Cooperative/Joint Venture/Association and Other Institutions:	For SSS Use Only
1. Validated Contribution Payment Form/ Payment Slip amounting to at least five percent (5%) down payment of the total delinquency;	
2. Collection List for Contributions covering the applicable period/s of delinquency;	
3. Validated Miscellaneous Payment Form for damages incurred due to Employer's Liability, if any (Section 24 (a) and (b) of Social Security Act of 2018);	
4. Latest General Information Sheet (GIS) or Articles of Incorporation if no GIS, Articles of Partnership, Articles of Cooperation, Joint Venture Agreement, and other documents showing the responsible officers; and	
5. Duly Notarized Secretary's Certificate authorizing any Officer of the Employer, if existing, to sign the Installment Payment Agreement (IPA) (Annex "B"). The same shall not be required if the delinquent employer had terminated/ceased operations.	
For Single Proprietorship	
1. Validated Contribution Payment Form/ Payment Slip amounting to at least five percent (5%) down payment of the total delinquency;	
2. Collection List for Contributions covering the applicable period/s of delinquency;	
3. Validated Miscellaneous Payment form for damages incurred due to Employer's Liability, if any (Section 24 (a) and (b) of Social Security Act of 2018); and	
4. Current/Latest Business Permit or Department of Trade and Industry (DTI) Registration or a Certification from the BPLO if the employer had ceased operations.	

I/We hereby confirm that I/we have carefully read and understood the provisions of SSS Circular No. _____, and hereby commit to comply, upon approval of this Application, with the terms and conditions of the Installment Payment Agreement (IPA) for the settlement of my/our total obligations with the Social Security System.

(Signature over Printed Name)_____
(Official Designation)


APPLICATION FOR INSTALLMENT PAYMENT

(For Household Employer)

Date _____

TO THE SOCIAL SECURITY SYSTEM:

This is to formally acknowledge and admit the Social Security (SS) and/or Employees' Compensation (EC) contribution delinquencies, including the corresponding penalty/ies, for my household employee/s under my Household Employer ID No. _____ and with residential address at _____.

I am not capable of paying my delinquency/ies in full or have no other means to settle my total obligations with the SSS. Thus, I would like to avail of the installment payment offered by the Social Security System (SSS) under Circular No. _____ with regard to the settlement of my obligations and to pay the same in the following manner:

Period of Delinquency/ies	Total Amount of Delinquency/ies		
		Principal	Penalty (As of _____)
_____	SS Contributions	P 00.00.	P 00.00
_____	EC Contributions	P 00.00	P 00.00
_____	Total Amount	P 00.00	P 00.00

To be paid in the following manner:

Downpayment : (Minimum of 5%)		P 00.00
Remaining Balance:	To be paid in _____ (____) months starting _____	P 00.00

To support this application, the following documents are hereto attached:

	For SSS Use Only
1. Validated Contribution Payment Form/ Payment Slip amounting to at least five percent (5%) down payment of the total delinquency;	
2. Collection List for Contributions covering the applicable period/s of delinquency;	
3. Validated Miscellaneous Payment Form for damages incurred due to Employer's Liability, if any (Section 24 (a) and (b) of the Social Security Act of 2018).	

I hereby confirm that I have carefully read and understood the provisions of SSS Circular No. _____, and hereby commit to comply, upon approval of this Application, with the terms and conditions of the Installment Payment Agreement (IPA) for the settlement of my total obligations with the Social Security System.

(Signature over Printed Name)
Contact No. _____

