



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

[Branch / Department]

[Address]

[Telephone No. • E-mail Address]

## NOTICE OF DEFAULT

\_\_\_\_\_ Date

Mr./Ms. \_\_\_\_\_

ER Name: \_\_\_\_\_

ER ID No: XX-XXXXXXX-X

Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Sir/Madam:

Our records show that you have failed to comply with your obligations under the Installment Payment Agreement (IPA) dated \_\_\_\_\_, as follows:

- Default in Monthly Installment Payment
- Non-Payment of Current Contributions
- Non-Payment of Sickness/Maternity Benefits of employees
- Non-Payment of Employer Liability for damages

Please settle your obligation/s within five (5) working days from receipt of this Notice. Otherwise, we shall terminate your IPA and the SSS shall collect the balance of your delinquency pursuant to Section 8 of SSS Circular No. \_\_\_\_\_.

If paid, please send proof/s of payment.

If you have queries, please contact your assigned Account Officer \_\_\_\_\_ through electronic mail at (*email address*) or call at the above-stated office telephone number.

Very truly yours,

\_\_\_\_\_  
 Branch Head/Dept. Manager

*Qm*