



Republic of the Philippines
SOCIAL SECURITY SYSTEM

[Branch / Department]
[Address]
[Telephone No. • E-mail Address]

NOTICE OF TERMINATION

(Employer with Post-Dated Checks)

_____ Date

Mr./Ms. _____

ER Name: _____

ER ID No: XX-XXXXXXX-X

Address: _____

_____ Email: _____

Sir/Madam:

Please be informed that your Installment Payment Agreement (IPA) dated _____ is hereby **TERMINATED** due to the following ground/s:

- Default on Two (2) Monthly Installments
- Non-Payment of Current Contributions
- Non-Payment of Sickness/Maternity Benefits of Employees
- Non-Payment of Employer Liability for Damages

We would like to remind you that due to the termination of your IPA, your outstanding delinquency has become due and demandable. However, we are giving you five (5) working days from receipt of this Notice to request for a reconsideration before our office subject to the approval of our duly authorized officer. Otherwise, the SSS will avail of all remedies and/or reliefs under the Social Security Act of 2018 due to the violation/s committed under the IPA.

Due to the termination of your IPA, we will be returning the remaining post-dated checks you issued. Please coordinate with 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



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NOTICE OF TERMINATION

(Employer without Post-Dated Check)

Date

Mr./Ms. _____

ER Name: _____

ER ID No: XX-XXXXXXX-X

Address: _____

Email: _____

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