

# Republic of the Philippines SOCIAL SECURITY SYSTEM MATERNITY NOTIFICATION (FOR EMPLOYED MEMBER)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS BELOW BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS.

TO BE FILLED OUT BY MEMBER			
A. MEMBER'S DATA			
SS NUMBER COMMON REFERENCE NUMBE	R (IF ANY) DATE OF BIRTH	(MMDDYYYY) TAXPAYER II	D NUMBER
NAME (LAST NAME) (FIRST NAME)	(MIDDI	LE NAME)	(SUFFIX)
MAILING ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.) MOBILE/CELLPHONE NUM	BER E-MAIL ADDRES	S	
<b>. .</b>	1 1 1 1		
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	POSTAL CODE
B. OPTIONAL ALLOCATION OF MATERNITY LEAVE CREDITS			
DO YOU WANT TO ALLOCATE PORTION OF YOUR MATERNITY LEAVE CREDITS?			
Yes. I want to allocate days, which shall be deducted from my SSS maternity benefit, to:			
(number of days)			
Name:			
Relationship: Child's father Alternate caregiver			
☐ No. I want to avail the full SSS maternity benefit.			
C. CERTIFICATION			
I certify that:			
a. my expected date of delivery is on; a	ind		
b. the information provided in this form are true and correct.			
PRINTED NAME	SIGNATURE		DATE
FININIEDINAME	SIGNATURE		DAIL

## **INSTRUCTIONS**

### FOR EMPLOYED MEMBER

- 1. Fill out this form in one (1) copy.
- 2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 3. Affix initials on all alterations/erasures in this form.
- 4. Accomplish Part B, if you will allocate a portion of your maternity leave credits [maximum of seven (7) days to your child's father or in his absence, incapacity, or death, to an alternate caregiver who may be your relative within the fourth degree of consanguinity or your current partner sharing the same household.
- 5. Attach any of the following proofs of pregnancy:
  - a. Result of pregnancy test duly signed by the physician/municipal health officer; or
  - b. Result of other diagnostic tests which may include any of the following:
    - Ultrasound
    - Blood Pregnancy Test (Beta HCG)
    - Early Pregnancy Factor
- 6. Submit this Maternity Notification together with the proof of pregnancy to your employer.

# FOR EMPLOYER

Submit the Maternity Nofication immediately to SSS after receipt from the employee thru the Employer's My.SSS account.

### **REMINDERS**

(Under R.A. 11199 and R.A. 11210)

- 1. The member, upon confirmation of pregnancy, shall immediately notify her employer of such pregnancy thru submission of Maternity Notification.
- 2. The employer, in turn, shall transmit the Maternity Notification to the SSS immediately after the receipt from the employee thru the Employer's My.SSS account.
- 3. Receipt of Maternity Notification does not guarantee payment of maternity benefit. Payment of benefit shall be based on existing SSS policies and guidelines.
- 4. Allocation of maternity leave credits shall only be allowed if the child's father or alternate caregiver is currently employed.
- 5. Member should have at least three (3) posted monthly contributions within the twelve (12)-month period immediately preceding the semester of delivery/miscarriage/Emergency Termination of Pregnancy (ETP).
- 6. Payment of maternity benefit automatically disqualifies the member from availing of sickness benefit for the same period.
- 7. The full payment of maternity benefit shall be advanced by the employer within thirty (30) days from the filing of maternity leave application.