AFFIDAVIT OF UNDERTAKING

(Non-Receipt of Advance Payment for Sickness/Maternity Benefit)

I, _							_, of	(Citizenship)	citiz	zenship,	
legal	202		(Name) single/married, wit			residen	ce/postal		nsnip) address		
legai	age,	Single/manie	,	VVILII			ze/postai	and	with	at Social	
	(0.0) (0	(Add									
Securit	y (SS)/Comr	non Reference (CR)	number ₋		(SS/CR N	lumber)	, aft	er having b	een swo	orn to in	
accord	ance with lav	, hereby depose an	d state, th	nat:	(00,0111						
4					_			0:-10-	<u>:</u> 0.		
1.	I,	(Name)			, a	m a mer	nber of the	e Social Se	curity Sy	/stem;	
2	Lwoo on	ampleyee of							ط طائد	uninaaa	
2.	. I was an employee of(Name of						mployer) , with business				
	address at						, from			and	
	address at(Address)							(MM/DD	/YYYY)		
	was separated on (MM/DD/YYYY)										
2	That I did n		`	,	icknoss/	matarnit	v bonofit fr	om my omr	olovor		
3.	That I did not receive any advance payment of sickness/maternity benefit from my employer.										
4.	That I cannot secure a certificate of separation and non-advance payment of my sickness/maternity benefit due to the reason/s stated below:										
	 [] I have a pending case before a court regarding my separation from employment; [] I was separated from the company due to Absence Without Official Leave (AWOL); [] With strained relations with my employer; [] My current address is more than 30 kilometers from the employer's address; [] My record from the former employer is no longer available. 										
5.	I undertake to return to SSS or to allow the necessary deduction from my future SSS benefits the full amount I will receive in connection with this SS sickness/maternity benefit claim in case it is proven that I have given false information;										
6.	I understand that I may be criminally liable for any false statement or misrepresentation made in this document or in other documents submitted in connection with my claim; and										
7.	I am executing this affidavit to attest to the truthfulness, veracity and due execution of the foregoing statements and this document.										
In	witness	hereof, I hereby	y sign	my	name	below	on _			in	
		·						AFFIANT e Over Print	ed Nam	ne)	
		AND SWORN to be rnment-issued iden at									

SSS Administering Officer (Signature Over Printed Name)