

Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

**AFFIDAVIT OF UNDERTAKING
(Sickness/Maternity Benefit Claim)**

I, _____, of legal age, _____ citizen, single/married, with address at _____, after having been sworn in accordance with law, hereby depose and state, that:

1. I, _____ is a member of the Social Security System (SSS) with SS Number/Common Reference Number _____;
2. I was an employee of _____, with business address at _____, from _____ and was separated on _____;
(MM/DD/YYYY) (MM/DD/YYYY)
3. That I cannot secure a certificate of separation and non-advance payment of my sickness/maternity benefit due to the reason/s stated below:
 The company is on strike.
 I have a pending labor case with the company.
 Company has ceased operation.
 I was separated from the company due to Absence Without Official Leave (AWOL).
 With strained relations with my employer.
 Others (Please specify) _____
4. In case it is proven that I have given false information, I undertake to return or to be deducted from future benefits due me in full the amount I have received from the SSS;
5. I am aware that I may be criminally liable for any false statement or representation made in this document or for any other documents submitted in connection with my claim; and
6. I am executing this affidavit to attest to the truthfulness, veracity and due execution of the foregoing statements and this document.

Affiant further sayeth naught.

_____, _____
(Date) (Place)

AFFIANT
(Signature over Printed Name)

SUBSCRIBED AND SWORN to me this _____ day of _____ 20 _____, affiant exhibiting to me his/her Community Tax Certificate No. _____ issued on _____ at _____ and Identification Card with No. _____ issued by _____ on _____ / valid until _____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____