Republic of the Philippines
SOCIAL SECURITY SYSTEM
SICKNESS BENEFIT REIMBURSEMENT APPLICATION

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT WWW.SSS.GOV.PH

PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

<table>
<thead>
<tr>
<th>SS NUMBER</th>
<th>COMMON REFERENCE NO.</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>TAX IDENTIFICATION NUMBER</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>(LAST NAME)</th>
<th>(FIRST NAME)</th>
<th>(MIDDLE NAME)</th>
<th>(SUFFIX)</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>LOCAL ADDRESS</th>
<th>(BARANGAY/DISTRICT/LocaLITY)</th>
<th>(SUBDIVISION)</th>
<th>(CITY/MUNICIPALITY)</th>
<th>(PROVINCE)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>TELEPHONE NO. (AREA CODE + TEL. NO.)</th>
<th>MOBILE/CELLPHONE NO.</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>FOREIGN ADDRESS (if applicable)</th>
<th>COUNTRY</th>
<th>ZIP CODE</th>
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</table>

I CERTIFY THAT:

a) The information provided are true and correct; and
b) I actually received the amount of benefit due as indicated in Part II of this form. (Do not sign if the amount is not actually advanced)

PRINTED NAME: ____________________________ SIGNATURE: ____________________________ DATE: ____________

If member cannot sign, affix fingerprints. Please read instruction No. 6 at the back of the form.

Below are the witnesses to fingerprinting:

1) PRINTED NAME: ____________________________ SIGNATURE: ____________________________ DATE: ____________

ADDRESS & CONTACT NUMBER: ____________________________

2) PRINTED NAME: ____________________________ SIGNATURE: ____________________________ DATE: ____________

ADDRESS & CONTACT NUMBER: ____________________________

RIGHT THUMB: ____________________________ RIGHT INDEX: ____________________________

PART II - TO BE FILLED OUT BY THE EMPLOYER

A. EMPLOYER DATA

SICKNESS BENEFIT TYPE

☐ SOCIAL SECURITY (SS)  ☐ EMPLOYEES’ COMPENSATION (EC)

EMPLOYER NUMBER: ____________________________ TAX IDENTIFICATION NUMBER: ____________________________

TYPE OF EMPLOYER

☐ Business  ☐ Household

EMPLOYER NAME: ____________________________

EMPLOYER ADDRESS | (BARANGAY/DISTRICT/LocaLITY) | (SUBDIVISION) | (CITY/MUNICIPALITY) | (PROVINCE) |
<table>
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</table>

TELEPHONE NO. (AREA CODE + TEL. NO.) | E-MAIL ADDRESS | WEBSITE (for business employer) |
<table>
<thead>
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<tr>
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</table>

START (MM/DD/YYYY) | END (MM/DD/YYYY) | TOTAL NO. OF DAYS | CHECK APPLICABLE BOX |
<table>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>☐ Employee returned to work on ____________</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Employee still on leave/not yet reporting</td>
</tr>
</tbody>
</table>

COMPANY SICKLEAVE (Mark Applicable Box)

☐ Employee has exhausted all current company sickleave with pay;  ☐ Employee still has ____________ company sick leave (SL) with pay for the current year (no. of days)

B. COMPUTATION OF SICKNESS BENEFIT

SOCIAL SECURITY (SS) EMPLOYEES’ COMPENSATION (EC)

<table>
<thead>
<tr>
<th>Total Monthly Salary Credit (TMSC)</th>
<th>Total Monthly Salary Credit (TMSC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divided by 180</td>
<td>Divided by 180</td>
</tr>
<tr>
<td>Average Daily Salary Credit (ADSC)</td>
<td>Average Daily Salary Credit (ADSC)</td>
</tr>
<tr>
<td>Multiplied by 90%</td>
<td>Multiplied by 90%</td>
</tr>
<tr>
<td>Daily Sickness Allowance (DSA)</td>
<td>Daily Sickness Allowance (DSA)</td>
</tr>
<tr>
<td>Multiplied by approved no. of days</td>
<td>Multiplied by approved no. of days</td>
</tr>
<tr>
<td>Amount of Benefit due the Member</td>
<td>Amount of Benefit due the Member</td>
</tr>
<tr>
<td>P</td>
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</tr>
</tbody>
</table>

C. EMPLOYER’S CERTIFICATION

THIS IS TO CERTIFY THAT:

a) The information provided are true and correct;
b) The qualifying contributions of member were paid prior to the date of sickness/injury; and
c) The amount of benefit due as indicated above was advanced to the employee.

SIGNATURE OVER PRINTED NAME: ____________________________ OFFICIAL DESIGNATION: ____________________________ DATE: ____________

SICKNESS BENEFIT REIMBURSEMENT APPLICATION

ACKNOWLEDGEMENT STUB

SS NUMBER/CRN (IF ANY) | NAME OF MEMBER | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) |
<table>
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</tbody>
</table>

START OF SICKNESS (MM/DD/YYYY) | RECEIVED BY | SIGNATURE OVER PRINTED NAME | DATE & TIME | SSS BRANCH |
<table>
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</table>

Perforate Here
### PART III - TO BE FILLED OUT BY SSS

#### A. BRANCH OFFICE

**SCREENING AND RECEIVING RESULTS**
- **ID's Presented by filer:**
  - [ ] ACR Card
  - [ ] Co. authorization letter and company ID
  - [ ] SS Card
  - [ ] Valid ID's
  - [ ] None
- **Form Accomplishment:**
  - [ ] Complete
  - [ ] Incomplete (see remarks)
- **Documents Submitted:**
  - [ ] Complete
  - [ ] Incomplete (see remarks)
- **Eligibility Result:**
  - [ ] Qualified
  - [ ] Not Qualified/Denied/With discrepancies (see remarks)

**SCREENED AND RECEIVED BY**
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**SIGNATURE OVER PRINTED NAME**
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**DATE**
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**TIME**
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**DATE RETURNED**
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#### B. PROCESSING CENTER

**FOR INITIAL FILING**
- **RECEIVED BY**
  - 
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  - 

**SIGNATURE OVER PRINTED NAME**
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**DATE**
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**PROCESSING RESULT**
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**PROCESSED AND ENCODED BY**
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**REVIEW RESULT**
- [ ] Approved
- [ ] Rejected
- [ ] Denied

**REVIEWED BY**
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**SIGNATURE OVER PRINTED NAME**
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**DATE**
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**CONCURRED BY**
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#### INSTRUCTIONS AND REMINDERS

1. Fill out this form in one (1) copy. If member is entitled to SS and EC sickness benefit, fill out Part II B of this form for the computation of both benefits.
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Write SS number and name of member in all documents for submission.
4. Attach original copy of approved Sickness Notification to the Sickness Benefit Reimbursement Application.
5. Present valid identification cards/documents. Refer to attached "List of Filer's Valid Identification (ID) Cards/Documents.
6. If member cannot sign, there should be two (2) witnesses to fingerprinting. One (1) witness is the employer representative/company representative and the other one (1) could be any person.
7. The employer shall advance the amount of benefit due the member upon receipt of the approved sickness notification from SSS.
8. Any alteration must be initialed by the member or the employer/authorized company representative.
9. This form can also be downloaded thru the SSS website (www.sss.gov.ph).

<table>
<thead>
<tr>
<th>Qualifying Conditions</th>
<th>Social Security (SS)</th>
<th>Employees' Compensation (EC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum number of days for hospital or home confinement</td>
<td>At least 4 days</td>
<td>1 day</td>
</tr>
<tr>
<td>Qualifying contributions</td>
<td>Paid at least 3 monthly contributions within the 12-month period immediately preceding the semester of sickness/injury</td>
<td>1st day of employment is covered for work-related sickness/injury</td>
</tr>
<tr>
<td>Company sick leave (SL) with pay</td>
<td>Exhaust all company SL for the current year</td>
<td>Need not exhaust company SL with pay</td>
</tr>
<tr>
<td>Prescriptive period of filing reimbursement</td>
<td>For home confinement, the claim for reimbursement by the employer must be filed within one (1) year immediately after the start of illness. For hospital confinement, it must be filed within one (1) year from the last day of confinement in such hospital.</td>
<td>Three (3) years from the date of sickness/injury</td>
</tr>
</tbody>
</table>

**WARNING!**

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SEC. 28 OF RA 8282 OF THE SS LAW OR UNDER PERTINENT PROVISIONS OF REVISED PENAL CODE AND ART. 207 (B) CHAPTER IX OF PD # 626 as Amended.)
# LIST OF FILER’S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS

## Sickness Benefit Reimbursement Process

### A. Primary ID Cards/Documents
1. Social Security (SS) card
2. Unified Multi-Purpose ID (UMID) card
3. Passport
4. Professional Regulation Commission (PRC) card
5. Seaman’s Book (Seafarer’s Identification & Record Book)

### B. Secondary ID Cards/Documents
1. Alien Certificate of Registration
2. ATM card (with cardholder’s name)
3. Bank Account Passbook
4. Company ID card
5. Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
6. Certificate of License/Qualification Documents from Maritime Industry Authority
7. Certificate of Naturalization
8. Credit card
9. Court Order granting petition for change of name or date of birth
10. Driver’s License
11. Firearm License card issued by Philippine National Police (PNP)
12. Fishworker’s License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
13. Government Service Insurance System (GSIS) card/Member’s Record/Certificate of Membership
14. Health or Medical card
15. Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member’s Data Form
16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
17. ID card issued by professional association recognized by PRC
18. Life Insurance Policy of member
19. Marriage Contract/Marriage Certificate
20. National Bureau of Investigation (NBI) Clearance
21. Overseas Worker Welfare Administration (OWWA) card
22. Philippine Health Insurance Corporation (PHIC) ID card/Member’s Data Record
23. Police Clearance
24. Postal ID card
25. School ID card
26. Seafarer’s Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
27. Senior Citizen card
28. Student Permit issued by Land Transportation Office (LTO)
29. Taxpayer’s Identification Number (TIN) card
30. Transcript of Records
31. Voter’s Identification card or Voter’s Affidavit / Certificate of Registration

### 1. Filed by Employer (Business/Household)
Present the original of any one (1) of the Employer’s **primary** ID cards/documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo.

### 2. Filed by Company Representative
Present the Authorized Company Representative (ACR) Card or if without ACR Card (not available at the time of filing) present the following:

- **2.1** Letter of Authorization (LOA) issued by the employer’s authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and
- **2.2** Original company ID of company representative.

### 3. Filed by Employer Representative

- **3.1** LOA issued by the employer’s authorized signatory reflected in the SS Form L-501
- **3.2** Original company ID of employer representative.