



SIC - 01254 (12-2015)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**EMPLOYER TRANSMITTAL LIST**  
**SICKNESS BENEFIT REIMBURSEMENT APPLICATION**

Date: \_\_\_\_\_

Batch Number \_\_\_\_\_  
*(To be filled out by SSS)*

Name of Employer: \_\_\_\_\_

No. of Claims	PRINTED NAME OF MEMBER (Last Name, First Name, MI)	SS NUMBER	CONFINEMENT PERIOD		REMARKS <i>(To be filled out by SSS)</i>
			FROM	TO	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Note: Please submit three (3) copies of TL upon filing of claims.

**PREPARED BY:**

\_\_\_\_\_  
Signature over printed name  
Authorized Company Representative

**TO BE FILLED OUT BY SSS**

**RECEIVED BY**

\_\_\_\_\_  
Signature over printed name  
Jr./Sr. Member Service Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Branch

**NOTED BY**

\_\_\_\_\_  
Signature over printed name  
SSO III/CEO II

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Branch

**RECEIVED BY PROCESSING CENTER**

\_\_\_\_\_  
Signature over printed name  
Receiving Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time