



(12-2013)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SICKNESS AND MATERNITY BENEFITS
PAYMENT THRU THE BANK FORM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

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

PART I - TO BE FILLED OUT BY EMPLOYER

A. EMPLOYER INFORMATION

TYPE OF TRANSACTION: Enrollment Exemption Amendment Cancellation

EMPLOYER NUMBER EMPLOYER NAME TAX IDENTIFICATION NUMBER

EMPLOYER ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREETNAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

TELEPHONE NUMBER (AREA CODE + TEL. NO.) E-MAIL ADDRESS WEBSITE

B. BANK ACCOUNT INFORMATION

NAME OF BANK BANK ACCOUNT NUMBER TYPE OF ACCOUNT
 Savings Current

BANK BRANCH ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREETNAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

AUTHORIZED/DESIGNATED BANK ACCOUNT SIGNATORY/IES

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME)	POSITION TITLE	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. EMPLOYER CERTIFICATION

I certify that the information provided in this form are true and correct. Also, I certify that I understood the **Instructions and Reminders** indicated at the back of this form.

PRINTED NAME OF AUTHORIZED SIGNATORY SIGNATURE POSITION TITLE DATE

PART II - TO BE FILLED OUT BY BANK

I certify the correctness of the bank account information indicated by the employer herein.

PRINTED NAME SIGNATURE POSITION TITLE DATE

PART III - TO BE FILLED OUT BY SSS

<p>FOR ENROLLMENT, AMENDMENT & CANCELLATION</p> <p>RECOMMENDATION</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> Enrollment BRSTN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p><input type="checkbox"/> Amendment BRSTN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (IF CHANGE OF BANK/BANK BRANCH)</p> <p><input type="checkbox"/> Cancellation</p> <p><input type="checkbox"/> REJECTED (see reason/s at the back)</p>																					<p>FOR EXEMPTION</p> <p>REASON</p> <p><input type="checkbox"/> Location is far from the bank/high risk area</p> <p><input type="checkbox"/> Number of employees of employer is less than 5</p> <p><input type="checkbox"/> Employer cannot afford the average daily balance required by the bank</p> <p><input type="checkbox"/> Others _____</p> <p>RECOMMENDATION</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>Reason _____</p>

<p>PROCESSED BY</p> <p>_____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME</p>	<p>REVIEWED BY</p> <p>_____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME</p>	<p>CONFIRMED BY (FOR EXEMPTION TRANSACTION)</p> <p>_____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME</p>
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INSTRUCTIONS AND REMINDERS

1. Fill out this Form in two (2) copies without erasures and alterations.
2. Place a checkmark on the applicable box.
3. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
4. Use this Form for any of the following purposes:
 - Enrollment - enrollment of the employer in the Sickness & Maternity Benefits Payment thru Bank program
 - Exemption - employers who prefer to receive their reimbursements through checks
 - Amendment - changes or amendments in the employer's bank account information
 - Cancellation - cancellation of employer's enrollment in the program due to closure of employer's bank account or employer has ceased or temporarily suspended its operation
5. For Application for **Enrollment and Amendment**, accomplish **Part I (A to C) of the Form** and submit to your designated SSS-accredited bank. The bank shall certify the correctness of the bank account information and shall forward the Form to SSS.

The bank account signatory/ies specified in this Form shall be the official designated by the employer or the company's Board of Directors as its authorized signatory as appearing in the bank's records.
6. For Application for **Exemption and Cancellation**, accomplish **Part I (A & C) of the Form** and submit to any SSS branch office.
7. The Form shall be signed by the authorized company official who is certified by the employer in the Specimen Signature Card (SSS Form-L501) as the designated signatory.
8. Status of the enrollment/exemption/amendment/cancellation in the program may be verified through the Online Inquiry accessible from MY.SSS web account of the SSS Website at <http://www.sss.gov.ph>
9. Upon approval of the enrollment to the program, all sickness and maternity reimbursements shall be credited to the employer's bank account. Details of payment can be accessed through the SSS Web Inquiry System and through the Online Inquiry accessible from MY.SSS web account of the SSS Website at <http://www.sss.gov.ph>
10. Notify SSS of any change in the bank account information or closure of the bank account immediately by accomplishing this form, to avoid delay in the processing of reimbursement claims.
11. In case of revocation of bank's accreditation with SSS, the employer shall be notified by SSS to open an account at other SSS-accredited bank under this program to avoid delay in the processing of reimbursement claims.
12. In case of bank closure or bank holiday, the benefit reimbursements remitted to the employer's bank account shall be governed by the banking rules and regulations.

FOR REJECTED APPLICATION

We are returning your application for Sickness & Maternity Benefits Payment thru the Bank Program due to the deficiency/ies as indicated below:

Please refile this Form upon compliance of discrepancy/ies.

PROCESSED BY

Signature Over Printed Name

Date & Time

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF R.A. 8282 OR UNDER PERTINENT PROVISION OF THE REVISED PENAL CODE OF THE PHILIPPINES.