

Republic of the Philippines SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONER'S FORM

CERTIFIED BY SSS OFFICIAL/REGULAR EMPLOYEE

PLEASE READ INSTRUCTIONS AND		IS FORM					PRINT A	ALL INF	ORM	ATION I	N CAI	PITAL I	LETTE	RS	
AND USE BLACK INK ONLY.															
OC NUMBER OF RENGIONER	PART I - MEMI				_				100	I-161					
SS NUMBER OF PENSIONER	COMMON REFERENC	E NO. (IF AI	PPLICAL	SLE)	DAI	E OF BII	KIH (IVIN	NUUTT	11)	TIN (IF S	SELF EM	IPLOYED	/EMPLO	YED)	
NAME (SURNAME)	(GIVEN NA	AME)		(MIDD	LE NAM	E)			(SUFF	IX)				
,	,	,		,			,			•	•				
LOCAL ADDRESS (RM/FLR/ UNIT N	NO. & BLDG. NAME)	(H	IOUSE/L	OT/& BI	LOC	K NO.)			(ST	REET N	IAME)				
(BARANGAY/DISTRICT/LOCALITY)	(SUBDIVISION)	(CITY/N	MUNICIP	ALITY)		(PR	OVINCE))					ZIF	CODE	
TELEPHONE NO. (AREA CODE + TEL.	NO.) MOBILE/CELLPHO	ONE NO.		Ī	E-M	AIL ADD	RESS							•	
FOREIGN ADDRESS (IF APPLICABLE)															
							COI	UNTRY	,			ZI	P CO	DE	
TYPE/S OF PENSION/S BEING RECEI	VED. CHECK THE APPRO	PRIATE BO	X/ES.												
	SS Total Disability		EC Total		•			SSE	Death				EC Dea		
IF RECEIVING PENSION UNDER DEAT (SURNAME) (GIV	TH, INDICATE NAME/SS NO /EN NAME)		EASED N LE NAM		₹	(SUFF	IX)		SS	NO. OF	DECE	EASED	MEMI	BER	
F RECEIVING PENSION AS GUARDIA	N INDICATE NAME/SS NO					`	•		99	NO. OF	MEM	BED			
	/EN NAME)		LE NAM	E)		(SUFF	IX)			I I	1 1	JLI. I	1 1	I	Ī
	P	ART II -	QUES	TION	NAII	RE									
1. For retirement pensioner, have you be						[Y	es		1	No				
If yes, name and address of prese															
Date re-employed or resumed self															_
For death pensioner, have you re-man If yes, name of spouse/partner:	ied or currently cohabiting w	vith another p	person?		_	Date of r		es /cohabit	tation:	1	No				
Are you under the care and custody of If yes, name and address of guard		Yes		No											
4. Is there any dependent child who alrea	ady got married, employed or	r died ?		Y	es		No		If yes,	fill out tl	he data	a below	r:		
NAME OF DEPENDENT CHILDREN	NAME OF GUARDIAN, II APPLICABLE	DATE	OF MAR	RRIAGE		DATE EMPLO			ss	S NO.		DA	ΓE OF	DEATH	1
1															
2	 														
3 4	+														
5	-														
I hereby certify that the foregoin	ng information is complete	, true and c	correct to	the be	st of	my know	vledge.								
SIGNATURE OVER PRINTED NAM	ME DATE	<u> </u>													
OF PENSIONER				RIGHT	T THU	ЈМВ				RIGHT	Γ INDEX	(
(If unable to sign, affix fingerprints with submit photocopy of one valid ID with p															
Witnesses to fingerprints:															
1)		2)								_					
SIGNATURE OVER PRINTED NA	RT III - CERTIFICAT	ION OF	SSS C	OFFIC	IAL		JLAR E		.OYE	E		DATE	=		
	(FOI RE	om ce all	a Sur	AIVOI I	CIII	SIUITEI	3)								
												DA	TE		•
I certify that I have personal kno and, furthermore, I attest to the	~	-	ct pensi	ioner be	ecaus	se he/sh	ne is my		relation	nship)					•
Pensioner is living abroa	d	un	able to v	isit SSS						incap	oacitate	ed.			
SIGNATURE OVER PRINTED NA OFFICIAL/REGULAR EMPL		POSI	TION		-	EEI	D NO.		_	DE	PART	MENT/	BRAN	СН	•

For SSS Use Only PART IV - RECOMMENDATION Continue Suspend (Reason)_ Cancel (Reason) ☑Re-adjudicate (Reason) ַ Returned (Reason) Pending (For further evaluation) For Medical Fieldwork Services (MFS) For Fact of Pensioner's Existence (FPE) ☐ For referral to other branch/unit Others REVIEWED &/OR RECOMMENDED BY SIGNATURE OVER PRINTED NAME DESIGNATION DATE APPROVED BY SIGNATURE OVER PRINTED NAME **DESIGNATION** DATE This is your guide to accomplish the **ACOP Form** Republic of the Philippines SOCIAL SECURITY SYSTEM For Retiree or ANNUAL CONFIRMATION OF PENSIONER'S FORM Total Disability CERTIFIED BY SSS OFFICIAL/REGULAR EMPLOYEE Pensioner, fili THIS FORM IS NOT FOR SALE
PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS
AND USE BLACK NIK ONLY. out no. 1 PART I - MEMBER'S / PENSIONER'S INFORMATION SS NUMBER OF PENSIONER COMMON REFERENCE NO. (IF APPLICABLE) DATE OF BIRTH (MMDDYYYY) TIN (IF SELF EMPLOYED) For Survivor Pensioner, fill out nos. 1 & LOCAL ADDRESS (RM/FLR/ UNIT NO. & BLDG. NAME) (HOUSE/LOT/& BLOCK NO.) (STREET NAME) For Pensioner 2 under a Guardian, (BARANGAY/DISTRICT/LOCALITY) (SUBDIVISION) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE fill out nos. 1 & 3 TELEPHONE NO. (AREA CODE + TEL. NO.) MOBILE/CELLPHONE NO. E-MAIL ADDRESS OREIGN ADDRESS (IF APPLICABLE) ZIP CODE

EC Death

SS NO. OF DECEASED MEMBER

SS NO. OF MEMBER

TYPE/S OF PENSION/S BEING RECEIVED. CHECK THE APPROPRIATE BOX/ES.

Retirement SS Total Disability EC To

RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER

(GIVEN NAME)

→ 2

3

(SURNAME)

IE RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER

(MIDDLE NAME)

(SUFFIX)

ACKNOWLEDGEMENT RECEIPT												
SS NUMBER OF PENSIONER									NAME OF PENSIONER	(SURNAME)	(GIVEN NAME)	(MIDDLE NAME) (SUFFIX)
L												
SS NUMBER OF MEMBER									NAME OF MEMBER	(SURNAME)	(GIVEN NAME)	(MIDDLE NAME) (SUFFIX)
Please report for your Annual Confirmation anytime within your or member's birth month; otherwise your pension will be suspended. ISSUED BY:												
SIGNATURE OVER PRINTED NAME OF SSS /BANK PERSONNEL									DESIGN	IATION	DATE	

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