

Republic of the Philippines SOCIAL SECURITY SYSTEM APPLICATION FOR ASSISTANCE DUE TO CALAMITY/DISASTER

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS, REMINDERS AND WARNING AT THE BACK BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL

LETTERS AND USE BI	LACK OR BLUE	INK ON		LED OUT DV D	SENCIONED						
			PART I - TO BE FIL								
A. MEMBER'S/PENSIONER'S INFORMATION S. N.O. /CRN (JE ANY), OF MEMBER NAME OF PENSIONER (LAST NAME) (FIRST							(MIDDLE NA	ME	(8)	IEEIV\	
SS NO./CRN (IF ANY) OF	MEMBER		NAME OF PENSIONER	(LAST NAME)	(FIRST NA	AME)	(MIDDLE NA	ME)	(SL	JFFIX)	
ADDRESS	(RM./FLF	R./UNIT NO.	& BLDG. NAME)	(HOU:	SE/LOT & BLK. NO.)			(STREET	NAME)		
(SUBDIVISION)		(DADANCA)	Y/DISTRICT/LOCALITY)	(CITY/MIII)	NICIPALITY)		(PROVINCE)		T=== 0.0		
(SUBDIVISION)		(BARANGA	I/DISTRICT/EGGALITT)	(CIT I/MO)	NICIFALITT)		(FROVINCE)		ZIP CC	DDE I I	
FOREIGN ADDRESS (IF	ADDI ICADI E)					COUNTR	v		ZIP CC	DDE	
TORLION ADDITION (IF			COONTR	•		2" 00)DL				
TAV IDENTIFICATION N	UMBED ITE	LEDHONI	NUMBER (AREA CODE + TEL. NO.)	MODII E/CELL DI	HONE NUMBER		E-MAIL AI	DDDESS			
TAX IDENTIFICATION N	IUMBER (FANY)	LEPHONE	E INUIVIDER (AREA CODE + TEL. NO.)	WOBILE/CELLPI	I		E-IVIAIL AI	DUKESS			
			HE APPROPRIATE BOX/ES.			NAME OF	CALAMITY /	DISASTER	ł		
☐ RETIREMENT ☐	」SS TOTAL DISA	BILITY	☐ EC TOTAL DISABILITY	☐ SS DEATH	☐ EC DEATH						
			NAME & SS NO./CRN (IF AN	NY). OF DECEASED		SS NO./C	RN (IF ANY) O	F DECEAS	ED MEM	IBER	
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)											
IF RECEIVING PENSION	N AS GUARDIAN, IN	NDICATE	NAME & SS NO./CRN (IF AN	Y). OF MEMBER		SS NO./C	RN (IF ANY) O	F MEMBEF	₹	-1 -1	
(LAST NAME)	(FIRST NA	AME)	(MIDDLE NAM	ΛE)	(SUFFIX)						
							1 1 1	1 1	1 1	1 1	
			B CE	ERTIFICATION							
			form are true and correct.		h the conditions	that shoul	d an overpa	yment be	incurred	d, the	
overpayment snaii	be paid of deduct	lea mom	he future SSS benefits of t	ine undersigned.							
PRI	NTED NAME			SIGNAT	TURE			-	DATE		
If pensioner canno	ot sign, affix finger	prints (pl	ease read Instruction no. 5	at the back).							
Below are the wit				,							
1)											
	NTED NAME		SIGNATURE	D/	ATE						
ADDRESS & Co	ONTACT NUMBER	,									
	ON THOMBEN										
2)	NTED NAME		SIGNATURE		ATE						
ADDRESS & CONTACT NUMBER			OIONATORE	JOIN TOTAL		RIGHT THUMB RIGH		HT INDEX			
ADDRESS & CO	UNTACT NUMBER										
		PAI	RT II - TO BE FILLED (OUT BY BARAI	NGAY CHAIRI	MAN					
This is to	This is to certify that Mr./Ms.						, a bonafide resident of				
	·						is affected b	y the cala	amity/dis	saster	
PRINTED NAME			SIGNATURE		PO	SITION TIT	LE		DATE		
ADDRESS OF BARA	ANGAY OFFICE _										
			PART III - TO B	E FILLED OUT	BY SSS						
CLAIM REFERENCE NU											
RETIREMENT:			TOTAL DISABILITY: SS			SS			-		
DEOEN/ED DV			EC		IDDOOFOOED D		C				
RECEIVED BY					PROCESSED B	Y					
SIGNATURE OVE	R PRINTED NAME	DA	ATE & TIME BRA	NCH	SIGNATUR	RE OVER P	RINTED NAM	1E [DATE & T	IME	
			Pe	rforate Here							
				of the Philippines	- 1.4						
		ADDI IC	SOCIAL SE ATION FOR ASSISTA	ECURITY SYSTE		SASTED					
		AFFLIC				OASIER					
CONO ICON CENTRADA	- FD		ACKNOWLE NAME OF PENSIONER (L.		(GIVEN NAME)		(MIDDLE NA	ME)	(6)	JFFIX)	
SS NO./CRN OF MEMBI	EK 	1 1	INAMIE OF PENSIONEK (L)	NOTIVALIVE)	(GIVEN NAME)		(MIDDLE NA	uv(∟)	(SC	21 1 1A)	
RECEIVED BY		1									
TOLIVED DI											
SIGNATURI	E OVER PRINTED	NAME	POSITION	TITLE	DATE & T	IME		BRANC	H		

INSTRUCTIONS

- 1. Fill out this form in one (1) copy.
- 2. Place a checkmark on the applicable box.
- 3. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 4. Present original and submit photocopy of identification document/s together with this form to the nearest SSS branch office. Filed by pensioner
 - Social Security (SS) Card or Unified Multi-Purpose ID (UMID) Card or Passport or Professional Regulation Commission (PRC) Card
 or Seaman's Book or two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by authorized representative

- Representative's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or any two (2) valid IDs (both with signature and at least one (1) with photo)
- Pensioner's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or any two (2) valid IDs (both with signature and at least one (1) with photo)
- Letter of Authority (LOA) signed by both pensioner and representative
- 5. If pensioner cannot sign, witnesses to fingerprinting shall be as follows:

Filed by pensioner

SSS receiving personnel who shall affix his/her signature on the portion provided in Part I-B.

Filed by authorized representative

- Two (2) witnesses. One (1) witness is the authorized representative himself and the other one (1) could be any person. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided in Part I-B.
- 6. For pensioner receiving two or more pension benefits, he/she shall accomplish only one (1) application form.
- 7. This form can be downloaded thru the SSS Website at www.sss.gov.ph.

REMINDERS

- 1. The check for the assistance due to calamity/disaster shall be mailed to the address indicated in this form.
- 2. Verification of status may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 9206446 up to 55 or 9177777.

WARNING

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