



(BEN - 01194) (10-2014)

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 BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY PENSIONER

A. MEMBER'S/PENSIONER'S INFORMATION

Form section A containing fields for SS NO./CRN, NAME OF PENSIONER, ADDRESS, FOREIGN ADDRESS, TAX IDENTIFICATION NUMBER, TELEPHONE NUMBER, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TYPE/S OF PENSION, and names of deceased members.

B. CERTIFICATION

I certify that the information provided in this form are true and correct. Also, I agree with the conditions that should an overpayment be incurred, the overpayment shall be paid or deducted from the future SSS benefits of the undersigned.

PRINTED NAME SIGNATURE DATE

If pensioner cannot sign, affix fingerprints (please read Instruction no. 5 at the back).

Below are the witnesses to fingerprinting:

Witness information section with fields for 1) and 2) including PRINTED NAME, SIGNATURE, DATE, ADDRESS & CONTACT NUMBER, and fingerprint boxes for RIGHT THUMB and RIGHT INDEX.

PART II - TO BE FILLED OUT BY BARANGAY CHAIRMAN

This is to certify that Mr./Ms. _____, a bonafide resident of _____ is affected by the calamity/disaster

PRINTED NAME SIGNATURE POSITION TITLE DATE

ADDRESS OF BARANGAY OFFICE _____

PART III - TO BE FILLED OUT BY SSS

Form section III containing CLAIM REFERENCE NUMBER, RETIREMENT/DEATH/TOTAL DISABILITY status, RECEIVED BY, and PROCESSED BY fields.

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ACKNOWLEDGEMENT STUB

Form section for ACKNOWLEDGEMENT STUB with fields for SS NO./CRN, NAME OF PENSIONER, RECEIVED BY, SIGNATURE OVER PRINTED NAME, POSITION TITLE, DATE & TIME, and BRANCH.

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.