Republic of the Philippines SOCIAL SECURITY SYSTEM					
FUNERAL CLAIM APPLICATION					
(10-2008)					
Please read the instructions at the back of the form before filling-up the application. Print information in capital letters and use black ink only <b>MEMBER'S INFORMATION</b>					
SS NUMBER         NAME OF MEMBER (Surname )         (Given Name)         (Middle Name)					
TYPE OF CLAIM	TUS DATE OF BIRTH	MM-DD-YYYY) DATE OF DEATH (MM-DD-YYYY)			
Social Security Employees' Compensation					
IS THE DECEASED CURRENTLY RECEIVING SSS PENSION? IF YES, TYPE OF PENSION BEING RECEIVED					
Yes     No     Disability     Death     Retirement					
IF RECEIVING PENSION UNDER DEATH, INDICATE NAME OF DECEASED MEMBER SS NO. OF DECEASED MEMBER					
(Surname) (Given Nam	e) (Middle Name)				
EMPLO	DYMENT HISTORY (Use separate sheet, if	PERIOD OF EMPLOYMENT (MM-DD-YYYY)			
NAME OF EMPLOYER	ADDRESS	From To			
1.					
2.	_				
4.					
	CLAIMANT'S INFORMATION				
SS NUMBER OF CLAIMANT, If any (Suma	OF CLAIMANT	(Middle Name) RELATIONSHIP TO MEMBER			
ADDRESS (Number, Street & Subdivision)	(Barangay) (Town/District) (	City/Province) <b>POSTAL CODE</b>			
GENDER TIN					
Male     Female					
I CERTIFY THAT THE INFO	DRMATION PROVIDED IS TRUE AND COF	RRECT.			
Photo					
SIGNATURE OF CLAIMANT       DATE       1x1         (If claimant cannot sign, fingerprints should be witnessed by two persons)       1x1					
WITNESSES TO FINGERPRINTS					
Please affix signature over prin	ed name and indicate date				
1					
2.		Right Thumb Right Index			
SCREENED BY:	FOR SSS USE FINDINGS:	RECEIVED BY:			
	NO OTHER PENDING CLAIM				
	OTHERS (Specify)				
SIGNATURE OVER PRINTED NAME DATE		SIGNATURE OVER PRINTED NAME DATE			
PROCESSED BY:	REVIEWED BY:	APPROVED BY:			
SIGNATURE OVER PRINTED NAME DATE	SIGNATURE OVER PRINTED NAME DATE	SIGNATURE OVER PRINTED NAME DATE			
SOCIAL S	ECURITY SYSTEM	RECEIVED BY:			
FUNERAL CLAIM APPLICATION					
ACKNOWLEDGMENT STUB					
(10-2008) SIGNATURE OVER PRINTED NAME DATE					
PLEASE PRESENT THIS WHEN INQUIRING ABOUT T WILL BE ENTERTAINED AFTER DAYS FROM T WEBSITE AT www. <u>sss.gov.ph</u> .					
NUMBER (Surname) (Given Name)		ame) (M.I.)			
	(Given N	(111.1.)			

## **INSTRUCTIONS**

- 1. Accomplish this form in one (1) copy without erasures or alterations.
- 2. Support date of death with death certificate (original duplicate/certified true copy/certified photocopy) duly registered with the National Statistics Office/ Local Civil Registrar Office/Parish Church. For member who died abroad, death certificate should be duly registered with the Vital Statistics Office of the country where the member died.
- 3. Attach your recent 1 x 1 photo.
- 4. Affix your fingerprints (right thumb and right index) on the portions provided for in the application form in the presence of an SSS employee. In case the claimant could not sign, fingerprints should be witnessed by two (2) persons, at least one of whom is an SSS employee.
- 5. Present Social Security Card or SS Form E-6 Acknowledgment Stub with 2 valid IDs, at least one (1) with photo or two valid Ids, at least one with photo.
- 6. Present original and submit photocopy of identification cards.
- 7. Write "N/A" for items not applicable.

AMOUNT OF FUNERAL BENEFIT				
DATE OF D	EATH	SSS	ECC	
January	1974	P 750.00		
January	1975	750.00	P750.00	
January	1980	750.00	1,000.00	
June	1981	1,000.00	1,000.00	
June	1984	1,000.00	1,500.00	
August	1986	1,500.00	1,500.00	
January	1987	2,000.00	2,000.00	
May	1987	2,000.00	3,000.00	
May	1988	4,000.00	6,000.00	
September	1990	6,000.00	6,000.00	
May	1992	8,000.00	8,000.00	
May	1993	10,000.00	10,000.00	
May 24	1997	12,000.00	10,000.00	
September	1998	15,000.00	10,000.00	
September	2000 to	20,000.00	10,000.00	
	present			

## AMOUNT OF FUNERAL BENEFIT

## WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMIT ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282)