

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 DEATH		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 present	20,000.00	10,000.00

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)