Republic of the Philippines

SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONER'S FORM

(01-2012)

CERTIFIED BY SSS OFFICIAL/REGULAR EMPLOYEE
(Use black ink only in accomplishing this form)

PART I - MEMBER'S / PENSIONER'S DATA

SS NUMBER OF MEMBER	NAME OF MEMBER (Surname) (Given Name) (Middle Name)
SS NUMBER OF PENSIONER	NAME OF PENSIONER (Surname) (Given Name) (Middle Name)

MAILING ADDRESS OF PENSIONER (No. & Street) (Barangay) (Town District) (City/Province) (Postal Code)	LANDLINE/ MOBILE NO.	E- MAIL ADDRESS	DATE OF BIRTH OF PENSIONER (mm/dd/yyyy)

TYPE OF PENSION/S: ☐ Retirement ☐ SS Total Disability ☐ EC Total Disability ☐ SS Death ☐ EC Death

PART II - QUESTIONNAIRE

1. For retirement pensioner, have you been re-employed/resumed self-employment ? ☐ Yes ☐ No
   If yes, name and address of present employer : _____
   Date re-employed or resumed self-employment : _____

2. For death pensioner, have you re-married or currently cohabiting with another person ? ☐ Yes ☐ No
   If yes, name of spouse/partner: _____ Date of marriage/cohabitation: _____

3. Are you under the care and custody of a guardian? ☐ Yes ☐ No
   If yes, name and address of guardian: _____

4. Is there any dependent child who already got married, employed or died ? ☐ Yes ☐ No If yes, fill out the data below:

NAME OF DEPENDENT CHILDREN	NAME OF GUARDIAN, IF APPLICABLE	DATE OF MARRIAGE	DATE OF EMPLOYMENT	SS NO.	DATE OF DEATH
1					
2					
3					
4					
5					

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

_____ SIGNATURE OVER PRINTED NAME OF PENSIONER

_____ DATE

RIGHT THUMB

RIGHT INDEX

(If unable to sign, affix fingerprints with the signature of two witnesses and submit photocopy of one valid ID with photo and signature of each witness)

Below are the witnesses to fingerprinting:

1) _____ SIGNATURE OVER PRINTED NAME

_____ DATE

2) _____ SIGNATURE OVER PRINTED NAME

_____ DATE

PART III - CERTIFICATION OF SSS OFFICIAL/REGULAR EMPLOYEE
(For Retiree and Survivor Pensioners)

_____ DATE

I certify that I have personal knowledge of the existence of the subject pensioner because he is my _____ (relationship) and, furthermore, I attest to the veracity of the above information.

Pensioner is ☐ living abroad ☐ unable to visit SSS ☐ incapacitated.

_____ SIGNATURE OVER PRINTED NAME OF SSS OFFICIAL/REGULAR EMPLOYEE

_____ POSITION

_____ EE ID NO.

_____ DEPARTMENT/BRANCH

NOTICE: Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Sec. 28 (a) of the Social Security Law and Art.207 (b) Chapter IX of PD # 626).

(DETACH BELOW THIS LINE)

NOTICE OF SCHEDULE

SS NUMBER OF MEMBER/PENSIONER	(Surname) (Given Name) (Middle Name)

Please report for your Annual Confirmation anytime within the month of _____; otherwise your pension will be suspended.

ISSUED BY:

_____ SIGNATURE OVER PRINTED NAME OF SSS PERSONNEL

_____ DESIGNATION

_____ DATE

For SSS Use Only

PART IV - RECOMMENDATION

- ☐ Continue
- ☐ Suspend (Reason)_____
- ☐ Cancel (Reason) _____
- ☐ Re-adjudicate (Reason) _____
- ☐ Returned (Reason) _____
- ☐ Pending (For further evaluation)
  - ☐ X-ray/ECG for reading
  - ☐ For Medical Fieldwork Services (MFS)
  - ☐ For Fact of Pensioner's Existence (FPE)
  - ☐ For referral to other branch/unit
  - ☐ Others _____

REVIEWED & RECOMMENDED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	DESIGNATION	DATE

APPROVED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	DESIGNATION	DATE