

Republic of the Philippines SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONER'S FORM

(01-2012)

Pensioner's Reply (Use black ink only in accomplishing this form)

SS NUMBER OF MEMBER			7			R'S DATA				
SS NUMBER OF MEMBER	, 	1	NAME OF	MEMBER	(Surna	ame) (C	Given Name)	(1)	/liddle Name)	
SS NUMBER OF PENSION	NER		NAME OF	PENSIONE	R (Surna	me) (G	Siven Name)	(1)	/liddle Name)	
				j.		*				
MAILING ADDRESS OF PI (No. & Street) (Barangay			y/Province)	(Postal C	ode)	LANDLINE/ MOBILE NO		DDRESS	DATE OF BIRTH OF PENSIONER (mm/dd/yyyy)	
TYPE OF PENSION/S:	Retireme	ent :	SS Total Di	sability	EC To	tal Disability	SS Deat	th [EC Death	
PART II - QUESTIONNAIRE										
1. For total disability/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				yed or died ?	? Yes No If yes, fill o			s, fill out th	e data below:	
NAME OF DEPENDENT CHILDREN NAME OF C				IARRIAGE	DATE OF EMPLOYMENT	SS NO.		DATE OF DEATH		
1										
3										
4										
5										
I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.										
CIONATURE OVER										
SIGNATURE OVER PRINTED NAME OF PENSIONER			DA	DATE		IGHT THUMB	GHT 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)										
1) SIGNATURE OVER PRINTED NAME DATE					SIGNATURE OVER PRINTED NAME DATE					
PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN (For Retiree and Death Pensioners)										
Check the appropriate box (one only):			nk Manager	Barangay Chairman						
This is to certify that Mr./Ms, a depositor/bonafide resident of personally appeared before the undersigned on										
as compliance to the annual confirmation of pensioners being conducted by the Social Security System.										
SIGNATURE OVER PRINTED NAME DATE										
NOTICE: Anyone who fa imprisonment under the la	isifies ess aw (Sec. 28	ential inform 3 (a) of the So	nation requ ocial Secur	ested by the	his or a re	lated form may, Chapter IX of P	upon convid	ction, be s	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)										
SS NUMBER OF MEMBER	O/DENGIO:	ED	7	OTICE OF S	CHEDULE					
	UFENSION	I I	'	(Surname)		(Given Na	ame)		(Middle Name)	
Places report for your Annual Configuration with the state of the stat										
Please report for your Annual Confirmation anytime within the month of; otherwise your pension will be suspended.										
ISSUED BY:									<u></u> ,	
SIGNATURE OVER PRINTED NAME DESIGNATION DATE OF SSS / BANK PERSONNEL										

For SSS Use Only

PART IV - DOCU	JMENTS SUBMITTED
Type of Compliance : Personal Thru Bank	Thru Representative Thru Mail
	Abroad
	Incapacitated
	Barangay Official
	Institution
PENSIONER IS LIVING ABROAD	PENSIONER IS A LOCAL RESIDENT
Signed letter	Signed letter
Accomplished ACOP Form	Accomplished ACOP Form
Photocopy of valid passport	Sketch of residence
Photocopy of SS Card	Certification from
Photocopy of valid ID issued by host country governmental unit/	Barangay
agency (Pls. specify)	Institution
Photocopy of two (2) valid IDs (Pls. Specify)	Bank
1)	Medical Certificate
2)	Death Certificate
Medical Certificate	Complete physical examination report
Death Certificate	Relevant laboratory or diagnostic result
Complete physical examination report	SS Card
Relevant laboratory or other diagnostic exam results	Two (2) valid IDs (Pls. specify) 1)
Certification issued by (Pls. specify)	2)
ACTION TAKEN/REMARKS	
Identity of pensioner established	
For data capture	
For interview (Lacks valid IDs for the issuance of SS No./Data Ca	pture, etc.)
Deceased Pensioner	
(Date of Death)	
Others	<u> </u>
INTERVIEWED & SCREENED BY	
SIGNATURE OVER PRINTED NAME	DESIGNATION DATE
PART V - RE	COMMENDATION
Continue	
Suspend (Reason)	
Cancel (Reason)	
Re-adjudicate (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	
The state of the s	
SIGNATURE OVER PRINTED NAME	DESIGNATION DATE
A Section of the Control of the Cont	DATE
APPROVED BY	