



Republic of the Philippines
SOCIAL SECURITY SYSTEM
FUNERAL CLAIM APPLICATION

RET - 01222 (12-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph
PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY CLAIMANT

A. DECEASED MEMBER'S INFORMATION

SS NUMBER	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ADDRESS (RM /FLR /UNIT NO & BLDG NAME)	(HOUSE/LOT & BLK NO.)	(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY) ZIP CODE
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others (Pls. indicate)			
DATE OF DEATH (MMDDYYYY)	PLACE OF DEATH	DATE OF INTERMENT (MMDDYYYY)	PLACE OF INTERMENT

B. CLAIMANT'S INFORMATION

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER
SS NUMBER (IF ANY)	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS (RM /FLR /UNIT NO & BLDG NAME)	(HOUSE/LOT & BLK NO.)	(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		

C. CERTIFICATION

I certify that the information provided in this form are true and correct and that I have no prior or pending claim for Funeral Benefit.

PRINTED NAME OF CLAIMANT SIGNATURE OF CLAIMANT DATE

If claimant cannot sign, affix fingerprints (please see Instruction no. 5)

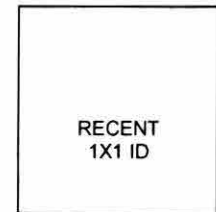
Below are the witness to fingerprinting:

PRINTED NAME SIGNATURE DATE

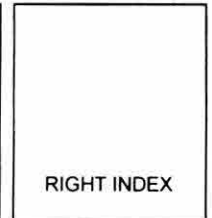
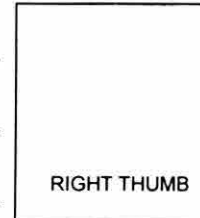
ADDRESS & CONTACT NUMBER

PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER



RECENT
1X1 ID



RIGHT THUMB

RIGHT INDEX

If additional information about me or the deceased member is required, the SSS may reach the persons below:

Name

Address

Contact Number

1) _____

2) _____

-----Perforate Here-----



Republic of the Philippines
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FUNERAL CLAIM APPLICATION
ACKNOWLEDGEMENT STUB

SS NO./COMMON REFERENCE NO. (IF ANY)	NAME OF DECEASED MEMBER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
RECEIVED BY	REMARKS			
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME	BRANCH	

PART II - TO BE FILLED OUT BY SSS

TYPE OF CLAIM <input type="checkbox"/> SS <input type="checkbox"/> EC	TAX IDENTIFICATION NUMBER OF THE CLAIMANT (IF ANY)	
IS DECEASED MEMBER CURRENTLY RECEIVING PENSION? <input type="checkbox"/> Yes (Pls. check type of pension/s) <input type="checkbox"/> No <input type="checkbox"/> No knowledge		
TYPE OF PENSION/S <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Death		
IF RECEIVING SURVIVOR'S PENSION, INDICATE SS NO./COMMON REFERENCE NO. (IF ANY) AND NAME OF MEMBER SS No./Common Reference No. Name of Deceased Member (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)		
IF RECEIVING PENSION AS GUARDIAN OF RETIREE/DISABILITY/SURVIVOR PENSIONER, INDICATE SS NO./COMMON REFERENCE NO. (IF ANY) AND NAME OF MEMBER SS No./Common Reference No. Name of Member (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)		
FINDINGS <input type="checkbox"/> No Pending Claim <input type="checkbox"/> Deceased pensioner has over paid benefit in the amount of P _____. (If with overpayment, request filer to fill-out the "Authority to Deduct from Funeral Benefit") <input type="checkbox"/> Employment History Validated <input type="checkbox"/> Others (Specify): _____ _____ _____ _____		
RECEIVED & PROCESSED BY _____ SIGNATURE OVER PRINTED NAME DATE	REVIEWED BY _____ SIGNATURE OVER PRINTED NAME DATE	APPROVED BY _____ SIGNATURE OVER PRINTED NAME DATE

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Affix your initials on all alterations/erasures in this form.
4. Affix your signature and attach your recent (1 x 1) ID picture on the portions provided for in Part I-C.
5. If claimant cannot sign, witnesses to fingerprinting shall be as follows:
 - a. Filed by claimant
 - SSS receiving personnel who shall affix his/her signature on the space provided and indicate employee number and branch on the "Address and Contact Number" portions provided in Part I-C
 - b. Filed by authorized representative
 - Two (2) witnesses. One (1) is the claimant's representative 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 1-C
6. Please refer to the attached "List of Documentary Requirements for Funeral Benefit Process" for the documentary requirements and identification cards/documents.

REMINDER

Verification of status of claim may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 920-6446 - 55 or 917-7777

WARNING

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