



MCA-01616 (12-2021)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CUSTOMER INFORMATION FORM

THIS FORM MAYBE 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

PART I - TO BE FILLED OUT BY CUSTOMER

A. CUSTOMER DATA

SS NUMBER (IF ANY), COMMON REFERENCE NUMBER (IF ANY), DATE OF BIRTH (MMDDYYYY), TAXPAYER ID NUMBER (IF ANY), NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME, HOUSE/LOT & BLK. NO., STREET NAME, SUBDIVISION, BARANGAY/DISTRICT/LOCALITY, CITY/MUNICIPALITY, PROVINCE, POSTAL CODE), TELEPHONE NUMBER (COUNTRY CODE + TEL. NO.), MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, FOREIGN ADDRESS (IF APPLICABLE), COUNTRY, POSTAL CODE

B. TYPE OF CONCERN

- ASSISTANCE, COMPLAINT, STATUS VERIFICATION, COMMENDATION/SUGGESTION/RECOMMENDATION

C. CONCERN DETAILS

Employer's failure to remit SSS premium contribution/salary loan amortization repayments, Delay in processing of loans/Sickness/Maternity/Death/Funeral/Disability/Retirement/Unemployment application, Employer's refusal to accomplish Sickness/Maternity reimbursement form or advance payment of said benefit, Computation of loan balance/benefit claims, Unupdated posting of premium contribution/loan repayments, Unsatisfactory service by SSS employee/s, Non-reporting for coverage, Others (Pls. specify), Misrepresentation of exact Date of Coverage

D. CERTIFICATION AND DATA PRIVACY NOTICE

I certify that the information provided are true and correct and I understand that I shall be held liable under all circumstances for any false information, misrepresentation and fraud in my request for assistance on my SSS concerns. I understand and accept that this will include access to personal data and records submitted, which may be considered sensitive. Pursuant to Sec. 24 (c), SS Act of 2018 (R.A. 11199) and the Data Privacy Act of 2012 (R.A. 10173), SSS shall keep confidential and secure all the information using organizational, physical and technical measures and procedures. SSS will not divulge your personal data to any person unless authorized by you or required through a subpoena issued by the courts or quasi-judicial bodies. However, the SSS will only share your information with other government agencies and with partner private companies like banks, collecting agents, insurance companies or IT solutions contractors through a data sharing agreement or as lawfully permitted under the applicable provision of RA 10173, to provide you with efficient and effective service and for the attainment of SSS' legal mandate of providing you social security. While we are committed to ensuring the safety and security of your personal data, no method of transmission over the internet or method of electronic storage will guaranty absolute security. Nevertheless, all the forms used in collecting information from you shall be disposed of in accordance with SSS' Records Disposition Schedule to insure unnecessary disclosure of information. For detailed information about SSS Data Privacy Policies, please refer to the Data Privacy Notice posted at www.sss.gov.ph. For inquiries and clarification, please send your e-mail to member_relations@sss.gov.ph.

PRINTED NAME OF CUSTOMER

SIGNATURE

DATE & TIME

PART II - TO BE FILLED UP BY SSS

Forwarded to: CRMS Ticket Reference Number: Remarks:

SIGNATURE OVER PRINTED NAME

POSITION TITLE

DATE & TIME

Cut Here



Republic of the Philippines
SOCIAL SECURITY SYSTEM
CUSTOMER INFORMATION FORM
ACKNOWLEDGEMENT STUB

SS NUMBER/Common Reference No. (IF ANY), NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), SCREENED AND RECEIVED BY, CRMS Ticket Reference Number, SIGNATURE OVER PRINTED NAME, POSITION TITLE, DATE & TIME

INSTRUCTIONS

- Fill-out this form in one (1) copy and accomplish Part I.
- Always indicate "N/A" or "Not Applicable" if the required data is not applicable.
- Always affix your initials on all alterations/erasures in this form.
- Submit this form to Member Communications and Assistance Department (MCAD) together with the complete identification and documentary requirements based on the **Identification and Documentary Requirements Guide**.

IDENTIFICATION AND DOCUMENTARY REQUIREMENTS GUIDE		
IDENTIFICATION/DOCUMENTARY REQUIREMENTS	TYPE OF FILER	
	CUSTOMER	AUTHORIZED REPRESENTATIVE
I. Identification Requirements		
A. One (1) Primary ID card/document of the <u>customer</u> OR Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the <u>customer</u>	✓ (Present the original & submit photocopy)	✓ (Present the original & submit photocopy)
B. One (1) Primary ID card/document of the <u>authorized representative</u> OR Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the authorized representative	-	✓ (Present the original & submit photocopy)
C. Authorization document <ul style="list-style-type: none"> ▪ Special Power of Attorney (SPA) ▪ Letter of Authority (LOA) 	-	✓ (Submit original copy)
II. Documentary Requirements		
ID card/s or document/s of the customer depending on the type of request	✓ (Present the original & submit photocopy)	✓ (Present the original & submit photocopy)

IDENTIFICATION AND DOCUMENTARY REQUIREMENTS CHECKLIST

(SSS Receiving Personnel to check the appropriate box of each ID card/document presented/submitted and write any remarks, if necessary)

TYPE OF FILER		IDENTIFICATION/DOCUMENTARY REQUIREMENTS
CUSTOMER	AUTHORIZED REPRESENTATIVE	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I. Identification Requirements A. Primary ID card/document [any one (1) of the following]: 1. Unified Multi-Purpose Identification (UMID) Card 2. Social Security (SS) Card 3. Alien Certificate of Registration 4. Driver's License 5. Firearm Registration 6. License to Own and Possess Firearms 7. National Bureau of Investigation (NBI) Clearance 8. Passport 9. Permit to Carry Firearms Outside of Residence 10. Postal Identity Card 11. Seafarer's Identification & Record Book (Seaman's Book) 12. Voter's ID Card B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (in the absence of a primary ID card/document). Please specify. C. Authorization document 1. SPA 2. LOA
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	II. Documentary Requirements Please specify: <hr/> <hr/>

REMINDERS

- Please present this together with your UMID/SSS card or two (2) valid IDs when inquiring about the status of your complaints/request for assistance/status verification
- For authorized representative, please present this stub with the member's UMID/SSS card or (two) 2 valid IDs and your Special Power of Attorney (SPA) or Letter of Authority (LOA)*together with your UMID/SSS card or (two) 2 valid IDs.
- To verify the status of your complaint/request for assistance/status verification, you may reach us at your My.SSS online account at www.sss.gov.ph, member_relations@sss.gov.ph or you may call us at hotline 1455.