



SMD-01409 (05-2019)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ALLOCATION OF MATERNITY LEAVE CREDITS

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 AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE **BLACK INK** ONLY.

SS NUMBER 	NAME OF MEMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)			
DO YOU WANT TO ALLOCATE PORTION OF YOUR MATERNITY LEAVE CREDITS?				
<input type="checkbox"/> Yes. I want to allocate _____ days which, shall be deducted from my SSS maternity benefit, to: number of days (1 to 7 days)				
Name: _____				
Relationship: <input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver				
<input type="checkbox"/> No. I want to avail the full SSS maternity benefit.				
_____ PRINTED NAME OF MEMBER		_____ SIGNATURE		_____ DATE



SMD-01409 (05-2019)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ALLOCATION OF MATERNITY LEAVE CREDITS

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 AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE **BLACK INK** ONLY.

SS NUMBER 	NAME OF MEMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)			
DO YOU WANT TO ALLOCATE PORTION OF YOUR MATERNITY LEAVE CREDITS?				
<input type="checkbox"/> Yes. I want to allocate _____ days which, shall be deducted from my SSS maternity benefit, to: number of days (1 to 7 days)				
Name: _____				
Relationship: <input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver				
<input type="checkbox"/> No. I want to avail the full SSS maternity benefit.				
_____ PRINTED NAME OF MEMBER		_____ SIGNATURE		_____ DATE



SMD-01409 (05-2019)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ALLOCATION OF MATERNITY LEAVE CREDITS

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 AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE **BLACK INK** ONLY.

SS NUMBER 	NAME OF MEMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)			
DO YOU WANT TO ALLOCATE PORTION OF YOUR MATERNITY LEAVE CREDITS?				
<input type="checkbox"/> Yes. I want to allocate _____ days which, shall be deducted from my SSS maternity benefit, to: number of days (1 to 7 days)				
Name: _____				
Relationship: <input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver				
<input type="checkbox"/> No. I want to avail the full SSS maternity benefit.				
_____ PRINTED NAME OF MEMBER		_____ SIGNATURE		_____ DATE

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Affix initials on all alterations/erasures in this form.
3. Attach this form when submitting the Maternity Notification.

REMINDERS

1. Allocation of maternity leave credits will be valid for live childbirth only.
2. Child's father or alternate caregiver must be currently employed.
3. Alternate caregiver must be a relative within the fourth degree of consanguinity or your current partner sharing the same household.
4. Maternity Notification with Allocation of Maternity Leave Credits duly received by the SSS or Maternity Notification Submission Confirmation (if filed thru the SSS Website or thru Self-service Information Terminal) shall be attached to the Maternity Benefit Application/Maternity Benefit Reimbursement Application.

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Affix initials on all alterations/erasures in this form.
3. Attach this form when submitting the Maternity Notification.

REMINDERS

1. Allocation of maternity leave credits will be valid for live childbirth only.
2. Child's father or alternate caregiver must be currently employed.
3. Alternate caregiver must be a relative within the fourth degree of consanguinity or your current partner sharing the same household.
4. Maternity Notification with Allocation of Maternity Leave Credits duly received by the SSS or Maternity Notification Submission Confirmation (if filed thru the SSS Website or thru Self-service Information Terminal) shall be attached to the Maternity Benefit Application/Maternity Benefit Reimbursement Application.

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Affix initials on all alterations/erasures in this form.
3. Attach this form when submitting the Maternity Notification.

REMINDERS

1. Allocation of maternity leave credits will be valid for live childbirth only.
2. Child's father or alternate caregiver must be currently employed.
3. Alternate caregiver must be a relative within the fourth degree of consanguinity or your current partner sharing the same household.
4. Maternity Notification with Allocation of Maternity Leave Credits duly received by the SSS or Maternity Notification Submission Confirmation (if filed thru the SSS Website or thru Self-service Information Terminal) shall be attached to the Maternity Benefit Application/Maternity Benefit Reimbursement Application.