

**Template 5.1. Petition for Availment of SS Benefits (Petitioner is not an SSS member)**

Republic of the Philippines  
**SOCIAL SECURITY COMMISSION**  
Makati City

\_\_\_\_\_,  
Petitioner,

- versus -

**SSC CASE NO.** \_\_\_\_\_

**SOCIAL SECURITY SYSTEM,**  
Respondent.

x ----- x

# P E T I T I O N

**COMES NOW** Petitioner (*full name of petitioner*), by counsel, and unto this Honorable Court, most respectfully states that:

**1. PETITIONER**

- a. Name of Petitioner \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Civil Status \_\_\_\_\_
- b. Petitioner's home address City \_\_\_\_\_  
Zip Code \_\_\_\_\_
- c. Province, if applicable \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_
- d. Place of Work \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_

**If petitioner is assisted by counsel or law student pursuant to the requirements under this Commission's Revised Rules of Procedure**

- e. Petitioner's counsel/assisting law student Name \_\_\_\_\_
- f. Firm Name/Law school clinical legal education program \_\_\_\_\_
- g. Mailing Address \_\_\_\_\_
- h. Email Address \_\_\_\_\_
- i. Tel/Cel/Fax Nos. \_\_\_\_\_
- j. PTR No. \_\_\_\_\_ Date/Place of Issue \_\_\_\_\_  
Roll No. \_\_\_\_\_  
IBP No. \_\_\_\_\_  Lifetime  
 Date/Chapter \_\_\_\_\_
- MCLE  Compliance No. \_\_\_\_\_  
 Exemption \_\_\_\_\_

Other Compliances \_\_\_\_\_

2. Respondent Social Security System is a corporate body created by law pursuant to RA 1161, as amended, with principal office located on East Avenue, Diliman, Quezon City, Metro Manila;
3. Petitioner is the *(state relationship with the member)* of *(state name of the member)*, as shown in the *(state evidence of relationship, e.g. birth certificates, marriage contract, etc.)*, copy/ies of which is/are attached as Annex “\_\_\_”/ Annexes “\_\_\_”, etc.;
4. Member *(state name of the member)* with assigned SS No. \_\_\_\_\_ is a *bonafide* member of the Social Security System;
5. Petitioner filed a claim for *(state SS benefit/s subject of his/her claim)* on *(date of filing of the claim)* but the same was denied by the SSS *(state name of Branch Office)* based on the ground/s that *(state reason/s for the denial and attach denial letter)*;
6. A re-evaluation of petitioner’s claim was further conducted by the SSS Benefits Oversight Review Department (for denied SS benefits) **or** the Flag Clearing Committee (on matters pertaining to loan controversies) but the latter, in its letter dated \_\_\_\_\_, upheld the denial of his/her claim. A copy of which is made a part hereof as Annex “\_\_\_”;
7. Petitioner is of the belief that he/she is entitled to the benefit subject of his/her claim in view of the following premises: *(state your arguments here by citing the applicable provisions of law or judicial pronouncements on the matter)*; and
8. To further establish his/her right over the benefits subject of his/her claim, attached to this Petition is/are the following: *(Please enumerate documentary evidence and attach the same)*

## **P R A Y E R**

**WHEREFORE**, it is most respectfully prayed of this Honorable Commission that an Order be issued declaring that: (state the relief/s being sought)

Other reliefs as may be just and equitable in the premises, are likewise prayed for.

*(place signed)*, Philippines, *(date signed)*.

*(Name of petitioner and his/her signature or name/s and signature/s of his/her counsel or the assisting law student and his/her supervising attorney)*

## **VERIFICATION AND CERTIFICATION AGAINST FORUM SHOPPING**