

Template 6. Petition for Establishment of Fact of Employment

Republic of the Philippines
SOCIAL SECURITY COMMISSION
Makati City

_____,
Petitioner,

- versus -

SSC CASE NO. _____

_____,
Respondent/s,

SOCIAL SECURITY SYSTEM,
Respondent/Intervenor.

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. PERSONAL CIRCUMSTANCES OF THE PARTIES:

1.1. PETITIONERS

Name of Petitioner _____

Sex ____ Age ____ Civil Status _____

Petitioner's home address

City _____

Zip Code _____

Province, if applicable _____

Zip Code _____

Telephone No. _____ Cellphone No. _____

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

Petitioner's Counsel or assisting law student
Name _____

Firm Name/Law school clinical legal education program

Mailing Address _____

IN CASE OF PARTNERSHIP/S -

Names of Partners:

Addresses:

ORGANIZATIONS/ASSOCIATIONS -

Names of Officers:

Addresses:

President and other officers, *e.g.*,
Secretary, treasurer, etc.

2. STATEMENT/S OF CAUSE/S OF ACTION:

2.1 Petitioner’s period of employment with the respondent/s:

EMPLOYER’S NAME	PERIOD/S OF EMPLOYMENT	MONTHLY COMPENSATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.2. STATUS OF SS COVERAGE: If already an SSS member, petitioner’s assigned SS No. is _____

- Reported by respondent/s to the SSS on (date reported)
- Not reported by respondent/s (state name of employer/s) to the SSS

2.3. STATUS OF SS CONTRIBUTIONS:

- No SS contributions remitted by respondent/s (state name of employer/s) for the period/s (state corresponding period)
- Amount of SS contributions remitted in his/her favor is less than what is required by law

2.4. STATUS OF SS BENEFITS:

Did petitioner file an SS benefits?

- No
- Yes (Please specify)

- Retirement
- Disability
- Sickness
- Maternity
- Death/Funeral
- Others, specify _____

Date of filing the benefit: _____
 SSS Branch where benefit was filed: _____

- Status: Granted
 Denied
 Still Pending/Unacted Upon

If **GRANTED**, amount of benefit/s received per SSS records: _____
 (Annex “___”)

If **DENIED**:

- With written action from SSS
- No written action from SSS

If **WITH WRITTEN ACTION**, specify:

- Letter of the Department/Branch Head (Annex “_”)
- Resolution of the Benefits Review Committee (Annex “_”)
- Others, specify: _____(Annex “_”)

2.5. Respondent/s’ acts and/or omissions complained of is/are in violation of the following:

- Non-reporting for SS coverage (Sec. 24 [a] of the SS Law, as amended)
- Failure to report actual date of employment (24 [b] of the SS Law, as amended)
- Non-remittance of all or some of the SS contributions due (Secs. 18, 19 & 22 of the SS Law, as amended)
- Others, specify _____

2.6. Other allegations of material facts and the law constituting petitioner’s cause/s of action against the respondent/s:

3. REMEDIES/RELIEFS SOUGHT:

WHEREFORE, it is most respectfully prayed of this Honorable Commission that an Order be issued directing:

- Respondent/s to report the petitioner for SS coverage effective his/her actual date of employment.
- SSS to adjust in its records the actual date of SS coverage of the petitioner.
- Respondent/s to remit to the SSS all unpaid/underpaid contributions in favor of the petitioner, covering his/her actual period of employment and in the amount corresponding to his/her monthly salary, inclusive of the 3% per month penalty imposed thereon until fully paid.
- SSS to immediately pay the petitioner his/her (*specify the SS benefits*)
- SSS to make a recomputation of petitioner's SS benefits and/or to immediately pay him/her the corresponding differential.
- Respondent/s to pay the SSS damages, if any, pursuant to Sections 24 (a) or (b) of the SS Law, as amended.

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**