



PEN-01966 (07-2024)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONERS
(FOR RETIREMENT OR PERMANENT TOTAL DISABILITY PENSIONER)

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.

PART I - PENSIONER'S DATA

Form section for Pensioner's Data including fields for Type of Pension, SS Number, Name, Mailing Address, Telephone Number, etc.

If the telephone number, mobile/cellphone number or e-mail address belongs to the pensioner's immediate family member/relative, please provide the following.

AS CONSENT: Form section for family member consent including fields for Printed Name, Signature, and Relationship.

PART II - REPRESENTATIVE PAYEE'S DATA (IF THE PENSIONER IS UNDER THE CARE OF A REPRESENTATIVE PAYEE)

Form section for Representative Payee's Data including fields for SS Number, Name, etc.

PART III - QUESTIONNAIRE

A. IS/ARE THERE ANY DEPENDENT (MINOR/INCAPACITATED) CHILD/REN UNDER THE PENSIONER/REPRESENTATIVE PAYEE'S CARE AND CUSTODY? If yes, please provide the following:

Table with 5 columns: Name of Dependent, SS Number, Date of Marriage, Date of Employment/Self-Employment, Date of Death.

B. HAS THE PENSIONER BEEN RE-EMPLOYED OR RESUMED SELF-EMPLOYMENT? If yes, please provide the following:

Table with 3 columns: Name of Employer/Business, Address of Employer/Business, Date of Re-employment/Resumption of Self-Employment.

PART IV - CERTIFICATION AND DATA PRIVACY NOTICE & AGREEMENT

I certify that the information provided in this form are true and correct and I agree that the information collected through this form shall be used and retained by the SSS for the processing and continuous payment of pension...

Furthermore, I understand that I, as an SSS pensioner, shall be subject to other verification processes as required by the SSS to ensure my eligibility to receive the SSS pension benefit...

I understand that pursuant to Sec. 24 (c), SS Act of 2018 [Republic Act (R.A) No. 11199] and the Data Privacy Act of 2012 (R.A. No. 10173), the SSS shall keep confidential and secure all the information using organizational, physical and technical measures and procedures.

SIGNATURE OVER PRINTED NAME OF PENSIONER/REPRESENTATIVE PAYEE DATE

If pensioner/representative payee cannot sign, affix fingerprints. Witnesses to fingerprinting [To be accomplished by the authorized representative or SSS personnel (if filed thru authorized representative)]:

Form section for witness information including fields for Signature, Date, Relationship, and Position Title.

PART V - TO BE FILLED OUT BY BANK REPRESENTATIVE (IF COMPLIANCE IS THRU THE BANK)

This is to certify that Mr./Ms. (Name of pensioner), a pensioner-client of (Name of bank and branch), personally appeared before the undersigned as compliance with the Annual Confirmation of Pensioners (ACOP) Program...

SIGNATURE OVER PRINTED NAME OF BANK REPRESENTATIVE POSITION TITLE DATE

A. MANNER OF COMPLIANCE

- PERSONAL APPEARANCE THRU MAIL CERTIFIED BY BANK REPRESENTATIVE
 THRU AUTHORIZED REPRESENTATIVE THRU E-MAIL OTHERS

B. RECOMMENDATION

- CONTINUE PENSION CANCEL PENSION REMARKS (Indicate reason/s for suspension, cancellation, rejection, pending or returned.)
 RESUME PENSION RETURN ACOP FORM
 SUSPEND PENSION PENDING

PROCESSED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

DATE & TIME

APPROVED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

DATE & TIME

INSTRUCTIONS

- Fill out this form in one (1) copy. If receiving two (2) or more types of pension, fill out one (1) ACOP form for each type of pension.
- Always affix initials on all erasures/alterations on this form.
- Always indicate the following mandatory information:
 - SS Number of pensioner, representative payee and dependent (minor/incapacitated) child (18 years old and above)
 Note: Representative payee refers to the guardian of a beneficiary/pensioner who receives the pension in his/her behalf.
 - Contact information
 - Telephone number ▪ Mobile/Cellphone number ▪ E-mail address
 Note: If pensioner cannot provide the required contact information, indicate the following information of the pensioner's immediate family member/relative:
 - Contact information where SSS can communicate with the pensioner
 - Name and signature of the immediate family member/relative
 - Relationship of the immediate family member/relative to the pensioner
 - Mailing address (Philippine or Foreign Address)
 - If Philippine Address, indicate the Room/Floor/Unit No. & Building Name, House/Lot & Block No., Street Name, Subdivision, Barangay/District/Locality, City/Municipal and Province.
 - If Foreign Address, indicate Room/Floor/Unit No. & Building Name, House/Lot & Block No., Street Name, State and Country.
 - Postal code
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Write "Nothing Follows" immediately after the last dependent (minor/incapacitated) child. (PART III - QUESTIONNAIRE of Page 1).
- Bank shall submit to SSS thru e-mail within five (5) working days the scanned copies of ACOP Forms with duly accomplished PART V - TO BE FILLED OUT BY BANK REPRESENTATIVE (IF COMPLIANCE IS THRU THE BANK) and documentary requirements (if compliance is thru bank).
- Submit this form together with the following ID cards/documents and documentary requirements based on the checklist below:
 Note:
 - If thru personal appearance, present the original copy/ies of ID cards/documents of the pensioner.
 - If thru authorized representative, submit photocopy/ies of ID cards/documents of the pensioner and authorized representative, and documentary requirements of the pensioner.
 - If thru e-mail, submit soft copy/ies (e.g., pdf, jpg) of ID cards/documents and documentary requirements of the pensioner.
 - If thru mail, submit photocopy/ies of ID cards/documents and documentary requirements of the pensioner.

TYPE OF PENSIONER	MANNER OF COMPLIANCE	LIST OF DOCUMENTARY REQUIREMENTS	ID CARDS/DOCUMENTS
a. Retirement pensioner	a. Thru personal appearance b. Thru authorized representative c. Thru e-mail d. Thru mail	Identification documents of pensioner: <ul style="list-style-type: none"> • One (1) Primary ID card/document • Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] Additional documents for pensioners whose compliance is thru authorized representative, e-mail or mail: <ul style="list-style-type: none"> • Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ticker on the TV showing the current news headline and date. Note: The date of the newspaper/news crawler/ticker on the TV must be the same with the date of submission of the ACOP compliance thru e-mail or must be within the same month on the date of submission of ACOP compliance thru mail. • Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc., <i>if confined in an institution.</i> 	A. Primary ID card/document [Any one (1) of the following]: <ol style="list-style-type: none"> 1. Unified Multi-Purpose ID Card 2. Social Security Card 3. Philippine Identification Card 4. Alien Certificate of Registration 5. Driver's License 6. Firearm Registration 7. License to Own and Possess Firearms 8. National Bureau of Investigation Clearance 9. Passport 10. Permit to Carry Firearms Outside of Residence 11. Postal Identity Card 12. Seafarer's Identification & Record Book (Seaman's Book) 13. Voter's ID Card B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary ID card/document) Note: ID card/s/documents with an official English translation by Philippine Embassy/Consulate (for ID cards/documents issued by foreign government and in foreign language/s) must be accepted.
b. Permanent total disability pensioner	a. Thru personal appearance b. Thru authorized representative c. Thru e-mail d. Thru mail	Identification documents of pensioner: <ul style="list-style-type: none"> • One (1) Primary ID card/document • Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] Additional documents for pensioners whose compliance is thru authorized representative, e-mail or mail: <ul style="list-style-type: none"> • Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ ticker on the TV showing the current news headline and date. Note: The date of the newspaper/news crawler/ticker on the TV must be the same with the date of submission of the ACOP compliance thru e-mail or must be within the same month on the date of submission of ACOP compliance thru mail. • Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc., <i>if confined in an institution.</i> • Medical document of pensioner to support the disability benefit, if necessary. 	(This cell is shared with the row above and contains the same ID card/document list.)

WARNING : ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS FORM SHALL BE CRIMINALLY LIABLE UNDER SECTION 28 OF R.A. 1161, AS AMENDED BY R.A. 11199 AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626