



PEN-01967 (07-2024)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONERS
(FOR SURVIVING LEGAL SPOUSE 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 - DECEASED MEMBER'S DATA
SS NUMBER NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MM-DD-YYYY)

PART II - PENSIONER'S DATA
TYPE OF PENSION (CHECK APPROPRIATE BOX) COMMON REFERENCE NUMBER/PHILSYS CARD NUMB (IF ANY) DATE OF BIRTH (MM-DD-YYYY)

SS NUMBER NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

MAILING ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY/STATE) (PROVINCE) (COUNTRY)

TELEPHONE NUMBER (AREA CODE+NUMBER) MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS POSTAL CODE

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:

PRINTED NAME OF IMMEDIATE FAMILY MEMBER/RELATIVE SIGNATURE RELATIONSHIP TO THE PENSIONER

PART III - REPRESENTATIVE PAYEE'S DATA (IF THE PENSIONER IS UNDER THE CARE OF A REPRESENTATIVE PAYEE)
SS NUMBER NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

PART IV - 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 (MINOR/INCAPACITATED) CHILD/REN, SS NUMBER (IF 18 YEARS OLD AND ABOVE), DATE OF MARRIAGE (MM-DD-YYYY), DATE OF EMPLOYMENT/ SELF-EMPLOYMENT (MM-DD-YYYY), DATE OF DEATH (MM-DD-YYYY)

B. HAS THE PENSIONER BEEN RE-MARRIED OR IS CURRENTLY COHABITING WITH ANOTHER PERSON? If yes, please provide the following:

Table with 2 columns: NAME OF SPOUSE/PARTNER (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), DATE OF RE-MARRIAGE/ COHABITATION (MM-DD-YYYY)

PART V - 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, for the establishment, exercise or defense of SSS' legal claims and reestablish or continue the operations of the SSS in the event of disaster. I may get a copy of this form and correct or revise any information therein.

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; that the result of the verification processes shall require me to appear personally to any SSS branch. Provided, further, that SSS shall conduct a home visit if I fail to report upon the request of SSS.

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. I also understand that SSS will not divulge my personal data to any person unless I authorize the same or required through a subpoena/order issued by the courts or quasi-judicial bodies. However, I agree for the SSS to share my information with other government agencies through a data sharing agreement or by contract with partner private companies like, banks, collecting agents, insurance companies or IT solutions contractors, for the provision of an effective and efficient service, and for the attainment of SSS' mandate to provide social security.

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)]:
SIGNATURE OVER PRINTED NAME OF THE WITNESS DATE
RELATIONSHIP TO THE PENSIONER/REPRESENTATIVE PAYEE (If witness is the authorized representative) POSITION TITLE AND BRANCH (If witness is the SSS personnel)

PART VI - TO BE FILLED OUT BY BANK REPRESENTATIVE (IF COMPLIANCE IS THROUGH 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 being conducted by the SSS and as such, I attest the veracity of the information provided in this form.

SIGNATURE OVER PRINTED NAME OF BANK REPRESENTATIVE POSITION TITLE DATE

**PART VII - SELF-DECLARATION ON NON-REARRIAGE/NON-COHABITATION**

I do hereby declare that I have not remarried, cohabitated with another person, or otherwise engaged in a common-law relationship since the death of my spouse.

I understand that if said declaration as given by me is proven to be false, my entitlement to the death benefit of my spouse from the Social Security System (SSS) shall be automatically cancelled/stopped.

I also acknowledge that once I remarry, cohabit with any person, or engage in a common-law relationship, I shall report the same to the SSS, and applicable SSS policy shall be implemented.

I undertake to return to the SSS, without need of demand or judicial action, all undue pension benefits that I may have received after my entitlement thereto has been cancelled as stated above.

I further acknowledge that any misrepresentation, concealment and inaccurate or untruthful statement on my part shall be a ground for criminal and civil action against me.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF THE SURVIVING LEGAL SPOUSE

\_\_\_\_\_  
DATE

**PART VIII - TO BE FILLED OUT BY SSS RECEIVING BRANCH/SERVICE/FOREIGN OFFICE/OFW - CSS**

**A. MANNER OF COMPLIANCE**

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> PERSONAL APPEARANCE            | <input type="checkbox"/> THRU MAIL   | <input type="checkbox"/> CERTIFIED BY BANK REPRESENTATIVE |
| <input type="checkbox"/> THRU AUTHORIZED REPRESENTATIVE | <input type="checkbox"/> THRU E-MAIL | <input type="checkbox"/> OTHERS _____                     |

**B. RECOMMENDATION**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CONTINUE PENSION | <input type="checkbox"/> CANCEL PENSION   | REMARKS (Indicate reason/s for suspension, cancellation, rejection, pending or returned.) |
| <input type="checkbox"/> RESUME PENSION   | <input type="checkbox"/> RETURN ACOP FORM |   |
| <input type="checkbox"/> SUSPEND PENSION  | <input type="checkbox"/> 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/Celiphone 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 IV - 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 VI - 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:
  - 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.

MANNER OF COMPLIANCE	LIST OF DOCUMENTARY REQUIREMENTS	ID CARDS/DOCUMENTS
a. Thru personal appearance b. Thru authorized representative c. Thru e-mail d. Thru mail	<p><b>Identification documents of pensioner:</b></p> <ul style="list-style-type: none"> <li>One (1) Primary ID card/document</li> <li>Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo]</li> </ul> <p><b>Additional documents for pensioners whose compliance is thru authorized representative, e-mail or mail:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc., if confined in an institution.</li> </ul>	<p><b>A. Primary ID card/document [Any one (1) of the following]:</b></p> <ol style="list-style-type: none"> <li>Unified Multi-Purpose ID Card</li> <li>Social Security Card</li> <li>Philippine Identification Card</li> <li>Alien Certificate of Registration</li> <li>Driver's License</li> <li>Firearm Registration</li> <li>License to Own and Possess Firearms</li> <li>National Bureau of Investigation Clearance</li> <li>Passport</li> <li>Permit to Carry Firearms Outside of Residence</li> <li>Postal Identity Card</li> <li>Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li>Voter's ID Card</li> </ol> <p><b>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)</b> 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.</p>

**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**