

IDENTIFICATION AND DOCUMENTARY REQUIREMENTS GUIDE

I. IDENTIFICATION REQUIREMENTS CHECKLIST

ID CARDS/DOCUMENTS	TYPE OF FILER	IDENTIFICATION REQUIREMENTS (SSS Personnel to check appropriate box of each ID card/document presented/submitted and write any remarks, if necessary)
A. Primary ID card/document [any one (1) of the following]: 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 (NBI) 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	1. Member	Present original copy of the following: (Please specify) <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the member
	2. Child's father/ Alternate Caregiver/ Beneficiary/ Legal Heir	Present original copy of the following: (Please specify) a. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the member b. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the child's father/alternate caregiver/beneficiary/legal heir
	3. Employer (authorized signatory)	Present original copy of the following: (Please specify) <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the employer
	4. Authorized representative of member/ employer	Present original copy of the following: (Please specify) a. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the member/employer b. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the authorized representative
B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (in the absence of a primary ID card/document). Please specify.	Submit original copy of: c. <input type="checkbox"/> Letter of Authority	Submit original copy of: c. <input type="checkbox"/> Letter of Authority
	5. Authorized representative of Child's father/ Alternate Caregiver/ Beneficiary/ Legal Heir	Present original copy of the following: (Please specify) a. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the member b. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the child's father/alternate caregiver/beneficiary/legal heir c. <input type="checkbox"/> One (1) Primary ID card/document OR two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the authorized representative Submit original copy of: d. <input type="checkbox"/> Letter of Authority

II. DOCUMENTARY REQUIREMENTS CHECKLIST - Present original/certified true copy/ies and submit photocopy/ies

(SSS Personnel to check appropriate box of each document submitted and write any remarks, if necessary)

A. Documents depending on delivery type 1. For Live Childbirth regardless if via normal or caesarian section (CS) delivery [Any one (1) of the following] <input type="checkbox"/> Child's Certificate of Live Birth/Certificate of Death duly registered with the Local Civil Registrar (LCR) with corresponding Official Receipt (OR) or Acknowledgement Receipt (AR) issued by the LCR, if filing date of maternity benefit application (MBA)/maternity benefit reimbursement application (MBRA) is within six (6) months from date of delivery <input type="checkbox"/> Child's Certificate of Live Birth/Certificate of Death issued by the Philippine Statistics Authority (PSA) with corresponding OR or AR, if filing date of MBA/MBRA is beyond six (6) months from date of delivery <input type="checkbox"/> Report of Child's Birth/Death issued by the Philippine Embassy/Consulate General/PSA, or its equivalent document issued in a foreign country with English translation, if applicable 2. For Stillbirth/Fetal Death [Any one (1) of the following] <input type="checkbox"/> Certificate of Fetal Death duly registered with the LCR with corresponding OR or AR issued by the LCR, if filing date of MBA/MBRA is within six (6) months from date of delivery <input type="checkbox"/> Certificate of Fetal Death issued by the PSA with corresponding OR or AR, if filing date of MBA/MBRA is beyond six (6) months from date of delivery <input type="checkbox"/> Certificate of Fetal Death issued by the Philippine Embassy/Consulate General/PSA, or its equivalent document issued in a foreign country with English translation, if applicable 3. For Miscarriage/Emergency Termination of Pregnancy (ETP) [including Ectopic Pregnancy/Hydatidiform Mole] 3.1 Proof of Pregnancy [Any one (1) of the following] <input type="checkbox"/> Result of pregnancy test duly signed by the physician/municipal health officer <input type="checkbox"/> Result of diagnostic tests with corresponding report duly signed by a physician which may include any of the following: - Ultrasound - Blood Pregnancy test (Beta HCG) - Early Pregnancy factor	3.2 Proof of Termination of Pregnancy duly signed by a physician [Any one (1) of the following] <input type="checkbox"/> Pregnancy test result/s <input type="checkbox"/> Ultrasound result/s <input type="checkbox"/> Histopathological report <input type="checkbox"/> Operating Room Record 3.3 Medical document duly signed by a physician [Any one (1) of the following] <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Records of Consultation <input type="checkbox"/> Clinical Abstract/Discharge Summary Notes: <i>For maternity contingencies that occurred locally:</i> - Medical documents that are electronically issued must be submitted together with the OR of the procedure - Physician's name and Professional Regulation Commission license number must be indicated in the medical documents <i>For maternity contingencies that occurred abroad</i> - Medical documents issued in a foreign country must be submitted with English translation, if applicable B. Documents depending on specific maternity case/circumstance 1. For Solo Parent [Any one (1) of the following] <input type="checkbox"/> valid Solo Parent ID issued by the Local Government Unit (LGU) and signed by the Social Worker and the City/Municipal Mayor <input type="checkbox"/> Certification/e-Certification of eligibility of the Solo Parent issued by the LGU and signed by the Social Worker/City Municipal Mayor, if the ID is not yet available Notes: - The date of delivery must be within the validity period of the Solo Parent ID/Certification/e-Certification of Eligibility, except for first-time solo parent whose document must have been issued within six (6) months from date of delivery - Certification/e-Certification of eligibility must contain all the necessary details as reflected in the Solo Parent ID
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II. DOCUMENTARY REQUIREMENTS CHECKLIST (Continuation) - Present original/certified true copy/ies and submit photocopy/ies

(SSS Personnel to check appropriate box of each document submitted and write any remarks, if necessary)

- 2. For Self-employed/Voluntary Member (SE/VM)/Overseas Filipino Worker (OFW) member who was previously employed, or a member separated from employment**
- 2.1 If the delivery/miscarriage/ETP occurs within the employment period or within six (6) months date of separation from employment
- Certificate of Separation from Employment indicating the effective date of separation and that no advance payment was granted by the employer
- 2.2 If member cannot secure Certificate of Separation of Employment
- Affidavit of Undertaking, duly administered by the SSS branch official/employee/foreign representative authorized as administering officer, indicating effective date of separation from employment and that no advance payment was granted by the employer (original copy)
- 3. For Employer who already paid the maternity benefit in advance to the employee but cannot provide required documents since employee did not report back to work after childbirth/miscarriage/ETP or is already separated from employment or deceased [Whichever is applicable]**
- 3.1 Any medical document issued by the hospital/medical facility indicating live childbirth/miscarriage/ETP; or proof of pregnancy
- 3.2 Certification from the employer that the employee did not return or report back to work after childbirth/miscarriage/ETP or that the employee is already separated from employment; or deceased employee's Certificate of Death issued by the PSA/LCR
- 3.3 Proof of advance payment by the employer [Any one (1) of the following]:
- Cash voucher or relevant document indicating receipt of advance payment signed by the member
- Proof of credit or transfer to the member's bank account with corresponding payslip or relevant document indicating the advance payment
- 4. For adjustment of settled maternity benefit due to unused allocated leave credits [Whichever is applicable]**
- 4.1 If unemployed prior to and during the period of maternity leave
- Duly notarized affidavit signed by the child's father/alternate caregiver stating that he/she is unemployed prior to and during the period of maternity leave
- 4.2 If date of separation is prior to the date of delivery of the member
- Certificate of Separation from Employment issued by the employer of the child's father/alternate caregiver indicating the effective date of separation
- 4.3 If date of separation is after the date of delivery of the member
- Certificate/s issued by the employer of the child's father/alternate caregiver indicating the effective date of separation and that the maternity leave credits allocated by the member were not used
- 5. For CS delivery that occurred before March 11, 2019** [Any one (1) of the following issued by the hospital/medical facility indicating the type of delivery]
- Operating Room Record
- Surgical Memorandum
- Discharge Summary Report
- Medical/Clinical Abstract
- Delivery Report
- Detailed invoice showing CS charges (for deliveries abroad only)
- Similar medical documents which indicate the type of contingency
- 6. For unclaimed benefit of a deceased member**
- 6.1 For contingency that occurred on or after March 11, 2019
- Affidavit of Undertaking of the child's father/alternate caregiver, duly administered by the SSS branch official/employee/foreign representative authorized as administering officer (original copy)
- 6.2 For contingency that occurred before March 11, 2019
- Affidavit of Undertaking of the member's beneficiary/legal heir, duly administered by the SSS branch official/employee/foreign representative authorized as administering officer (original copy)