



SIC - 01251 (12-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

TRANSMITTAL LIST
SICKNESS BENEFIT APPLICATION

Date: _____

Batch Number _____

No. of Claims	PRINTED NAME OF MEMBER (Last Name, First Name, MI)	SS NUMBER	CONFINEMENT PERIOD		REMARKS
			FROM	TO	
1.					
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25.					

PREPARED BY			
_____ Signature over printed name Jr./Sr. Member Service Representative	_____ Date	_____ Time	_____ Branch
NOTED BY			
_____ Signature over printed name SSO III/CEO II	_____ Date	_____ Time	_____ Branch
RECEIVED BY PROCESSING CENTER			
_____ Signature over printed name Receiving Personnel	_____ Date	_____ Time	