



SIC - 01254 (12-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

EMPLOYER TRANSMITTAL LIST
SICKNESS BENEFIT REIMBURSEMENT APPLICATION

Date: _____

Batch Number _____
(To be filled out by SSS)

Name of Employer: _____

No. of Claims	PRINTED NAME OF MEMBER (Last Name, First Name, MI)	SS NUMBER	CONFINEMENT PERIOD		REMARKS <i>(To be filled out by SSS)</i>
			FROM	TO	
1.					
2.					
3.					
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5.					
6.					
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22.					
23.					
24.					
25.					

Note: Please submit three (3) copies of TL upon filing of claims.

PREPARED BY:

Signature over printed name
Authorized Company Representative

TO BE FILLED OUT BY SSS			
RECEIVED 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	