



(04-2012)

# Republic of the Philippines SOCIAL SECURITY SYSTEM RETIREMENT CLAIM APPLICATION

**PART 1** Please read the instructions at the back of the form before filling-up the application. Print information in capital letters and use black ink only.

### MEMBER'S INFORMATION

<b>SS NUMBER</b>				<b>NAME OF MEMBER (Surname)</b>				<b>(Given Name)</b>				<b>(Middle Name)</b>															
<b>ADDRESS (Number, Street and Subdivision)</b>												<b>(Barangay)</b>				<b>(Town/District)</b>				<b>(City/Province)</b>				<b>POSTAL CODE</b>			
<b>DATE OF BIRTH (mm-dd-yyyy)</b>						<b>PLACE OF BIRTH (Town/District)</b>						<b>(City/Province)</b>						<b>GENDER</b>									
																		<input type="checkbox"/> Male <input type="checkbox"/> Female									
<b>CIVIL STATUS</b>						<b>TIN</b>						<b>TELEPHONE (Including Area Code) / MOBILE NO.</b>															
<input type="checkbox"/> Single <input type="checkbox"/> Legally Separated																											
<input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower																											

### EMPLOYMENT HISTORY (Use separate sheet, if necessary)

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT (mm-yyyy)							
		From				To			
1.									
2.									
3.									
4.									

### DEPENDENT CHILDREN (Below 21 years old or above 21 but incapacitated)

NAME OF CHILDREN	DATE OF BIRTH (mm-dd-yyyy)	CHECK APPLICABLE COLUMN		ADDRESS
		Legitimate	Illegitimate	
1.				
2.				
3.				
4.				
5.				

<b>DO YOU WANT TO RECEIVE THE FIRST 18 MONTHLY PENSION IN ADVANCE?</b>	<b>ARE YOU CURRENTLY RECEIVING SSS PENSION?</b>	<b>IF YES, CHECK TYPE OF PENSION</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disability <input type="checkbox"/> Death

**IF RECEIVING PENSION UNDER DEATH, INDICATE SS NUMBER AND NAME OF DECEASED MEMBER:**

<b>SS NUMBER</b>	<b>NAME OF MEMBER (Surname)</b>	<b>(Given Name)</b>	<b>(Middle Name)</b>

----- PERFORATE HERE -----



(04-2012)

## SOCIAL SECURITY SYSTEM RETIREMENT CLAIM APPLICATION ACKNOWLEDGMENT STUB

PLEASE PRESENT THIS WHEN INQUIRING ABOUT THE STATUS OF YOUR APPLICATION. VERIFICATION WILL BE ENTERTAINED AFTER \_\_\_\_ DAYS FROM THE DATE OF RECEIPT. YOU MAY VERIFY THRU SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph)

RECEIVED BY:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME      DATE

\_\_\_\_\_  
RECEIVING BRANCH

<b>SS NUMBER</b>	<b>NAME OF MEMBER (Surname)</b>	<b>(Given Name)</b>	<b>(M.I.)</b>

## **INSTRUCTIONS**

1. Accomplish Parts I and II of this form in one (1) copy without erasures or alterations.
2. Support date of birth, marriage or death with birth/baptismal certificate, marriage contract or death certificate (original duplicate/certified true copy/certified photocopy) duly registered with the National Statistics Office/ Local Civil Registrar Office/Parish/Church. The baptismal certificate may be submitted in lieu of birth certificate.
3. Present original and submit photocopy of single savings account passbook/ATM card with name or copy of bank validated deposit slip or Cash Card Enrollment Form.
4. Affix your recent 1 x 1 photo.
5. Affix your fingerprints (right thumb and right index) on the portions provided for in the application form in the presence of an SSS employee. In case the claimant could not sign, fingerprints should be witnessed by two (2) persons, at least one (1) of whom is an SSS employee.
6. Present Social Security Card or SS Form E-6 Acknowledgment Stub with 2 valid IDs, at least one (1) with photo.
7. Present original and submit photocopy of identification cards.
8. Write "N/A" for items not applicable and/or delete portion/s not applicable in the Certification.

### **WARNING**

**ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282).**

### **NOTES:**

1. **RE-COMPUTATION OR ADJUSTMENT AND FILING OF PETITION ASSAILING SETTLED CLAIMS SHALL NOT BE ALLOWED AFTER TEN (10) YEARS FROM THE DATE OF INITIAL SETTLEMENT OF CLAIM.**
2. **FOR THE PURPOSE OF QUALIFYING FOR RETIREMENT UNDER R.A. 7699 (Portability Law), A RETIREE WHO WAS GRANTED A LUMP SUM RETIREMENT MAY RETURN THE CHEQUE REPRESENTING THE RETIREMENT BENEFIT WITHIN SIX (6) MONTHS FROM THE DATE OF SETTLEMENT, OR IF ENCASHED, SHALL BE CHARGED 1% INTEREST PER MONTH.**
3. **ANY PERSON WHO CONTINUOUSLY RECEIVES MONTHLY PENSION DESPITE RE-EMPLOYMENT PRIOR TO AGE 65 OR 60, IN THE CASE OF UNDERGROUND MINERWORKER, SHALL BE CRIMINALLY LIABLE UNDER R.A. 8282 (Social Security Act of 1997 AND R.A. 8558 (Underground Mineworkers Act)).**

**PART II**

<b>PREFERRED MODE OF PAYMENT</b> <input type="checkbox"/> Cash Card <input type="checkbox"/> ATM/Passbook	<b>NAME OF BANK/BRANCH</b>	<b>BRSTN (For SSS Use Only)</b> 		
<b>BANK ADDRESS</b>		<b>SAVINGS ACCOUNT NUMBER</b> 		
<b>CERTIFICATION</b>				
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND IF APPLICABLE, THAT:</b></p> <ol style="list-style-type: none"> <li>1. The aforementioned children are under my care and custody;</li> <li>2. I am competent to receive in behalf of the said children the amount due them as dependents;</li> <li>3. I have not abandoned, neglected, refused to support said children, nor caused them to commit offenses against the law;</li> <li>4. None of the aforementioned children are married nor employed; and</li> <li>5. I will immediately notify the SSS in case any of the above listed children die, marry or become employed, or I get re-employed before the age of 65 or 60, if underground miner.</li> </ol>				
_____ <b>SIGNATURE OF MEMBER</b>		_____ <b>DATE</b>		
(If claimant cannot sign, fingerprints should be witnessed by two persons)				
<b>WITNESSES TO FINGERPRINTS</b> Please affix signature over printed name and indicate date				
1. _____	_____	_____ Right Thumb	_____ Right Index	
2. _____	_____			
<b>CERTIFICATE OF SEPARATION FROM LAST EMPLOYER</b>				
<b>EMPLOYER NUMBER</b> 	<b>NAME OF EMPLOYER</b>			
<b>ADDRESS (Number, Street and Subdivision)</b>		(Barangay)	(Town/District)	(City/Province)
				<b>POSTAL CODE</b> 
I certify that _____ was separated from our employ on _____.				
_____ SIGNATURE OVER PRINTED NAME OF EMPLOYER/ EMPLOYER'S AUTHORIZED REPRESENTATIVE		_____ OFFICIAL DESIGNATION		_____ DATE
<b>FOR SSS USE</b>				
<b>FINDINGS:</b> <input type="checkbox"/> No other pending claim <input type="checkbox"/> Others (specify) _____ _____ _____	<b>SCREENED BY:</b> _____ _____ SIGNATURE OVER PRINTED NAME      DATE		<b>RECEIVED BY:</b> _____ _____ SIGNATURE OVER PRINTED NAME      DATE	