



Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM

SS # at the back

COV-01205 (05-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER INFORMATION

SS NUMBER 314974421131	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY) 03082010	TAX IDENTIFICATION NUMBER (IF ANY) 717110631811
NAME (LAST NAME) PANUGALING	(FIRST NAME) ROMEL	(MIDDLE NAME) SATOR	(SUFFIX)
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) BUENAVISTA	(CITY/MUNICIPALITY) CARCAR CITY	(PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09361154716413	E-MAIL ADDRESS panugalingromel@gmail.com	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY		ZIP CODE

TYPE OF MEMBERSHIP
 EMPLOYED VOLUNTARY SELF-EMPLOYED NON-WORKING SPOUSE OVERSEAS FILIPINO WORKER

B. TYPE OF TRANSACTION

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:
 Civil Status _____ Name of Spouse _____
 Maiden Name (if female) _____ Name of Child/Children 1. _____
 Name of Father _____ 2. _____
 Name of Mother _____ 3. _____

Consolidation of Contributions (for members with multiple employers)
 Correction/Refund/Posting/Adjustment of Contributions
 Deletion of Entry in Employment History Record
 Encoding/Correction of Date of Coverage
 Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
		FROM (MM/YYYY)	TO (MM/YYYY)
1.			
2.			

Certification of Membership/Non-Membership
 Copy of Membership Record/s _____ (Record Type)
 Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)
 Others _____

VERIFICATION

Contribution (Indicate Period Covered) _____
 Date of Coverage _____
 Employer Number _____
 SS Number _____
 Flexi-Fund Premiums _____
 SSS P.E.S.O Fund Premiums _____
 Loan Balance _____

Loans/Benefits Eligibility
 Status of:
 Loan Application
 Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)
 Application for UMID Card
 Data Change Requested
 Others New Member

C. CERTIFICATION

I certify that the information provided in this form are true and correct.
ROMEL PANUGALING PRINTED NAME Romel SIGNATURE Nov 3, 2020 DATE

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. Romel Sator Panugaling to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.
ROMEL PANUGALING PRINTED NAME & SIGNATURE OF MEMBER Nov 3, 2020 DATE Romel Sator Panugaling PRINTED NAME & SIGNATURE OF AUTHORIZED REP. _____ DATE _____

PART I - TO BE FILLED OUT BY SSS

Perforate Here

Preference for release of request/verification
 For Mailing For Pick-up (indicate date & time) _____

Identification document/s presented by herein named authorized/co. representative:
 SS Two (2) valid IDs _____



Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM
ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
 _____ PANUGALING ROMEL SATOR _____

RECEIVED BY _____ SIGNATURE OVER PRINTED NAME _____ POSITION TITLE _____ DATE & TIME _____ BRANCH _____

PART II - TO BE FILLED OUT BY SSS

A. TRANSACTION RESULTS

REQUEST

Cancellation of Multiple SS Numbers

Deletion of Entry in Employment History Record

Consolidation of Contributions

Encoding/Correction of Date of Coverage

Correction/Refund/Posting/Adjustment of Contributions

Manual Verification

Certification of Membership/Non-Membership

Print-out of Computer Records

Copy of Membership Record/s

Others

VERIFICATION

Contribution

Loan Balance

Date of Coverage

Loans/Benefits Eligibility

Employer Number

Status of:

SS Number 34-9764213-3

Loan Application

Benefits Claim Application

Flexi-Fund Premiums

Application for UMID Card

Data Change Requested

SSS P.E.S.O Fund Premiums

Others

B. TO BE FILLED OUT BY DEPARTMENT BRANCH CONCERNED

VERIFIED/PROCESSED BY

RELEASED BY

SIGNATURE OVER PRINTED NAME

DEPT./BRANCH

DATE & TIME

SIGNATURE OVER PRINTED NAME

DEPT./BRANCH

DATE & TIME

INSTRUCTIONS

1. Fill out this form in one (1) copy and accomplish appropriate parts as follows:

Filed by member

- Member to fill-out PART I (a to c)
- Member to fill-out "Employment History" (Part I (b)) only if requesting for the following:
 - Cancellation of Multiple SS Number
 - Consolidation of Contributions
 - Correction/Refund/Posting/Adjustment of Contributions
 - Deletion of Entry in Employment History Record
 - Encoding/Correction of Date of Coverage
 - Manual Verification

Filed by authorized representative or company representative

- Member to fill-out PART I (a to d)
- Authorized Representative or company representative to fill out PART I (d)

2. Place a checkmark on the applicable box.

3. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.

4. Present identification document/s.

Filed by member

- Social Security (SS) Card or Unified Multi-Purpose ID (UMID) Card or Passport or Professional Regulation Commission (PRC) Card or Seaman's Book or Driver's License or two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by authorized representative

- Representative's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
- Member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by company representative

- Authorized Representative Card (ACR)
- Original member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)

5. The member granting authority to the authorized representative or company representative in this form shall be held liable under all circumstances for any false statement, misrepresentation, fraud made by the authorized representative or company representative in all transactions with the SSS.

6. This form can be downloaded thru the SSS Website at www.sss.gov.ph.