



E-4

COV-01215 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER: 01619202156211
 COMMON REFERENCE NUMBER (IF ANY):
 DATE OF BIRTH (MMDDYYYY): 12091997
 TAX IDENTIFICATION NUMBER (IF ANY):
 NAME (LAST NAME): LOPECILLO (FIRST NAME): GIMARIE (MIDDLE NAME): SUAREZ (SUFFIX):
 ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): BIPWOP, MIDCALIP ZAMBONGA DEL SUR (HOUSE/LOT & BLK NO.): (STREET NAME):
 (SUBDIVISION): (BARANGAY/DISTRICT/LOCALITY): (CITY/MUNICIPALITY): (PROVINCE): ZIP CODE:
 TELEPHONE NUMBER (AREA CODE + TEL. NO.): MOBILE/CELLPHONE NUMBER: MIDCALIP ZAMBONGA DEL SUR 710211
 E-MAIL ADDRESS:
 FOREIGN ADDRESS (IF APPLICABLE): COUNTRY: ZIP CODE:

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM:
 Employed
 Voluntary
 Overseas Filipino Worker
 Non-Working Spouse (NWS)
 Prior Registrant
 (A person who registered with the SSS for the first time as a prospective employee.)

TO:
 Self-Employed (Please fill-out the details below)
 Profession/Business: _____
 Year Profession/Business Started: _____
 Monthly Earnings (P): _____

TO (Option for Prior Registrant Only):
 Non-Working Spouse (Please fill-out the details below.)
 SS No./CRN of Working Spouse: _____
 Monthly Income of Working Spouse (P): _____
 I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS
 SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE: _____

B. CORRECTION OF NAME

FROM: TO:

Last Name _____

First Name _____

Middle Name _____
 (or change of middle initial to middle name)

Prefix (e.g., "de", "dela", "delos", "del", "Ma" or "Maria") or Suffix (e.g., Jr., II or III) _____

Simple Error in Spelling of Name (e.g., "j" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters) _____

Due to to Re-marriage _____

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS
 (For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

Single to Married _____

Married to Legally Separated _____

Married to Widowed _____

Reversion from Married to Single _____

F. UPDATING OF CONTACT INFORMATION

Address Telephone Number E-mail Address Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

Bank Name: _____ Bank Branch: _____ Account Number: _____

Benefits (Sickness/Maternity/Partial Disability) _____

Loans _____

PESO Fund _____

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents
 NSD B/C

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
NONE			<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1.			<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.			<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.			<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

SS NUMBER: 0642025621

GIMARIE S. WPECILLO
PRINTED NAME

I certify that the information provided in this form are true and correct.

SIGNATURE: *[Signature]* DATE: 10-31-18

If member cannot sign, affix fingerprints (please see Instruction no. 5).
Below are the witnesses to fingerprinting:

1) PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
ADDRESS & CONTACT NUMBER: _____

2) PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
ADDRESS & CONTACT NUMBER: _____

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed
Business Code: _____
Approved MSC: _____
Start of Payment: _____
Monthly SS Contribution (P): _____

For Change of Membership Type to Non-Working Spouse
Working Spouse's MSC: _____
Approved MSC of NWS: _____
Start of Payment: _____
Monthly SS Contribution (P): _____

RECEIVED BY: *[Signature]* **ADELYN T. ENCABO**
SIGNATURE OVER PRINTED NAME
DATE & TIME: OCT 31 2018 9:07

PROCESSED BY: *[Signature]* **ADELYN T. ENCABO**
SIGNATURE OVER PRINTED NAME
DATE & TIME: OCT 31 2018 9:07

REVIEWED BY: _____
SIGNATURE OVER PRINTED NAME
DATE & TIME: _____

APPROVED BY: *[Signature]* **ADELYN T. ENCABO**
SIGNATURE OVER PRINTED NAME
DATE & TIME: OCT 31 2018 9:07

BRANCH: 3SS Mandate Branch - Compared Working
 Received
 Refined

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the **member**, both with signature and one (1) with photo; and
 - Additional ID card/s per type of filer
 - Company ID of the **employer-filer**, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the **company representative**, if filed by company representative
 - Two (2) ID cards of the **household employer-filer**, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
4.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
5.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion