



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 3 5 1 1 0 2 8 2 8 3 6	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 0 5 1 1 3 1 1 9 1 9	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) DELOS SANTOS	(FIRST NAME) ALETHEIA	(MIDDLE NAME) LANA	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) METROPOLIS SUBDIVISION, BLOCK 3 LOT 1, DAFFODIL ST., BACAYAN, CEBU CITY		(HOUSE/LOT & BLK NO.)	(STREET NAME)
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE/CELLPHONE NUMBER 0 9 1 3 5 2 5 1 1 4 3 5 1 1	E-MAIL ADDRESS theadnts@gmail.com
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM <input type="checkbox"/> Employed <input type="checkbox"/> Voluntary <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Non-Working Spouse (NWS) <input type="checkbox"/> Prior Registrant <small>(A person who registered with the SSS for the first time as a prospective employee.)</small>	TO <input type="checkbox"/> Self-Employed <i>(Please fill-out the details below.)</i> Profession/Business _____ Year Profession/Business Started _____ Monthly Earnings (P) _____	TO (Option for Prior Registrant Only) <input type="checkbox"/> Non-Working Spouse <i>(Please fill-out the details below.)</i> SS No./CRN of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS _____ <small>SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE</small>
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B. CORRECTION OF NAME

<input type="checkbox"/> Last Name <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <small>(or change of middle initial to middle name)</small> <input type="checkbox"/> Prefix (e.g., "de", "dela", "delos", "del", "Ma." or "Maria") or Suffix (e.g., Jr., II or III) <input type="checkbox"/> Simple Error in Spelling of Name (e.g., "i" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters) <input type="checkbox"/> Due to to Re-marriage	FROM _____ TO _____
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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)

<input type="checkbox"/> Single to Married <input type="checkbox"/> Married to Legally Separated <input type="checkbox"/> Married to Widowed <input type="checkbox"/> Reversion from Married to Single	FROM _____ TO _____
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F. UPDATING OF CONTACT INFORMATION

Address mailing Telephone Number E-mail Address Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

<input type="checkbox"/> Benefits (Sickness/Maternity/Partial Disability) <input type="checkbox"/> Loans <input type="checkbox"/> PESO Fund	Bank Name _____ Bank Branch _____ Account Number _____
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H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

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
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

C. CERTIFICATION

SS NUMBER: 915 | 110 | 218 | 218 | 316

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

PRINTED NAME: ALTHEIA DEW JAMES
 SIGNATURE: [Signature]
 DATE: 9/20/23

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

<p>For Change of Membership Type to Self-Employed</p> <p>Business Code: _____</p> <p>Approved MSC: _____</p> <p>Start of Payment: _____</p> <p>Monthly SS Contribution (P): _____</p> <p>SSS CESU NRA BRANCH-MSS</p>	<p>For Change of Membership Type to Non-Working Spouse</p> <p>Working Spouse's MSC: _____</p> <p>Approved MSC of NWS: _____</p> <p>Start of Payment: _____</p> <p>Monthly SS Contribution (P): _____</p> <p>452</p>
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RECEIVED BY: CINDRELL P. INOC
 SIGNATURE OVER PRINTED NAME: [Signature]
 DATE & TIME: SEP 20 2023
 SSS CESU NRA BRANCH-MSS
 BRANCH: 452

PROCESSED BY: CINDRELL P. INOC
 SIGNATURE OVER PRINTED NAME: [Signature]
 DATE & TIME: SEP 20 2023

ENCODED BY: CINDRELL P. INOC
 SIGNATURE OVER PRINTED NAME: [Signature]
 DATE & TIME: SEP 20 2023

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

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

INSTRUCTIONS

1. 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".
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - a. 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
 - b. Filed by employer or company representative or household employer
 1. SS card or UMID card or two (2) ID cards of the **member**, both with signature and one (1) with photo; **and**
 2. Additional ID card/s per type of filer
 - 2.a Company ID of the **employer-filer**, with signature and photo, if filed by employer
 - 2.b Specimen Signature Card (SS Form L-501) of the **company representative**, if filed by company representative
 - 2.c Two (2) ID cards of the **household employer-filer**, both with signature and one (1) with photo, if filed by household employer
4. 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.
5. If member cannot sign, witnesses to fingerprinting shall be as follows:
 - a. Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - b. 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.

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