



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: 3382241393
COMMON REFERENCE NUMBER (IF ANY):
DATE OF BIRTH (MMDDYYYY): 05141982
TAX IDENTIFICATION NUMBER (IF ANY):
NAME (LAST NAME): Butay (FIRST NAME): De-Anne (MIDDLE NAME): Agas (SUFFIX):
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): (HOUSE/LOT & BLK NO.): (STREET NAME):
(SUBDIVISION): Sto. Nino Village (BARANGAY/DISTRICT/LOCALITY): (CITY/MUNICIPALITY): Lapu-Lapu City (PROVINCE): Cebu ZIP CODE: 6015
TELEPHONE NUMBER (AREA CODE + TEL. NO.): MOBILE/CELLPHONE NUMBER: 093902714746 E-MAIL ADDRESS: dbutay036
FOREIGN ADDRESS (IF APPLICABLE): COUNTRY: Philippines ZIP CODE:

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM

- Employed
Voluntary
Overseas Filipino Worker
Non-Working Spouse (NWS)
Prior Registrant

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

FROM

TO

B. CORRECTION OF NAME

- 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., "i" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)
Due 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

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

Table with columns: NAME (LAST NAME), (FIRST NAME), (MIDDLE NAME), (SUFFIX), RELATIONSHIP TO MEMBER, DATE OF BIRTH (MMDDYYYY), and checkboxes for New/Additional, Deletion.