

**PART II - TO BE FILLED OUT BY SSS**

**A. TRANSACTION RESULTS**

**REQUEST**

- |  |   |
|--|---|
| <input type="checkbox"/> Cancellation of Multiple SS Numbers                   | <input type="checkbox"/> Deletion of Entry in Employment History Record |
| <input type="checkbox"/> Consolidation of Contributions                        | <input type="checkbox"/> Encoding/Correction of Date of Coverage        |
| <input type="checkbox"/> Correction/Refund/Posting/Adjustment of Contributions | <input type="checkbox"/> Manual Verification                            |
| <input type="checkbox"/> Certification of Membership/Non-Membership            | <input type="checkbox"/> Print-out of Computer Records                  |
| <input type="checkbox"/> Copy of Membership Record/s                           | <input type="checkbox"/> Others   |

**VERIFICATION**

- |   |   |
|---|---|
| <input type="checkbox"/> Contribution                             | <input type="checkbox"/> Loan Balance               |
| <input type="checkbox"/> Date of Coverage                         | <input type="checkbox"/> Loans/Benefits Eligibility |
| <input type="checkbox"/> Employer Number                          | <input type="checkbox"/> Status of                  |
| <input checked="" type="checkbox"/> SS Number <u>06-4418253-3</u> | <input type="checkbox"/> Loan Application           |
| <input type="checkbox"/> Flexi-Fund Premiums                      | <input type="checkbox"/> Benefits Claim Application |
| <input type="checkbox"/> SSS P.E.S.O Fund Premiums                | <input type="checkbox"/> Application for UMID Card  |
|   | <input type="checkbox"/> Data Change Requested      |
|   | <input type="checkbox"/> Others                     |

FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

VERIFIED/PROCESSED BY  
 REBECCA DEL ROSARIO  
 SENIOR CLERK, SSS TALSAY BRANCH  
 RECEIVED COMPARED WITH ORIGINAL

RELEASED BY

SIGNATURE OVER PRINTED NAME	DEPT./BRANCH	DATE & TIME	SIGNATURE OVER PRINTED NAME	DEPT./BRANCH	DATE & TIME

**INSTRUCTIONS**

- 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)
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 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)
- 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.
- This form can be downloaded thru the SSS Website at [www.sss.gov.ph](http://www.sss.gov.ph).



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 REQUEST/VERIFICATION FORM**

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	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY) 015   2   11   2010	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) HERNANDO	(FIRST NAME) CRIS DANIELE	(MIDDLE NAME) DEWIN	(SUFFIX)
LOCAL ADDRESS (RM/FLR/UNIT NO & BLDG. NAME) MIMOSA SUBDIVISION		(HOUSE/LOT & BLK. NO.) BLK 5 LOT 1	(STREET NAME)
(SUBDIVISION) MIMOSA SUBDIVISION	(BARANGAY/DISTRICT/LOCALITY) LABANGON	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 019   415   115   42981	E-MAIL ADDRESS hernando.chris.daniel@gmail.com	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY PHILIPPINES	ZIP CODE	
TYPE OF MEMBERSHIP <input checked="" type="checkbox"/> EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> OVERSEAS FILIPINO WORKER			

**B. TYPE OF TRANSACTION**

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:  
 Civil Status: SINGLE  
 Maiden Name (if female): \_\_\_\_\_  
 Name of Father: ROLDAN D. HERNANDO  
 Name of Mother: ELMA R. HERNANDO

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 \_\_\_\_\_

**C. CERTIFICATION**

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

HERNANDO CRIS DANIELE  
 PRINTED NAME

SIGNATURE

09/21/2014  
 DATE

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

I authorize Mr./Ms. \_\_\_\_\_ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.

PRINTED NAME & SIGNATURE OF MEMBER

DATE

PRINTED NAME & SIGNATURE OF AUTHORIZED REP.

DATE

**PART I - TO BE FILLED OUT BY SSS**

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

Perforate Here



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)

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