



Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM

COV-01255 (04-2015)

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 0614111414411	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY) 02/15/2000	TAX IDENTIFICATION NUMBER (if any) 7145104615187
NAME (LAST NAME) MENDEZ	(FIRST NAME) CHILIE	(MIDDLE NAME) BOLD	(SUFFIX)
LOCAL ADDRESS (SUBDIVISION) MOHON	(RM, FLR, UNIT NO. & BLDG. NAME) 108	(HOUSE/LOT & BLK. NO.) TAUSAY CITY	(STREET NAME) CASTLE BELLETA ST.
(CITY/MUNICIPALITY) MOHON	(CITY/MUNICIPALITY) TAUSAY CITY	(PROVINCE) CEBU	ZIP CODE 6101415
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS chilieismendez@gmail.com	GENDER <input type="checkbox"/> MALE <input checked="" 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 _____
 Maiden Name (if female) _____
 Name of Father _____
 Name of Mother _____

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 (MMYYYY)	TO (MMYYYY)
1. Shogun Mgt. & Development Corp.	Gaisano Grand Fashion Mall, Talamban		
2.			

Certification of Membership/Non-Membership
 Copy of Membership Record/s _____ (Record Type)

Print-out of Computer Records (EE Basic 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/ECR/subsidiary.../member death/benefit)
 Application for UMID Card
 Data Change Requested
 Others _____

C. CERTIFICATION

Chilie B. Mendez certify that the information provided in this form are true and correct.
 PRINTED NAME: CHILIE B. MENDEZ SIGNATURE: *Chilie B. Mendez* DATE: 10/21/24

AUTHORIZATION (To be filled out by member with authorized representative or company representative only)
 I authorize Mr./Ms. CHILIE B. MENDEZ 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: CHILIE B. MENDEZ 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



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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 _____

PART II - TO BE FILLED OUT BY SSS

A. TRANSACTION RESULTS

REQUEST

Cancellation of Multiple SS Numbers

Consolidation of Contributions

Correction/Refund/Posting/Adjustment of Contributions

Certification of Membership/Non-Membership

Copy of Membership Record/s

Deletion of Entry in Employment History Record

Encoding/Correction of Date of Coverage

Manual Verification

Print-out of Computer Records

Others

VERIFICATION

Contribution

Date of Coverage

Employer Number

SS Number

06-4114144-1

Flex-Fund Premiums

SSS P.E.S.O.F.F.S. Member

CRISTINE R. MENDES

Loan Balance

Loans/Benefits Eligibility

Status of

Loan Application

Benefits Claim Application

Application for UMID Card

Data Change Requested

Others

B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

VERIFIED/PROCESSED BY

RELEASED BY

RAINEY L. DACALOS

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)

- 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)

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.