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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 01645680092	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 12/19/2014	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) Oliver	(FIRST NAME) Miles Pent	(MIDDLE NAME) Makales	(SUFFIX)
ADDRESS (PK./FL./UNIT NO. & BLDG. NAME) Laguna Basak parko, Cebu City, Cebu		(HOUSE/LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09131171950680	E-MAIL ADDRESS milescharcoal@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY Philippines	ZIP CODE 6000	

B. DATA CHANGE/CORRECTION/UPDATING

**A. CHANGE OF MEMBERSHIP TYPE**

<b>FROM</b>	<b>TO</b>	<b>TO (Option for Prior Registrant Only)</b>
<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>	<input type="checkbox"/> Self-Employed (Please fill-out the details below.) Profession/Business _____ Year Profession/Business Started _____ Monthly Earnings (P) _____	<input type="checkbox"/> 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**

<b>FROM</b>	<b>TO</b>
<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", "del", "delos", "del", "Ma." or "Maria") or Suffix (e.g., Jr., II or III) <input type="checkbox"/> Simple Error in Spelling of Name (e.g., "r" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters) <input type="checkbox"/> 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)

<b>FROM</b>	<b>TO</b>
<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	          

**F. UPDATING OF CONTACT INFORMATION**

<input checked="" type="checkbox"/> Address	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Mobile/Celphone Number
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**G. UPDATING OF BANK INFORMATION**

<b>Bank Name</b>	<b>Bank Branch</b>	<b>Account Number</b>
<input type="checkbox"/> Benefits (Sickness/Maternity/Partial Disability) <input type="checkbox"/> Loans <input type="checkbox"/> PESO Fund	_____	_____

**H. UPDATING OF MEMBER RECORD STATUS** (From "Temporary" to "Permanent") - please indicate submitted documents PC

**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
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

SSS No. **0645680092**