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Republic of the Philippines



**SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM**

ANNEX B

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 9151094011915	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) ARSLA	(FIRST NAME) QUENIE NICE	(MIDDLE NAME) MENDOZA	(SUFFIX)
LOCAL ADDRESS (SUBDIVISION) CANGAIANG	(RM./FLR./UNIT NO. & BLDG. NAME) CANGAIANG	(HOUSE/LOT & BLK. NO.) TALISAY CITY	(STREET NAME) BIBONAN STREET
TELEPHONE NUMBER (AREA CODE - TEL. NO.)	MOBILE/CELLPHONE NUMBER 0944516079803	E-MAIL ADDRESS arsulanice@gmail.com	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY Philippines	ZIP CODE	ZIP CODE 601415

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

- Name of Spouse _____
- Name of Child/Children 1. _____
2. _____
3. _____
- 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 (yyyy)	TO (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

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

QUENIE NICE ARSLA _____ SIGNATURE _____ DATE 06/07/2012

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

Perforate Here

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



**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 _____ POSITION TITLE _____ DATE & TIME _____ BRANCH _____

SIGNATURE OVER PRINTED NAME _____

[Handwritten Signature]