



E-4

Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

COV-01216 (09-2015)

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 016 3 6 6 0 4 9 1 9	COMMON REFERENCE NUMBER (if any)	DATE OF BIRTH (MMDDYYYY) 03 01 19 96	TAX IDENTIFICATION NUMBER (if any)
NAME (LAST NAME) QUINTAL, LESLIE ANN SALA	NAME (FIRST NAME)	NAME (MIDDLE NAME)	NAME (SUFFIX)
ADDRESS (PREVIOUS ADDRESS & BLDG. NAME) B. RODRIGUEZ EXT., SITIO LOWER KAWAYAN, BRGY. SAMBAG 2, C.O.	BIODIGEST AREA NO. SAMBAG 2	CITY/TOWN/VILLAGE CEBU CITY	STATE CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09 47 45 62 71 9	E-MAIL ADDRESS leslieannsalalquintal@gmail.com	ZIP CODE 6000
FOREIGN ADDRESS (if applicable)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATE

A. CHANGE OF MEMBERSHIP TYPE

FROM

Employed

Voluntary

Overseas Filipino Worker

Non-Working Spouse (NWS)

Prior Registrant
(A person who registered with the SSS for the first time as a prospective employee.)

TO

Self-Employed (Please fill out the details below.)

Profession/Business: _____

Year Profession/Business Started: _____

Monthly Earnings (P): _____

TO (S) (If you are filing for "New" Coverage)

Self-Employed (Please fill out the details below.)

Profession/Business: _____

Year Profession/Business Started: _____

Monthly Earnings (P): _____

Non-Working Spouse (NWS)

NAME OF WORKING SPOUSE: _____

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", "del", "delos", "del", "Ma." or "Maria") or Suffix (e.g., Jr., II or III)

Single Error in Spelling of Name (e.g., "r" to "n" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)

Due to Re-marriage

FROM: _____ TO: _____

C. CORRECTION OF DATE OF BIRTH

FROM: _____ TO: _____

D. CORRECTION OF SEX

FROM: _____ TO: _____

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

FROM: _____ TO: _____

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
<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

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)	
GEMPEO,	QUEEN REYANNE	QUINTAL		DAUGHTER	12 08 20 19	<input checked="" type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
GEMPEO,	KING REYANNE	QUINTAL		SON	08 03 02 02	<input checked="" type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

Employee Static Information (RRCS)

C.R.N.

SS Number **06-3660491-9**

Date of Birth **03-01-1996**

Member Name **QUINTAL, LESLIE ANN SALA**

Date of Coverage **05-2015**

(Surname, First Name Extension Middle Name)

Address & Contact Information



LOG MEMBER INITIAL VISIT

E-1 Flag Status :

E-1 FILED

Sex :

FEMALE

Reporting Date :

06-24-2015

Reporting ID :

03-9127438-3

Latest ER ID :

03-9127438-3

Latest ER Name :

FREMONT FOODS CORP.

Claim Flag Status :

NO CLAIM

SS Number Status :

SS NUMBER ACTIVE

Transferred to (New SS Number) :

Coverage Status :

COVERED EMPLOYEE

Change in Coverage Status :

NO STATUS CHANGE

Date of Loan Disqualification :

SS Number Withdrawal Reason :

Record Location :

QUEZON CITY

SMB PB Enrollment Information :

• MEMBER NOT YET ENROLLED IN THIS PROGRAM