

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>06-3521614-6</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 |

SOCIAL SECURITY SYSTEM
MEMBERSHIP SECTION

B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

VERIFIED/PROCESSED BY	RELEASED BY		
SIGNATURE OVER PRINTED NAME	DEPT./BRANCH	DATE & TIME	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