



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 BLOCK LETTER ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

MEMBER REFERENCE NUMBER: 01641041111111 DATE OF BIRTH: 01/01/1971 TAX IDENTIFICATION NUMBER: 0101111111

NAME: MEYER, JAY T. MEMBER'S SEX: M MEMBER'S STATUS: CELESTIAL

ADDRESS: 7400 S. LINDENWAY, CALUMBO, CEBU MEMBER'S CITY: CEBU MEMBER'S PROVINCE: CEBU MEMBER'S ZIP CODE: 6101

TELEPHONE NUMBER: 09171111111111 MEMBER'S PHONE NUMBER: 09171111111111 MEMBER'S EMAIL ADDRESS: jayt.martinez@sss.gov.ph MEMBER'S WEBSITE: jayt.martinez@sss.gov.ph

PERSONAL ADDRESS OF EMPLOYER: SSS - CALUMBO COUNTRY: PHILIPPINES

B. DATA CHANGE/CORRECTION/UPDATING

1. CHANGE OF MEMBERSHIP TYPE

FROM: Employed Self-Employed Non-Working Spouse Non-Working Spouse (Must be a valid spouse)

TO: Self-Employed Non-Working Spouse Non-Working Spouse (Must be a valid spouse)

2. CORRECTION OF NAME

Last Name First Name Middle Name

Due to a mistake made by the member

Due to a change of middle initial to include middle name

Due to a change of "Mr.", "Mrs.", "Miss", "Mx", or "Ms." to "Sir", "Ma'am", "Ms.", or "Mx."

Single Error in Spelling of Name (e.g., "J" to "I" or "S" to "L") or use wrong, exclusionary/abbreviation of name and special characters

Due to the marriage

3. CORRECTION OF DATE OF BIRTH

CORRECTION OF SEX

4. CHANGE OF CIVIL STATUS

(For Female members. Accomplish the FIDM 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

5. UPDATING OF CONTACT INFORMATION

Address Telephone Number E-mail Address Member Category Number

UPDATING OF BANK INFORMATION

Bank Name Bank Branch Account Number

Reseller (Checkmate) Membership/Partner Disability Loans PESO Fund

6. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Regular") (members include authorized documents)

RECEIVED WITH ERASURES

NO MORE NAME

CAVASC

UPDATING OF DEPENDENTS/BENEFICIARIES (Please check the appropriate box. If more than 3, see other page "Successor" portion)

NAME (Last Name, First Name, Middle Name)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM/DD/YYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

C. CERTIFICATION

I certify that the information provided in this form is true and correct.

MEMBER SIGNATURE: [Signature] DATE: 01/07/2023

PRINTED NAME: _____ DATE: _____

ADDRESS & CONTACT NUMBER: _____ RIGHT THUMB: _____

PRINTED NAME: _____ DATE: _____

ADDRESS & CONTACT NUMBER: _____ RIGHT THUMB: _____

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

Business Code: _____

Approved VSC: _____

Member ID Contribution (M): _____

RECEIVED BY: JAY T. MARTINEZ MEMBER'S SIGNATURE

PROCESSED BY: JAY T. MARTINEZ MEMBER'S SIGNATURE

APPROVED BY: _____ DATE & TIME: _____

REVIEWED BY: _____ DATE & TIME: _____

DATE & TIME: _____

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopies of the following identification (ID) cards in filing this form:
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo, add:
 - Additional ID card's per type of filer
 - Company ID of the employer-filer, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/telephone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix their signatures on the portion provided for in Part I-C.
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENTS/BENEFICIARIES (Please check the appropriate box.)

NAME (Last Name, First Name, Middle Name)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM/DD/YYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____