



Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

COV-01215 (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 35 21 44 08 55	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MM/DD/YYYY) 01 26 2002	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) LACAN	(FIRST NAME) DASIRO	(MIDDLE NAME) JUAN	(SUFFIX) JR.
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) PUNTA MARINAZO UC		(HOUSELOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/CITY/TOWN/LOCALITY) UC	(CITY/MUNICIPALITY)	(PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 0915 3919484	E-MAIL ADDRESS lacanjuan@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM	TO	TO (Option for Prior Registrant Only)
<input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed (Please fill-out the details below.)	<input type="checkbox"/> Non-Working Spouse (Please fill-out the details below.)
<input type="checkbox"/> Voluntary	Profession/Business _____	SS No./CRN of Working Spouse _____
<input type="checkbox"/> Overseas Filipino Worker	Year Profession/Business Started _____	Monthly Income of Working Spouse (P) _____
<input type="checkbox"/> Non-Working Spouse (NWS)	Monthly Earnings (P) _____	I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.
<input type="checkbox"/> Prior Registrant <small>(A person who registered with the SSS for the first time as a prospective employee.)</small>		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

B. CORRECTION OF NAME

<input type="checkbox"/> Last Name	FROM _____	TO _____
<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", "delo", "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 spaces 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)

<input type="checkbox"/> Single to Married	FROM _____	TO _____
<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 type="checkbox"/> Address	<input type="checkbox"/> Telephone Number	<input checked="" type="checkbox"/> E-mail Address	<input checked="" type="checkbox"/> Mobile/Cellphone Number
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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

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 1, use other page "instructions" portion.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM/DD/YYYY)	
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

SSS NUMBER
 5 1 9 1 1 1 4 1 0 1 8 1 5 1 5

C. CERTIFICATION
 I certify that the information provided in this form are true and correct.

LESAR, DONALDO JR. SLS-1
 PRINTED NAME

[Signature]
 SIGNATURE

10-19-2024
 DATE

If member cannot sign, affix fingerprints (please see instruction no. 5).
Below are the witnesses to fingerprinting:

1) _____
 PRINTED NAME SIGNATURE DATE
 ADDRESS & CONTACT NUMBER

2) _____
 PRINTED NAME SIGNATURE DATE
 ADDRESS & CONTACT NUMBER

RIGHT THUMB **RIGHT INDEX**

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

Business Code _____

Approved MSC _____

Start of Payment _____

Monthly SS Contribution (P) _____

For Change of Membership Type to Non-Working Spouse

Working Spouse's MSC _____

Approved MSC of NWS _____

Start of Payment _____

Monthly SS Contribution (P) _____

SOCIAL SECURITY SYSTEMS - LAPU-LAPU BRANCH

JAY T. MARTINEZ
SMSR
 RECEIVED / CERTIFIED TRUE COPY **OCT 2024**

RECEIVED BY
 SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ BRANCH _____

PROCESSED BY
 SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

ENCODER BY
 SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

REVIEWED BY
 SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

APPROVED BY
 SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

INSTRUCTIONS

1. 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".
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - a. 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
 - b. Filed by employer or company representative or household employer
 1. SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
 2. Additional ID card/s per type of filer
 - 2.a Company ID of the employer-filer, with signature and photo, if filed by employer
 - 2.b Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - 2.c Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
4. If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
5. If member cannot sign, witnesses to fingerprinting shall be as follows:
 - a. Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - b. 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.
6. If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	RELATIONSHIP TO MEMBER	DATE OF BIRTH (mm/dd/yyyy)	
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
4.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
5.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion