

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 BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER 016 9 8 5 8 2 3 2 0	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 6 1 2 9 2 0 0 6	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) GERSALE	(FIRST NAME) LARA JEAN	(MIDDLE NAME) AWANAN	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) CANSAGA	(CITY/MUNICIPALITY) CONSOLACION	(PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09 611 53 8164 919	E-MAIL ADDRESS lgersale@gmail.com	ZIP CODE 61011
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

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 (Option for Prior Registrant Only)

- Non-Working Spouse (Please fill-out the details below.)
SS No./CRN of Working Spouse _____
Monthly Income of Working Spouse (P) _____
I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.

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

- Single to Married
- Married to Legally Separated
- Married to Widowed
- Reversion from Married to Single

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

I. 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)	
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

