



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 3 5 1 6 4 5 2 4 1 1	COMMON REFERENCE NUMBER (if any)	DATE OF BIRTH (MMDDYYYY) 0 2 2 9 2 0 0 2	TAX IDENTIFICATION NUMBER (if any)
NAME (LAST NAME) PATLINGRAO	(FIRST NAME) ALMIRA	(MIDDLE NAME) ABALOS	(SUFFIX)
ADDRESS (RM./P.O./UNIT NO. & BLDG. NAME)	(HOUSELOT & BLK NO.)	(STREET NAME) MORANATNA	
(CITY/MUNICIPALITY) SAN ROQUE	(CITY/MUNICIPALITY) CEBU	(PROVINCE) I	ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.) 0 9 9 7 9 7 5 3 6	MOBILE/CELLPHONE NUMBER 0 9 9 7 9 7 5 7 6 9 5	E-MAIL ADDRESS almirapatlingrao@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE	

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

<p>FROM</p> <input type="checkbox"/> Employed <input type="checkbox"/> Voluntary <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Non-Working Spouse (NWS) <input type="checkbox"/> Prior Registrant <small>(A person who registered with the SSS for the first time as a prospective employee.)</small>	<p>TO</p> <input type="checkbox"/> Self-Employed (Please fill-out the details below.) Profession/Business _____ Year Profession/Business Started _____ Monthly Earnings (P) _____	<p>TO (Option for Prior Registrant Only)</p> <input type="checkbox"/> 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 _____
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B. CORRECTION OF NAME

<input type="checkbox"/> Last Name <input type="checkbox"/> First Name <input checked="" type="checkbox"/> Middle Name <small>(or change of middle initial to middle name)</small> <input type="checkbox"/> Prefix (e.g., "de", "del", "delos", "delo", "Ma," or "Merita") 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 space and special characters) <input type="checkbox"/> Due to Re-marriage	<p>FROM</p> <p>TO</p> <p>ABALOS</p>
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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 <input type="checkbox"/> Married to Legally Separated <input type="checkbox"/> Married to Widowed <input type="checkbox"/> Reversion from Married to Single	<p>FROM</p> <p>TO</p>
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F. UPDATING OF CONTACT INFORMATION

<input type="checkbox"/> Address	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Mobile/Cellphone Number
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G. UPDATING OF BANK INFORMATION

<input type="checkbox"/> Benefits (Sickness/Maternity/Partial Disability) <input type="checkbox"/> Loans <input type="checkbox"/> PESO Fund	<p>Bank Name</p> <p>Bank Branch</p> <p>Account Number</p>
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H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

✓ BIRTH CERT.

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)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion <input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion <input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1.			NA			
2.						
3.						

C. CERTIFICATION

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

PRINTED NAME: MARIA PRIM DIANN L. GARCIA

SIGNATURE: [Signature]

DATE: June 9, 2024

2. 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 SSS: _____
Start of Payment: _____
Monthly SS Contribution (P): _____



RECEIVED BY: MARIA PRIM DIANN L. GARCIA
COMPARED WITH ORIGINAL TIME.

SIGNATURE OVER PRINTED NAME: _____ DATE & TIME: _____ BRANCH: _____

PROCESSED BY: _____ ENCODED BY: _____

SIGNATURE OVER PRINTED NAME: _____ DATE & TIME: _____ SIGNATURE OVER PRINTED NAME: _____ DATE & TIME: _____

REVIEWED BY: _____ APPROVED BY: _____

SIGNATURE OVER PRINTED NAME: _____ DATE & TIME: _____ SIGNATURE OVER PRINTED NAME: _____ 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; and
 - 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/cellphone 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 his/her signature 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 dependent/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT/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"/> Need Additional Documentation
2							<input type="checkbox"/> Need Additional Documentation
3							<input type="checkbox"/> Need Additional Documentation
4							<input type="checkbox"/> Need Additional Documentation
5							<input type="checkbox"/> Need Additional Documentation

