



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 REQUEST/VERIFICATION FORM**

COV-01205 (05-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER INFORMATION

SS NUMBER: _____ COMMON REFERENCE NUMBER: _____ DATE OF BIRTH (MM/DD/YYYY): 01/07/2002 TAX IDENTIFICATION NUMBER (IF ANY): _____

NAME (LAST NAME): REGALDOR (FIRST NAME): FAY (MIDDLE NAME): CRUZ (SUFFIX): _____

LOCAL ADDRESS (SUBDIVISION): 5th STREET (PRM/FLR/JUNIT NO. & BLDG. NAME): FAY CRUZ (HOUSE/LOT & BLK. NO.): MCHA (STREET NAME): _____

(BARANGAY/DISTRICT/LOCALITY): LABO SAN MARCEL CITY (CITY/MUNICIPALITY): _____ (PROVINCE): _____ ZIP CODE: _____

TELEPHONE NUMBER (AREA CODE + TEL. NO.): _____ MOBILE/CELLPHONE NUMBER: 0914582047411 E-MAIL ADDRESS: regalfaycruz02@gmail.com GENDER: MALE FEMALE

FOREIGN ADDRESS (IF APPLICABLE): _____ COUNTRY: _____ ZIP CODE: _____

TYPE OF MEMBERSHIP: EMPLOYED VOLUNTARY SELF-EMPLOYED NON WORKING SPOUSE OVERSEAS FILIPINO WORKER

B. TYPE OF TRANSACTION

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:
 Civil Status: _____ Name of Spouse: _____
 Maiden Name (if female): _____ Name of Child/Children: 1. _____
 Name of Father: _____ 2. _____
 Name of Mother: _____ 3. _____

Consolidation of Contributions (for members with multiple employers) Deletion of Entry in Employment History Record
 Correction/Refund/Posting/Adjustment of Contributions Encoding/Correction of Date of Coverage
 Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

	NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
			FROM (MM/YYYY)	TO (MM/YYYY)
1				
2				

Certification of Membership/Non-Membership Print-out of Computer Records (EE Static Information/Actual Premiums/Flex-Fund Premiums/SSS P E S O Fund Premiums/Employment History/Claims Information)
 Copy of Membership Record/s (Record Type) _____ Others _____

VERIFICATION

Contribution (Indicate Period Covered): _____ Loans/Benefits Eligibility
 Date of Coverage: _____ Status of:
 Employer Number: _____ Loan Application
 SS Number: _____ Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)
 Flexi-Fund Premiums: _____ Application for UMID Card
 SSS P E S O Fund Premiums: _____ Data Change Requested
 Loan Balance: _____ Others _____

C. CERTIFICATION

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

PRINTED NAME: FAY CRUZ REGALDOR SIGNATURE: _____ DATE: 06-08-2020

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. _____ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification

PRINTED NAME & SIGNATURE OF MEMBER: _____ DATE: _____ PRINTED NAME & SIGNATURE OF AUTHORIZED REP: _____ DATE: _____

PART I - TO BE FILLED OUT BY SSS

Preference for release of request/verification: For Mailing For Pick-up (indicate date & time): _____

Identification document/s presented by herein named authorized/co representative: SS Two (2) valid IDs

Perforate Here



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
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 ACKNOWLEDGEMENT STUB**

SS NUMBER/Common Reference Number (if any): _____ NAME (LAST NAME): REGALDOR (FIRST NAME): FAY (MIDDLE NAME): CRUZ (SUFFIX): _____

RECEIVED BY: _____ SIGNATURE OVER PRINTED NAME: _____ POSITION TITLE: _____ DATE & TIME: _____ BRANCH: _____

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>0648 3444 72</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 |
- SE / M POC*
W/SS / MTC / Others

B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

VERIFIED/PROCESSED BY <u>REGALYN A. LOPEZ</u>	RELEASED BY <u>SHEREE MAR G. VILLARIN</u>
RECEIVED/COMPARED WITH ORIGINAL <u>JUN 03 2024</u>	SSS III SSS CENTER BRANCH
SIGNATURE OVER PRINTED NAME _____ DEPT./BRANCH _____ DATE & TIME _____	SIGNATURE OVER PRINTED NAME _____ DEPT./BRANCH _____ DATE & TIME _____

INSTRUCTIONS

1. 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)

2. Place a checkmark on the applicable box.

3. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.

4. 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)

5. 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.

6. This form can be downloaded thru the SSS Website at www.sss.gov.ph.