



COV-01205 (05-2015)

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

**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 314 1915179813173	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY) 014 114 19 918	TAX IDENTIFICATION NUMBER (if any)
NAME (LAST NAME) CATUBIG	(FIRST NAME) KHARRINE	(MIDDLE NAME)	(SUFFIX)
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) DUROK TIKAROL, COLASE, SAMBOAN, CEBU	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	

(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	ZIP CODE 6101217
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 01919826106824	E-MAIL ADDRESS	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> 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 SINGLE	Name of Spouse
Maiden Name (if female) CATUBIG	Name of Child/Children
Name of Father N/A	1. _____
Name of Mother CATHARINE SOCORRO J. CATUBIG	2. _____
	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 (MMYYYY)	TO (MMYYYY)
1. IPLOY			
2.			

Certification of Membership/Non-Membership     Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)

Copy of Membership Record/s (Record Type)     Others

VERIFICATION

<input type="checkbox"/> Contribution (Indicate Period Covered)	<input type="checkbox"/> Loans/Benefits Eligibility
<input type="checkbox"/> Date of Coverage	<input type="checkbox"/> Status of:
<input type="checkbox"/> Employer Number	<input type="checkbox"/> Loan Application
<input type="checkbox"/> SS Number	<input type="checkbox"/> Benefits Claim Application (sickness/malemtly/EC/disability...inremem/death/funeral)
<input type="checkbox"/> Flexi-Fund Premiums	<input type="checkbox"/> Application for UMID Card
<input type="checkbox"/> SSS P.E.S.O Fund Premiums	<input type="checkbox"/> Data Change Requested
<input type="checkbox"/> Loan Balance	<input type="checkbox"/> Others

#### C. CERTIFICATION

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

KHARRINE CATUBIG    [Signature]    04-04-2025  
 PRINTED NAME    SIGNATURE    DATE

#### 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



## ACKNOWLEDGEMENT STUB

SS NUMBER/Common Reference Number (if any)    NAME (LAST NAME)    (FIRST NAME)    (MIDDLE NAME)    (SUFFIX)

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