



E-4

COV-01215 (09-2015)

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

Form section A containing fields for SS NUMBER, COMMON REFERENCE NUMBER, DATE OF BIRTH, TAX IDENTIFICATION NUMBER, NAME, ADDRESS, TELEPHONE NUMBER, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, FOREIGN ADDRESS, COUNTRY, and ZIP CODE.

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

Form section B.A containing checkboxes for membership types: Employed, Voluntary, Overseas Filipino Worker, Non-Working Spouse (NWS), and Prior Registrant. Includes fields for TO (Self-Employed or Non-Working Spouse) and a signature line for the spouse.

B. CORRECTION OF NAME

Form section B.B containing checkboxes for name corrections: Last Name, First Name, Middle Name, Prefix, Simple Error in Spelling, and Due to Re-marriage.

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

Form section B.C-E containing checkboxes for civil status changes: Single to Married, Married to Legally Separated, Married to Widowed, and Reversion from Married to Single.

F. UPDATING OF CONTACT INFORMATION

Form section B.F containing checkboxes for updating Address, Telephone Number, E-mail Address, and Mobile/Cellphone Number.

G. UPDATING OF BANK INFORMATION

Form section B.G containing checkboxes for updating Benefits, Loans, and PESO Fund, with fields for Bank Name, Bank Branch, and Account Number.

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.)

Table with 4 columns: NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), RELATIONSHIP TO MEMBER, DATE OF BIRTH (MMDDYYYY), and checkboxes for New/Additional or Deletion.

**C. CERTIFICATION**

SS NUMBER

016|3|6|3|3|4|3|5|7

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

**RAMON B. SINAMBONG JR.**

PRINTED NAME

*[Handwritten Signature]*  
SIGNATURE

04/23/2025  
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) \_\_\_\_\_

RECEIVED BY

*[Signature]* 23 APR 2025  
ROSARIO C. MURING  
SIGNATURE PRINTED NAME

|                                      |             |                             |
|--------------------------------------|-------------|-----------------------------|
| PROCESSED AND COMPARED WITH ORIGINAL | DATE & TIME | BRANCH                      |
| ENCODER BY                           |             |                             |
| SIGNATURE OVER PRINTED NAME          | DATE & TIME | SIGNATURE OVER PRINTED NAME |
| DATE & TIME                          |             | DATE & TIME                 |
| REVIEWED BY                          |             | APPROVED BY                 |
| SIGNATURE OVER PRINTED NAME          | DATE & TIME | SIGNATURE OVER PRINTED NAME |
| DATE & TIME                          |             | 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 photocopy/ies of the following identification (ID) card/s 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 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 (MMDDYYYY) | <input type="checkbox"/> New/Additional<br><input type="checkbox"/> Deletion |
|------------------|--------------|---------------|----------|------------------------|--------------------------|--|
| 1.               |              |               |          |                        |                          |  |
| 2.               |              |               |          |                        |                          |  |
| 3.               |              |               |          |                        |                          |  |
| 4.               |              |               |          |                        |                          |  |
| 5.               |              |               |          |                        |                          |  |