



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: 251182599216
 COMMON REFERENCE NUMBER (if any):
 DATE OF BIRTH (mm/dd/yyyy): 01/01/2003
 TAX IDENTIFICATION NUMBER (if any):
 NAME (LAST NAME): BODIIT (FIRST NAME): JOHN (MIDDLE NAME): STEVEN (SUFFIX):
 ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): (HOUSELOT & BLK. NO.): (STREET NAME):
 (SUBDIVISION): (BARANGAY/DISTRICT/LOCALITY): (CITY/MUNICIPALITY): (PROVINCE): (ZIP CODE):
 PABAO-ESTANCLIA MANDAUE CITY CEBU 610114
 TELEPHONE NUMBER (AREA CODE + TEL. NO.): MOBILE/CELLPHONE NUMBER: E-MAIL ADDRESS: STEVENTVL00@GMAIL.COM
 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
 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:

B. CORRECTION OF NAME

FROM: TO:
 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., "l" to "o" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)
 Due to Re-marriage

C. CORRECTION OF DATE OF BIRTH

FROM: TO:

D. CORRECTION OF SEX

FROM: TO:

E. CHANGE OF CIVIL STATUS
 (For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

FROM: TO:
 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:
 Benefits (Sickness/Maternity/Partial Disability)
 Loans
 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 (mm/dd/yyyy)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1.	N/A					<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