



# 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](http://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: 06318189118143 COMMON REFERENCE NUMBER (IF ANY): \_\_\_\_\_ DATE OF BIRTH (MMDDYYYY): 06/12/1978 TAX IDENTIFICATION NUMBER (IF ANY) (SUFFIX): 3344807113

NAME (LAST NAME): CORTEZ (FIRST NAME): CHEKREMAE (MIDDLE NAME): ROCHE (STREET NAME): \_\_\_\_\_

ADDRESS (PH/FLR/JUNIT NO. & BLDG. NAME): PHASE 2A LOT 14 BLOCK 14 (CITY/MUNICIPALITY): CEBU (PROVINCE): \_\_\_\_\_ ZIP CODE: 601010

(SUBDIVISION): VILLA LEYSON SUBD (BARANGAY/DISTRICT/LOCALITY): BACAYAN

TELEPHONE NUMBER (AREA CODE + TEL. NO.): \_\_\_\_\_ MOBILE/CELLPHONE NUMBER: 0910101497836 E-MAIL ADDRESS: CheremaeCortez@gmail.com ZIP CODE: \_\_\_\_\_

FOREIGN ADDRESS (IF APPLICABLE): \_\_\_\_\_ COUNTRY: \_\_\_\_\_

### B. DATA CHANGE/CORRECTION/UPDATING

#### A. CHANGE OF MEMBERSHIP TYPE

- FROM
- Employed
  - Voluntary
  - Overseas Filipino Worker
  - Non-Working Spouse (NWS)
  - Prior Registrant
- (A person who registered with the SSS for the first time as a prospective employee.)

- TO
- Self-Employed (Please fill-out the details below.)
  - Profession/Business: \_\_\_\_\_
  - Year Profession/Business Started: 2018
  - 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

- Last Name
- First Name
- Middle Name (or change of middle initial to middle name)
- Prefix (e.g., "de", "dela", "delos", "del", "Ma." or "Maria") or Suffix (e.g., Jr., II or III)
- 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)
- Due to Re-marriage

FROM	TO
<u>CORTEZ</u>	<u>CANOY</u>
<u>ROCHE</u>	<u>CORTEZ</u>
<u>CORTEZ, CHEKREMAE, ROCHE</u>	<u>CANOY, CHEKREMAE, CORTEZ</u>

#### 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)
- 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

Benefits (Sickness/Maternity/Partial Disability)	Loans	PESO Fund	Bank Name	Bank Branch	Account Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<u>N/A</u>	

#### 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 (MMDDYYYY)	
1.				<u>N/A</u>		<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