

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: 06151193779  
 COMMON REFERENCE NUMBER (IF ANY):  
 NAME (LAST NAME): LABRADOR (FIRST NAME): JASMINE (MIDDLE NAME): JEWEL (SUFFIX): FAJARDO  
 DATE OF BIRTH (MMDDYYYY): 09/19/2010  
 TAX IDENTIFICATION NUMBER (IF ANY):  
 ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): GREYHOUND (SUBDIVISION): KINASANG-AN PARDO (BARANGAY/DISTRICT/LOCALITY): 38 (HOUSE/LOT & BLK NO.): CEBU CITY (CITY/MUNICIPALITY): CEBU (PROVINCE): 6000 (ZIP CODE)  
 TELEPHONE NUMBER (AREA CODE + TEL. NO.): 0916110510491616 (MOBILE/CELLPHONE NUMBER)  
 E-MAIL ADDRESS: jasminejewel1@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

(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 \_\_\_\_\_
    - 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., "i" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)
- Due to Re-marriage

FROM

~~JASMINE JEWEL~~  
~~FAJARDO~~

TO

~~JASMINE JEWEL~~  
~~FAJARDO~~

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

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

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

PSA BC

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)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1.	NONE		<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