



Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

COV-01215 (09-2015)

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 ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER 3491215A114	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 03/19/2001	TAX IDENTIFICATION NUMBER (IF A)
NAME (LAST NAME) GOMEZ	(FIRST NAME) FRANCIS	(MIDDLE NAME) JACABA	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) SUN PANG PANG		(HOUSE/LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) SAN ISIDRO	(CITY/MUNICIPALITY) TAWAGAN	(PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 091766704847	E-MAIL ADDRESS	
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

FROM

TO

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

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 _____

- Benefits (Sickness/ Maternity/Partial Disability)