



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 INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER 01028829223	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 01291980	TAX IDENTIFICATION NUMBER (IF ANY) 305924201
NAME (LAST NAME) CALUNSA G	(FIRST NAME) GINA	(MIDDLE NAME) APRIAS	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK NO.) 242A-B	(STREET NAME) OBEDIENCE ST.
(SUBDIVISION) VILLALON SUBD	(BARANGAY/DISTRICT/LOCALITY) CAPITOL SITE	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) Cebu
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09391911404117	E-MAIL ADDRESS shots_pie@yahoo.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 _____

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., "r" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)

Due to Re-marriage

FROM _____ TO _____

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)

Single to Married

Married to Legally Separated

Married to Widowed

Reversion from Married to Single

FROM GINA CALUNSA G TO GINA KIM

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

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 checked="" type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1. KIM	PLAIN	DAJAMUNDE		HUSBAND	10241984	<input checked="" type="checkbox"/>
2.						<input type="checkbox"/>
3.						<input type="checkbox"/>

