

**Employee Static Information  
(RRCS)**

C.R.N.

SS Number **03-9490054-4**

Date of Birth **07-24-1969**

Member Name **IBASETA, MA  
SALOME BONON**

Date of Coverage **05-1989**

(Surname, First Name Extension Middle Name)

**i** REGISTERED in the SSS WEBSITE on 05-14-2012

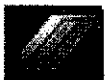
**Address & Contact Information**



LOG MEMBER INITIAL VISIT

# MEMBER DETAILS

E-1 Flag Status :	E-1 FILED
Sex :	FEMALE
Reporting Date :	04-27-1992
Reporting ID :	03-0484000-5
Latest ER ID :	03-9167396-8
Latest ER Name :	ALORICA PHILIPPINES INC
Claim Flag Status :	NO CLAIM
SS Number Status :	SS NUMBER ACTIVE
Transferred to (New SS Number) :	
Coverage Status :	COVERED EMPLOYEE
Change in Coverage Status :	NO STATUS CHANGE
Date of Loan Disqualification :	
SS Number Withdrawal Reason :	
Record Location :	QUEZON CITY
SMB PB Enrollment Information :	• MEMBER NOT YET ENROLLED IN THIS PROGRAM



Social Security System  
Web Inquiry System  
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