

SIGNATURE OVER PRINTED NAME

Republic of the Philippines

06-27732751

BRANCH

DATE & TIME

SOCIAL SECURITY SYSTEM REQUEST/VERIFICATION FORM

COV- 01205 (05-2015) THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY. PART I - TO BE FILLED OUT BY MEMBER A. MEMBER INFORMATION SS NUMBER COMMON REFERENCE NUMBER DATE OF BIRTH (MMDDYYYY) 1 AIRIGIAINA AMIDIAIN 110 NAME LOCAL ADDRESS STA WY E (HOUSE/LOT & BLK NO.) KUMOR (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) ZIP CODE TELEPHONE NUMBER (AREA CODE . TEL NO) MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS GENDER regineavulledgman.com 0191 45 319181 3121 ☐ MALE FOREIGN ADDRESS (IF APPLICABLE) HULL INES TYPE OF MEMBERSHIP OVERSEAS FILIPINO WORKER ☐ EMPLOYED ☐ VOLUNTARY ☐ SELF-EMPLOYED ☐ NON-WORKING SPOUSE **B. TYPE OF TRANSACTION** REQUEST Cancellation of Multiple SS Numbers, indicate the following information: Civil Status Synte Name of Spouse Maiden Name (if female) Name of Child/Children Name of Father Name of Mother Consolidation of Contributions (for members with multiple employers) □ Deletion of Entry in Employment History Record ☐ Correction/Refund/Posting/Adjustment of Contributions ☐ Encoding/Correction of Date of Coverage ☐ Manual Verification Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary PERIOD OF EMPLOYMENT NAME OF EMPLOYER **ADDRESS** FROM (MMYYYY) TO (MMYYYYY) ☐ Certification of Membership/Non-Membership Print-out of Computer Records (EE Static Information SSS P.E.S.O. Fund Premiums/Employment History/Claims Information) Copy of Membership Record/s (Record Type) ☐ Others VERIFICATION Contribution (Indicate Period Covered) Loans/Benefits Eligibility Date of Coverage Status of Employer Number Loan Application SS Number Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral) Application for UMID Card Flexi-Fund Premiums SSS P.E.S.O Fund Premiums □ Data Change Requested ☐ Loan Balance □ Others C. CERTIFICATION I certify that the information provided in this form are true and correct 02/15/16 AMERIM REGINA Anna PRINTEL NAME SIGNATURE D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only) I authorize Mr./Ms. to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification. PRINTED NAME & SIGNATURE OF MEMBER PRINTED NAME & SIGNATURE OF AUTHORIZED REP DATE PART I - TO BE FILLED OUT BY SSS Preference for release of request/verification Identification document/s presented by herein named authorized/co. representative For Mailing For Pick-up (Indicate date & time) ☐ ss ☐ Two (2) valid IDs --Perforate Here--Republic of the Philippines SOCIAL SECURITY SYSTEM REQUEST/VERIFICATION FORM ACKNOWLEDGEMENT STUB (MIDDLE NAME) SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) NAME RECEIVED BY

POSITION TITLE