Republic of the Philippines
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)	TAX IDENTIFICATION NUMBER (IF ANY)
06 3167 8 4 19 8		0 3 2 4 1 9 9 4	4 6 7 2 0 8 2 6 9

NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
	CABALLES	MICHELLE	DICHOS	

LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) _____ (HOUSE/LOT & BLK. NO.) 207 - D (STREET NAME) Gorordo Ave.

(SUBDIVISION) _____ (BARANGAY/DISTRICT/LOCALITY) Kamputhaw (CITY/MUNICIPALITY) Cebu City (PROVINCE) Cebu (ZIP CODE) 6000

TELEPHONE NUMBER (AREA CODE - TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	GENDER
	0946 551 0119	caballesmitch94@y.c	☐ MALE ☑ FEMALE

FOREIGN ADDRESS (IF APPLICABLE) _____ COUNTRY _____ ZIP CODE _____

TYPE OF MEMBERSHIP
☑ EMPLOYED　☐ VOLUNTARY　☐ SELF-EMPLOYED　☐ NON-WORKING SPOUSE　☐ OVERSEAS FILIPINO WORKER

B. TYPE OF TRANSACTION

☐ **REQUEST**

☐ Cancellation of Multiple SS Numbers, indicate the following information:
　Civil Status _____
　Maiden Name (if female) _____
　Name of Father _____
　Name of Mother _____

Name of Spouse _____
Name of Child/Children 1. _____
2. _____
3. _____

☐ Consolidation of Contributions (for members with multiple employers)
☐ Correction/Refund/Posting/Adjustment of Contributions
☐ Deletion of Entry in Employment History Record
☐ 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

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT FROM (MMYYYY)	TO (MMYYYY)
1.			
2.			

☐ Certification of Membership/Non-Membership
☑ Copy of Membership Record/s　E1 _____ (Record Type)
☐ Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premiums/ SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)
☐ Others

☑ **VERIFICATION**
☑ Contribution (indicate Period Covered) _____
☐ Date of Coverage _____
☐ Employer Number
☑ SS Number
☐ Flexi-Fund Premiums
☐ SSS P.E.S.O Fund Premiums
☑ Loan Balance

☐ Loans/Benefits Eligibility
☐ Status of:
　☐ Loan Application
　☐ Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)
　☐ Application for UMID Card
　☐ Data Change Requested
☑ Others　Presented NBI clearance, vdr's lict.

C. CERTIFICATION
I certify that the information provided in this form are true and correct.

Michelle Caballes
PRINTED NAME _____ SIGNATURE _____ DATE 07/16/18

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	DATE	PRINTED NAME & SIGNATURE OF AUTHORIZED REP.	DATE

PART II - TO BE FILLED OUT BY SSS

Preference for release of request/verification
☐ For Mailing　☐ For Pick-up (indicate date & time) _____

Identification document/s presented by herein named authorized/co. representative.
☐ SS　☐ Two (2) valid IDs

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ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NUMBER (IF ANY)	NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

RECEIVED BY _____

SIGNATURE OVER PRINTED NAME _____ POSITION TITLE _____ DATE & TIME _____ BRANCH _____

PART II -TO BE FILLED OUT BY SSS
A. TRANSACTION RESULTS

REQUEST

- ☐ Cancellation of Multiple SS Numbers
- ☐ Consolidation of Contributions
- ☐ Correction/Refund/Posting/Adjustment of Contributions
- ☐ Certification of Membership/Non-Membership
- ☐ Copy of Membership Record/s

- ☐ Deletion of Entry in Employment History Record
- ☐ Encoding/Correction of Date of Coverage
- ☐ Manual Verification
- ☐ Print-out of Computer Records
- ☐ Others

VERIFICATION

- ☑ Contribution   14 mos.; JUNE 2015 to MARCH 2017
- ☐ Date of Coverage
- ☐ Employer Number
- ☑ SS Number
- ☐ Flexi-Fund Premiums   06-3678419-8
- ☐ SSS P.E.S.O Fund Premuims

- ☑ Loan Balance   NO LOAN RECORD
- ☐ Loans/Benefits Eligibility
- ☐ Status of:
  - ☐ Loan Application
  - ☐ Benefits Claim Application
  - ☐ Application for UMID Card
  - ☐ Data Change Requested
  - ☐ Others

B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

VERIFIED/PROCESSED BY	DEPT./BRANCH	DATE & TIME	RELEASED BY	DEPT./BRANCH	DATE & TIME
JOANA MARIE M. GO MSR SSS Robinsons Bacolod SO	1010	JUL 16 2018			
SIGNATURE OVER PRINTED NAME			SIGNATURE OVER PRINTED NAME		

INSTRUCTIONS

1. Fill out this form in one (1) copy and accomplish appropriate parts as follows:
   Filed by member
   - Member to fill-out PART I (a to c)
   - Member to fill-out "Employment History" (Part I [b]) only if requesting for the following:
     - Cancellation of Multiple SS Number
     - Consolidation of Contributions
     - Correction/Refund/Posting/Adjustment of Contributions
     - Deletion of Entry in Employment History Record
     - Encoding/Correction of Date of Coverage
     - Manual Verification
   Filed by authorized representative or company representative
   - Member to fill-out PART I (a to d)
   - Authorized Representative or company representative to fill out PART I (d)
2. Place a checkmark on the applicable box.
3. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
4. Present identification document/s.
   Filed by member
   - Social Security (SS) Card or Unified Multi-Purpose ID (UMID) Card or Passport or Professional Regulation Commission (PRC) Card or Seaman's Book or Driver's License or two (2) valid IDs (both with signature and at least one (1) with photo)
   Filed by authorized representative
   - Representative's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
   - Member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
   Filed by company representative
   - Authorized Representative Card (ACR)
   - Original member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
5. The member granting authority to the authorized representative or company representative in this form shall be held liable under all circumstances for any false statement, misrepresentation, fraud made by the authorized representative or company representative in all transactions with the SSS.
6. This form can be downloaded thru the SSS Website at www.sss.gov.ph.