



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 3140143734119 | COMMON REFERENCE NUMBER (IF ANY) | DATE OF BIRTH (MMDDYYYY) 10/28/1994 | TAX IDENTIFICATION NUMBER (IF ANY) 31295931114 |
| NAME (LAST NAME) Cabellon | (FIRST NAME) Cheson | (MIDDLE NAME) Escarda | (SUFFIX) |
| ADDRESS (SUBDIVISION) Talamban | (BARANGAY/DISTRICT/LOCALITY) Cebu City | (CITY/MUNICIPALITY) Cebu City | (STREET NAME) Purok 3 Van Jose |
| TELEPHONE NUMBER (AREA CODE - TEL. NO.) | MOBILE/CELLPHONE NUMBER 0910911948455 | E-MAIL ADDRESS cheson.cabellon@gmail.com | ZIP CODE 61010 |
| FOREIGN ADDRESS (IF APPLICABLE) | | COUNTRY Philippines | 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

IQ

B. CORRECTION OF NAME

- Last Name
- First Name
- Middle Name
(or change of middle initial to middle name)
- Prefix (e.g., "de", "delo", "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

RECEIVED VERASURE

RECEIVED VERASURE

No middle name

ESCARDA

FROM

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)
- Loans
- 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 type="checkbox"/> New |
|------------------|--------------|---------------|----------|------------------------|--------------------------|------------------------------|
| 1. | | | | | | <input type="checkbox"/> Del |
| 2. | | | | | | <input type="checkbox"/> New |
| 3. | | | | | | <input type="checkbox"/> Del |

C. CERTIFICATION

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

CHEGAN CAPELLAN E.
PRINTED NAME

SIGNATURE

Dec 19, 2016
DATE

Member cannot sign, affix fingerprints (please see Instruction no. 5).
Below are the witnesses to fingerprinting:

1) PRINTED NAME _____ SIGNATURE _____ DATE _____
ADDRESS & CONTACT NUMBER _____

2) PRINTED NAME _____ SIGNATURE _____ DATE _____
ADDRESS & CONTACT NUMBER _____

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to

Self-Employed

Business Code _____
Approved MSC _____
Start of Payment _____
Monthly SS Contribution (P) _____

For Change of Membership Type to

Non-Working Spouse

Working Spouse's MSC _____
Approved MSC of NWS _____
Start of Payment _____
Monthly SS Contribution (P) _____

RECEIVED BY

ANARITA A. LASAÑA-BODO
Social Security Officer III

SIGNATURE OVER PRINTED NAME

19 DEC 2016
DATE & TIME

SO ROBI FUENTE
BRANCH

PROCESSED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

ENCODED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

REVIEWED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

APPROVED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
 - Additional ID card/s per type of filer
 - Company ID of the employer-filer, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number) indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

| NAME (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | RELATIONSHIP TO MEMBER | DATE OF BIRTH (MMDDYYYY) | |
|------------------|--------------|---------------|----------|------------------------|--------------------------|---|
| 1. | | | | | | <input type="checkbox"/> New/Add <input type="checkbox"/> Deletion |
| 2. | | | | | | <input type="checkbox"/> New/Add <input type="checkbox"/> Deletion |
| 3. | | | | | | <input type="checkbox"/> New/Add <input type="checkbox"/> Deletion |
| 4. | | | | | | <input type="checkbox"/> New/Add <input type="checkbox"/> Deletion |
| 5. | | | | | | <input type="checkbox"/> New/Add <input type="checkbox"/> Deletion |