



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 (OF ANY)
		04/13/1998	4187976485
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
Genson	Jhem Raven	Nansma	
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
UPTOWN RENTAL	RM 310	84 Gorordo	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
Hipodromo	Cebu		
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	GENDER
	091101101066311	Jravigenson@clacki.com	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE	
N/A	N/A	N/A	
TYPE OF MEMBERSHIP			
<input checked="" type="checkbox"/> EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> OVERSEAS FILIPINO WORKER			

**B. TYPE OF TRANSACTION**

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:

Civil Status	Name of Spouse
Maiden Name (if female)	Name of Child/Children
Name of Father	1. _____
Name of Mother	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 (Record Type)

Print-out of Computer Records (EE Static Information/Actual Premiums/Flex-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)

Others

**VERIFICATION**

<input type="checkbox"/> Contribution (Indicate Period Covered)	<input type="checkbox"/> Loans/Benefits Eligibility
<input type="checkbox"/> Date of Coverage	<input type="checkbox"/> Status of:
<input type="checkbox"/> Employer Number	<input type="checkbox"/> Loan Application
<input checked="" type="checkbox"/> SS Number	<input type="checkbox"/> Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)
<input type="checkbox"/> Flexi-Fund Premiums	<input type="checkbox"/> Application for UMID Card
<input type="checkbox"/> SSS P.E.S.O Fund Premiums	<input type="checkbox"/> Data Change Requested
<input type="checkbox"/> Loan Balance	<input type="checkbox"/> Others

**C. CERTIFICATION**

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

Jhem Raven N. Genson 07/21/2022

PRINTED NAME SIGNATURE DATE

**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 I - TO BE FILLED OUT BY SSS**

Preference for release of request/verification	Identification document/s presented by herein named authorized/co. representative.
<input type="checkbox"/> For Mailing <input type="checkbox"/> For Pick-up (indicate date & time)	<input type="checkbox"/> SS <input type="checkbox"/> Two (2) valid IDs

Perforate Here

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**SOCIAL SECURITY SYSTEM**  
**REQUEST/VERIFICATION FORM**

**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**

- |  |   |
|--|---|
| <input type="checkbox"/> Cancellation of Multiple SS Numbers                   | <input type="checkbox"/> Deletion of Entry in Employment History Record |
| <input type="checkbox"/> Consolidation of Contributions                        | <input type="checkbox"/> Encoding/Correction of Date of Coverage        |
| <input type="checkbox"/> Correction/Refund/Posting/Adjustment of Contributions | <input type="checkbox"/> Manual Verification                            |
| <input type="checkbox"/> Certification of Membership/Non-Membership            | <input type="checkbox"/> Print-out of Computer Records                  |
| <input type="checkbox"/> Copy of Membership Record/s                           | <input type="checkbox"/> Others   |

**VERIFICATION**

- |   |   |
|---|---|
| <input type="checkbox"/> Contribution                           | <input type="checkbox"/> Loan Balance               |
| <input type="checkbox"/> Date of Coverage                       | <input type="checkbox"/> Loans/Benefits Eligibility |
| <input type="checkbox"/> Employer Number                        | <input type="checkbox"/> Status of:                 |
| <input checked="" type="checkbox"/> SS Number <u>0826750893</u> | <input type="checkbox"/> Loan Application           |
| <input type="checkbox"/> Flexi-Fund Premiums                    | <input type="checkbox"/> Benefits Claim Application |
| <input type="checkbox"/> SSS P.E.S. of Fund Premiums            | <input type="checkbox"/> Application for UMID Card  |
|   | <input type="checkbox"/> Data Change Requested      |
|   | <input type="checkbox"/> Others                     |

**SOCIAL SECURITY SYSTEM**  
MSS - CEBU BRANCH

**MEMBER SERVICES SECTION**  
CITY BRANCH

**B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED**

VERIFIED/PROCESSED BY	<u>JUL 21 2022</u>	RELEASED BY	<u>JUL 21 2022</u>
SIGNATURE OVER PRINTED NAME	<u>BETHUEL ZEMBE : ARZADON</u>	SIGNATURE OVER PRINTED NAME	<u>SHEREE MAE G. VILLARIN</u>
DEPT./BRANCH		DEPT./BRANCH	
DATE & TIME		DATE & TIME	

**INSTRUCTIONS**

- 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)
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 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)
- 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
- This form can be downloaded thru the SSS Website at [www.sss.gov.ph](http://www.sss.gov.ph).