



(02-2013)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONER'S FORM

PENSIONER'S REPLY

THIS FORM IS NOT FOR SALE

PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - MEMBER'S / PENSIONER'S INFORMATION

SS NUMBER OF PENSIONER, COMMON REFERENCE NO. (IF APPLICABLE), DATE OF BIRTH (MMDDYYYY), TIN (IF SELF-EMPLOYED/EMPLOYED), NAME (SURNAME, GIVEN NAME, MIDDLE NAME, SUFFIX), LOCAL ADDRESS (RM/FLR/ UNIT NO. & BLDG. NAME, HOUSE/LOT/& BLOCK NO., STREET NAME), (BARANGAY/DISTRICT/LOCALITY), (SUBDIVISION), (CITY/MUNICIPALITY), (PROVINCE), ZIP CODE, TELEPHONE NO. (AREA CODE + TEL. NO.), MOBILE/CELLPHONE NO., E-MAIL ADDRESS, FOREIGN ADDRESS (IF APPLICABLE), COUNTRY, ZIP CODE

TYPE/S OF PENSION/S BEING RECEIVED. CHECK THE APPROPRIATE BOX/ES. Retirement, SS Total Disability, EC Total Disability, SS Death, EC Death. IF RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER (SURNAME, GIVEN NAME, MIDDLE NAME, SUFFIX), SS NO. OF DECEASED MEMBER. IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER (SURNAME, GIVEN NAME, MIDDLE NAME, SUFFIX), SS NO. OF MEMBER

PART II - QUESTIONNAIRE

1. For total disability/retirement pensioner, have you been re-employed/resumed self-employment? Yes No. If yes, name and address of present employer: Date re-employed or resumed self-employment: 2. For death pensioner, have you re-married or currently cohabiting with another person? Yes No. If yes, name of spouse/partner: Date of marriage/cohabitation: 3. Are you under the care and custody of a guardian? Yes No. If yes, name and address of guardian: 4. Is there any dependent child who already got married, employed or died? Yes No. If yes, fill out the data below: NAME OF DEPENDENT CHILDREN, NAME OF GUARDIAN, IF APPLICABLE, DATE OF MARRIAGE, DATE OF EMPLOYMENT, SS NO., DATE OF DEATH

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

SIGNATURE OVER PRINTED NAME OF PENSIONER, DATE, RIGHT THUMB, RIGHT INDEX

(If unable to sign, affix fingerprints with the signature of two witnesses and submit photocopy of one valid ID with photo and signature of each witness)

Witnesses to fingerprints:

1) SIGNATURE OVER PRINTED NAME, DATE 2) SIGNATURE OVER PRINTED NAME, DATE

PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN (For Retiree and Survivor Pensioners)

Check the appropriate box (one only): Bank Manager, Barangay Chairman. This is to certify that Mr./Ms. personally appeared before the undersigned on as compliance to the annual confirmation of pensioners being conducted by the Social Security System. SIGNATURE OVER PRINTED NAME, DATE

NOTICE: Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Sec. 28 (a) of the Social Security Law and Art.207 (b) Chapter IX of PD # 626).

PART IV - DOCUMENTS SUBMITTED

Type of Compliance : Personal Thru Bank Thru Representative Thru Mail
 Abroad
 Incapacitated
 Barangay Official
 Institution

PENSIONER IS LIVING ABROAD

- Signed letter
- Accomplished ACOP Form
- Photocopy of valid passport
- Photocopy of SS Card
- Photocopy of valid ID issued by host country governmental unit/ agency (Pls. specify) _____
- Photocopy of two (2) valid IDs (Pls. Specify)
 1) _____
 2) _____
- Medical Certificate
- Death Certificate _____
- Complete physical examination report
- Relevant laboratory or other diagnostic exam results
- Certification issued by (Pls. specify) _____

PENSIONER IS A LOCAL RESIDENT

- Signed letter
- Accomplished ACOP Form
- Sketch of residence
- Certification from
 Barangay
 Institution
 Bank
- Medical Certificate
- Death Certificate _____
- Complete physical examination report
- Relevant laboratory or diagnostic result
- SS Card
- Two (2) valid IDs (Pls. specify) 1) _____
 2) _____

ACTION TAKEN/REMARKS

- Identity of pensioner established
- For data capture
- For interview (Lacks valid IDs for the issuance of SS No./Data Capture, etc.)
- Deceased Pensioner _____
 (Date of Death) _____
- Others _____

INTERVIEWED & SCREENED BY

SIGNATURE OVER PRINTED NAME

DESIGNATION

DATE

PART V - RECOMMENDATION

- Continue
- Suspend (Reason) _____
- Cancel (Reason) _____
- Re-adjudicate (Reason) _____
- Returned (Reason) _____
- Pending (For further evaluation)
 - X-ray/ECG for reading
 - For Medical Fieldwork Services (MFS)
 - For Fact of Pensioner's Existence (FPE)
 - For referral to other branch/unit
 - Others _____

REVIEWED & RECOMMENDED BY

SIGNATURE OVER PRINTED NAME

DESIGNATION

DATE

APPROVED BY

SIGNATURE OVER PRINTED NAME

DESIGNATION

DATE



This is your guide to accomplish the ACOP Form

Republic of the Philippines SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONER'S FORM PENSIONER'S REPLY			
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PART I - MEMBER'S / PENSIONER'S INFORMATION			
SS NUMBER OF PENSIONER	COMMON REFERENCE NO. (IF APPLICABLE)	DATE OF BIRTH (MMDDYY)	TIN (IF SELF-EMPLOYED/EMPLOYED)
NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME)			
LOCAL ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLOCK NO.) (STREET NAME)			
(BARANGAY/DISTRICT/LOCALITY)		(SUBDIVISION)	(CITY/MUNICIPALITY)
TELEPHONE NO. (AREA CODE - TEL. NO.) MOBILE/CELLPHONE NO.		E-MAIL ADDRESS	
FOREIGN ADDRESS (IF APPLICABLE)			
COUNTRY		ZIP CODE	
TYPE/S OF PENSIONER'S BEING RECEIVED. CHECK THE APPROPRIATE BOXES.			
<input type="checkbox"/> Retirement <input type="checkbox"/> SS Total Disability <input type="checkbox"/> EC Total Disability <input type="checkbox"/> SS Death <input type="checkbox"/> EC Death			
IF RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME)		SS NO. OF DECEASED MEM	
IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME)		SS NO. OF MEMBER	

For Survivor Pensioner, fill out nos. 1 & 2

For Retiree or Total Disability Pensioner, fill out no. 1

For Pensioner under a Guardian, fill out nos. 1 & 3

1
2
3

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ACKNOWLEDGEMENT RECEIPT

SS NUMBER OF PENSIONER 	NAME OF PENSIONER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)
SS NUMBER OF MEMBER 	NAME OF MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)
Please report for your Annual Confirmation anytime within your or member's birth month ; otherwise your pension will be suspended.	
ISSUED BY: _____ SIGNATURE OVER PRINTED NAME OF SSS PERSONNEL	_____ DESIGNATION
	_____ DATE