

Republic of the Philippines **SOCIAL SECURITY SYSTEM MATERNITY NOTIFICATION**

SMD-0002 (01-2009)

Please read instructions and reminders below before filling up this form. Print all information in black ink only.

PART I - MEMBER'S INFORMATION			
SS NUMBER	NAME OF MEMBER (SURNAME)	(GIVEN NAME	(MIDDLE NAME)
ADDRESS (NUMBER, STREET AND SUBDIVISION)	(BARANGAY)	(TOWN/DISTRICT)	(CITY/PROVINCE) POSTAL CODE
DATE OF BIRTH (MMDDYYYY) TIN	TELEP	HONE/MOBILE NUMBER	E-MAIL ADDRESS (if any)
MEMBER'S CERTIFICATION			
I certify that this is my pregnancy and my expected date of delivery is on I certify that the above information is true and correct.			
SIGNATURE OVER PRINTED NAME DATE			
(If member cannot sign, fingerprints should be witnessed by two persons)			
WITNESSES TO FINGERPRINTS Please affix signature over printed name and indicate date			
1)			
2)		RIGHT	THUMB RIGHT INDEX
PART II - EMPLOYER'S INFORMATION (FOR EMPLOYED)			
EMPLOYER NUMBER NAME OF EMPLOYER/REGISTERED BUSINESS NAME			
ADDRESS (NUMBER, STREET AND SUBDIVISION) (BARANGAY) POSTAL CODE			
(TOWN/DISTRICT) (CITY/PROVINCE) TELEPHONE/MOBILE NUMBER			
EMPLOYER'S CERTIFICATION			
I certify that the above-member is pregnant and expected to give birth on the date stated above. I certify that the above information is true and correct.			
	PRINTED NAME OF	OFFICIAL DESIGNATION	DATE
EMPLOYER/AUTHORIZED REPRESENTATIVE PART III - FOR SSS USE			
PROCESSED BY:			
I NOCESSED DI.			SS Card Two (2) valid IDs
SIGNATURE OVER PRINTED NAMI	DATE	RECEIVING BRANCH	□No ID presented

INSTRUCTIONS AND REMINDERS

- 1. A member shall submit the Maternity Notification to her employer, if employed, or to the SSS branch nearest her residence, if separated from employment/self-employed/voluntary/OFW/non-working spouse, at least sixty (60) days from the date of conception but not later than the date of
- 2. The employer in turn, shall submit the Maternity Notification form to its servicing branch immediately after the receipt of notification from the employee.
- 3. Receipt of Maternity Notification form does not guarantee payment of the Maternity Benefit. Payment of benefit will be based on existing policies
- 4. Upon filing of the Maternity Benefit Application, the duly stamped "Received" Maternity Notification form shall be attached to the maternity benefit application form
- If employed, full payment of the Maternity Benefit shall be advanced by the employer within thirty (30) days from the filing of maternity leave application.