



COV- 01205 (05-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM

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

Form section A containing fields for SS NUMBER, COMMON REFERENCE NUMBER, DATE OF BIRTH, TAX IDENTIFICATION NUMBER, NAME, LOCAL ADDRESS, TELEPHONE NUMBER, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, GENDER, FOREIGN ADDRESS, COUNTRY, and TYPE OF MEMBERSHIP.

B. TYPE OF TRANSACTION

Form section B containing REQUEST options (Cancellation of Multiple SS Numbers, Consolidation of Contributions, etc.), Employment History table, and other transaction types.

Form section C containing VERIFICATION options (Contribution, Date of Coverage, Loans/Benefits Eligibility, etc.).

C. CERTIFICATION

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

Signature and date lines for the member.

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

Authorization text and signature lines for member and authorized representative.

PART I - TO BE FILLED OUT BY SSS

Form section for SSS representative, including preference for release and identification documents.



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ACKNOWLEDGEMENT STUB

Form section for SSS representative, including SS NUMBER, NAME, RECEIVED BY, SIGNATURE, POSITION TITLE, DATE & TIME, and 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 type="checkbox"/> SS Number                 | <input type="checkbox"/> Loan Application           |
| <input type="checkbox"/> Flexi-Fund Premiums       | <input type="checkbox"/> Benefits Claim Application |
| <input type="checkbox"/> SSS P.E.S.O Fund Premiums | <input type="checkbox"/> Application for UMID Card  |
|  | <input type="checkbox"/> Data Change Requested      |
|  | <input type="checkbox"/> Others                     |

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

VERIFIED/PROCESSED BY	RELEASED BY
SIGNATURE OVER PRINTED NAME      DEPT./BRANCH      DATE & TIME	SIGNATURE OVER PRINTED NAME      DEPT./BRANCH      DATE & TIME

**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](http://www.sss.gov.ph).