Republic of the Philippines SOCIAL SECURITY SYSTEM DEATH, DISABILITY, RETIREMENT AND EARLY WITHDRAWAL CLAIM (FLEXI-FUND PROGRAM) (Please read instructions at the back, Print all information in capital letters & use blank ink only)							i									
MEMBER'S SS NUMBER (must be 10 digits) MEMBER'S NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME)																
ADDRESS (NUMBER & STREET)		(BAI	RANG	GAY)		(TOWN/I	DISTRICT)		(CITY/P	ROVI	NCE)		PO	STAL	CODE	
DATE OF BIRTH (MM/DD/YYYY)	CLAI	ΜТΥ	ΡE			BENEFIT	OPTION (Cr	neck optio	n)				I	I		
	DEATH					PENSI	ON		ВО	тн						
				LITY EMENT			Indicate the no. of years NO. OF YEARS LUMPSUM: P									
		-			II NO. OF YEARS											
DEPENDENT CHILDREN					н	Check Applicable Column										
(Beginning from the youngest)				D/YYYY)			LEGITIMATE ILLEGITIMATE			ADDRESS						
		_														
NAME OF BANK/BRANCH BANK ADDRESS					ACCOUNT NUMBER BRSTN (SSS to fill						to fill in tl	nis portion)				
CLAIMANT'S NAME (SURNAME) (GIVEN NAME))	(MIDDLE NAME) DATE OF BI			BIRTH (MM/DD/YYYY) RELATIONSI						HIP TO MEMBER		
Photo 1 x 1																
Signature of Claimant Date																
WITNESSES TO FINGERPRINTS (If claimant cannot sign)																
1					_			_								
Signature Over Printed Name						Dat	e	-								
2								-								
Signature Over Printed Name Date RIGHT THUMBMARK RIGHT INDEX FOR SSS USE ONLY									IDEX							
REMARKS	NO ОТ		_	CLEAF	RED/DA				RECE	EIVED	/DAT	E:				
	CLAIM	FILE	D													
Signature Over Printed Name Signature Over Printed Name																
SOCIAL SECURITY SYSTEM ACKNOWLEDGEMENT RECEIPT PLEASE PRESENT THIS WHEN INQUIRING DEATH, DISABILITY, RETIREMENT, AND EARLY WITHDRAWAL CLAIM ABOUT THE STATUS OF YOUR APPLICATION. VERIFICATION PROGRAM) VERIFICATION WILL BE ENTERTAINED AFTER DAYS FROM THE DATE OF RECEIPT																
MEMBER'S SS NUMBER (must be 10) digits)		Ν	/EMBE	R'S NA	ME (SURNAM	IE) (GIVEN	NAME)	(MI)			FOR SSS ECEIVED	_			
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GENERAL INSTRUCTIONS

- 1. Accomplish this form in one (1) copy without erasures or alterations.
- 2. If claimant cannot sign, affix right thumbmark and right index on the spaces provided and must be identified by two (2) witnesses.
- 3. If the benefit option selected is pension, submit photocopy together with the original copy of single savings account passbook.

WARNING

ANY PERSON WHO MAKES FALSE STATEMENTS IN THIS APPLICATION OR SUBMITS FALSIFIED DOCUMENTS IN CONNECTION WITH HIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS.

CHECKLIST OF REQUIRED DOCUMENTS AND SPECIFIC INSTRUCTIONS

<u>DEATH</u>						
Primary Beneficiaries						
 Death Certificate of member Marriage Certificate Birth/Baptismal Certificates of minors Medical Certificate of incapacitated child, if any Death Certificate of spouse, if already deceased Application for Representative Payee (CLD-15) Guaranteed Bond Form (BPN-107) Proof of relationship such as record of birth, a statement before a court of record or any authentic writing/document 	 Duly registered with Local Civil Registry Office Duly registered with Local Civil Registry Office Duly registered with Local Civil Registry Office/Parish Church To be accomplished by the child's attending physician Duly registered with Local Civil Registry Office To be accomplished by the guardian of the minor children other than parent To be accomplished by a guarantor, if minor children are under a guardian To be submitted for illegitimate children 					
Secondary Beneficiaries						
If Claimant is Parent Death Certificate of member Birth Certificate of deceased member Marriage Certificate of parents If Claimant is other than Parents Death Certificate of parents Birth Certificate of the deceased brother/sister Birth Certificate of minor beneficiaries	 Duly registered with Local Civil Registry Office Duly registered with Local Civil Registry Office/Parish Church Duly registered with Local Civil Registry Office/Parish Church To be submitted if parents are deceased To be submitted to prove claimant's relationship with the deceased Duly registered with Local Civil Registry Office/Parish Church 					
	DISABILITY					
 Medical Certificate (MMD-102) Operating Room Record Accident Report (B-309) Other medical records that may be requested by the Medical Benefits Section, Diliman Branch 	To be accomplished by the claimant's attending physician To be secured if claimant has been operated on To be secured from the employer					
RETIREMENT						
Birth Certificate of member	- To be submitted if with discrepancy in the date of birth					