



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SICKNESS BENEFIT APPLICATION FORM
(FOR UNEMPLOYED/SELF-EMPLOYED/VOLUNTARY MEMBERS)
SSS FORM CLD-9A

CLAIM NO.
DATE FILED

CLAIMANT(FIRST, MIDDLE INITIAL, LAST)		SS NUMBER	
ADDRESS (GIVE FULL ADDRESS)		DATE OF BIRTH	DATE WHEN EMPLOYEE BECAME SS MEMBER
DATE WHEN CLAIMANT NOTIFIED SSS	CONFINEMENT A. STARTED ON (FROM)	B. ENDED UP TO (LAST DAY)	C. PLACE CONFINED <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME
		D. NO. OF DAYS	

WERE YOU EMPLOYED AT ANY TIME DURING THE PERIOD OF SICKNESS FOR WHICH BENEFIT IS BEING CLAIMED? (PLEASE CHECK PROPER BOX.)
(FILL UP SUCCEEDING DATA)

<input type="checkbox"/> YES EMPLOYER ADDRESS	<input type="checkbox"/> NO LAST EMPLOYER ADDRESS
PERIOD OF EMPLOYMENT (EXACT DATES)	EMPLOYER I.D. NO.
EXACT DATE OF SEPARATION	TOTAL MONTHLY SALARY CREDITS

CERTIFICATION OF SEPARATION

THIS IS TO CERTIFY THAT THE CLAIMANT HAS BEEN SEPARATED FROM COMPANY EFFECTIVE _____ 19____.

PRINTED NAME AND SIGNATURE OF COMPANY REPRESENTATIVE	OFFICIAL DESIGNATION
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I HEREBY CERTIFY THAT THE ABOVE INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CLAIMANT	BIR TAX ACCOUNT NUMBER
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PREVIOUS EMPLOYERS (IF ANY)	ADDRESS	INCLUSIVE PERIODS OF EMPLOYMENT

(TO BE FILLED IN BY CLAIMANT)		SICKNESS CLAIM INDEX CARD	
ACKNOWLEDGEMENT RECEIPT FROM: SOCIAL SECURITY SYSTEM, QUEZON CITY TO: POSTMASTER PLEASE DELIVER THIS RECEIPT TO		NAME OF CLAIMANT	SS NO.
CLAIMANT		ADDRESS	
ADDRESS		CONFINEMENT PERIOD(EXACT DATES) FROM	TO
CLAIM NO.	DATE FILED	FOR SSS USE CLAIM NO.	DATE FILED
RECEIVED BY		RECEIVED BY	

INSTRUCTIONS

1. Submit only one (1) copy. Avoid erasures or alterations.
2. If personally filed, submit this SSS form directly to the SSS Medical Evaluation Department.
3. If confined member is a married woman, print reported name at coverage.
4. Fill in the dates required in the format Month-- Day-- Year.
5. Certification of separation is not necessary when the company is on strike, dissolved or closed, or when there is a case pending before a court regarding separation of the claimant. The following table shows the document required for any of these cases:

CONDITION	DOCUMENT REQUIRED
a. Company on strike	Certification from CIR or Department of Labor and Employment
b. Company dissolved or closed	Affidavit by the claimant to this effect
c. Pending case before a court	Certification from the court

6. The 12-month period where to select the six highest Salary Credits:
Example:

CONFINEMENT	PERIOD
January to March 1998	October 1996 to September 1997
April to June 1998	January 1997 to December 1997
July to September 1998	April 1997 to March 1998
October to December 1998	July 1997 to June 1998