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	TELEPHONE/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.

SIGNATURE OVER PRINTED NAME OF EMPLOYER/AUTHORIZED REPRESENTATIVE _____ OFFICIAL DESIGNATION _____ DATE _____

PART III - FOR SSS USE

PROCESSED BY:

SIGNATURE OVER PRINTED NAME _____ DATE _____ RECEIVING BRANCH _____

☐ IDs presented
- ☐ SS Card
- ☐ Two (2) valid IDs _____

☐ 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 delivery.
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 and guidelines.
4. Upon filing of the Maternity Benefit Application, the duly stamped "Received" Maternity Notification form shall be attached to the maternity benefit application form
5. 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.