(04-2012) SOCIAL SECURITY SYSTEM DEATH CLAIM APPLICATION									
PART I Please read the instructions at the back of the form before filling-up the application. Print information in capital letters and use black ink only. MEMBER'S INFORMATION									
SS NUMBER NAMI			(Given Name	<u>,)</u>	(Middle	Namo)			
SS NUMBER NAME OF MEMBER (Surname) (Given Name) (Middle Name)									
DATE OF BIRTH (mm-dd-yyyy) DATE OF DEATH (mm-dd-yyyy) PLACE OF DEATH (Town/District) (City/Province)									
TYPE OF CLAIM CIVIL STATUS Social Security Employees' Compensation Single Married Legally Separated Widow/Widower									
EMPLOYMENT HISTORY (Use separate sheet, if necessary)									
NAME OF EMPLOYER		DRESS	1		LOYMEN	Г (mm-yyyy)		
			From To						
1.									
2.									
3.							1		
4.									
DEPENDENT CHILDREN (Below 21 years old or above 21 but incapacitated)									
		APPLICABLE							
NAME OF CHILDREN	DATE OF BIRTH (mm-dd-yyyy)	Legitimate	DLUMN ADDRESS Illegitimate Illegitimate						
1.									
2.									
3.									
4.									
5.									
	CLAIMANT'S INF								
SS NUMBER (If any) NAM	E OF CLAIMANT (S	urname)	(Given N	Name)	(Mio	ddle Name)		
ADDRESS (Number, Street and Subdivision)	(Barangay)	(Town/Distric	t) (Ci	ty/Province)	PC	STAL CO	DE		
DATE OF BIRTH (mm-dd-yyyy) GENDER		RELATI	ONSHIP TO	MEMBER					
	Female								
	PHONE (Including Are	a Code) / MOBIL	_E NO. P		_				
	···· PERFORATE	HERE		Cash Card		//Passbook			
SOCIAL SECUR			RECEIVED B	3Y:					
DEATH CLAIM		J							
		•					_		
(04-2012) SIGNATURE OVER PRINTED NAME DATE							•		
PLEASE PRESENT THIS WHEN INQUIRING ABOUT THE STA' WILL BE ENTERTAINED AFTER DAYS FROM THE D SSS WEBSITE AT www <u>.sss.gov.ph</u> .	US OF YOUR APPLICATIO TE OF RECEIPT. YOU M			RECEIVING					
SS NUMBER NAME	OF MEMBER	(Surname)	(Giv	ren Name)		M.I.)			
		. ,	(,	(

INSTRUCTIONS

- 1. Accomplish Parts I and II of this form in one (1) copy without erasures or alterations.
- 2. Support date of birth, marriage or death with birth/baptismal certificate, marriage contract or death certificate (original duplicate/certified true copy/certified photocopy) duly registered with the National Statistics Office/ Local Civil Registrar Office/Parish/Church. The baptismal certificate may be submitted in lieu of birth certificate. For member who died abroad, death certificate should be duly registered with the Vital Statistics Office of the country where the member died.
- 3. Present original and submit photocopy of single savings account passbook/ATM card with name and copy of bank validated deposit slip or Cash Card Enrollment Form.
- 4. Attach your recent 1 x 1 photo.
- 5. Affix your fingerprints (right thumb and right index) on the portions provided for in the application form in the presence of an SSS employee. In case the claimant could not sign, fingerprints should be witnessed by two (2) persons, at least one (1) of whom is an SSS employee.
- 6. Present Social Security Card or SS Form E-6 Acknowledgment Stub with 2 valid IDs, at least one (1) with photo.
- 7. Present original and submit photocopy of identification cards.
- 8. Write "N/A" for items not applicable and/or delete portion/s not applicable in the Certification.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282)

NOTES:

- 1. RE-COMPUTATION OR ADJUSTMENT AND FILING OF PETITION ASSAILING SETTLED CLAIMS SHALL NOT BE ALLOWED AFTER TEN (10) YEARS FROM THE DATE OF INITIAL SETTLEMENT OF CLAIM.
- 2. A PERSON WHO CONTINUOUSLY RECEIVES MONTHLY PENSION DESPITE OF RE-MARRIAGE OR COHABITATION SHALL BE CRIMINALLY LIABLE UNDER RA 8282 (Social Security Act of 1997).

PART II				
ARE YOU CURRENTLY RECE	EIVING SSS PENSION?		K TYPE OF PENSION	_
☐ Yes	L No	Disability		Death
IF RECEIVING PENSION UND SS NUMBER	DER DEATH, INDICATE S NAME OF MEM		ONAME OF DECEASED ME (Given Name)	EMBER: (Middle Name)
NAME OF BANK/BRANCH			BRSTN (Fo	or SSS Use Only)
BANK ADDRESS			SAVINGS ACCOUNT N	
	C	ERTIFICATION		
 APPLICABLE, THAT: 1. The aforementioned cl 2. I am competent to record of the subject member 3. I have not abandoned, offenses against the lation of the aforement 5. I will immediately notified to the method of the subject members 	hildren are under my care eive in behalf of the said er of the SSS; , neglected, refused to sup aw; tioned children are married y the SSS in case any of t or remarry. SIGNATURE OF CLAIMANT	and custody; children the amo oport said children d nor employed; a he above listed ch	nildren die, marry or become	is it
w	nant cannot sign, fingerprints sho TNESSES TO FINGERPRIN gnature over printed name ar	ITS	wo persons)	
1 2			Right Thumb	Right Index
		OR SSS USE		
FINDINGS: No other pending claim Others (specify)	SCREENED BY:		RECEIVED BY:	
	SIGNATURE OVER PRINT	ED NAME DAT	TE SIGNATURE OVER PR	RINTED NAME DATE