



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**ALLOCATION OF MATERNITY LEAVE CREDITS**

SMD-01409 (05-2019)

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph)**

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

SS NUMBER	NAME OF MEMBER	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

DO YOU WANT TO ALLOCATE PORTION OF YOUR MATERNITY LEAVE CREDITS?

☐ Yes. I want to allocate \_\_\_\_\_ days which, shall be deducted from my SSS maternity benefit, to:  
number of days (1 to 7 days)

Name: \_\_\_\_\_

Relationship: ☐ Child's father ☐ Alternate caregiver

☐ No. I want to avail the full SSS maternity benefit.

\_\_\_\_\_  
PRINTED NAME OF MEMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE