



COV- 01205 (05-2015)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**REQUEST/VERIFICATION FORM**

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE**

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

**PART I - TO BE FILLED OUT BY MEMBER**

**A. MEMBER INFORMATION**

SS NUMBER 0   6   4   3   0   8   7   0   4   0	COMMON REFERENCE NUMBER 	DATE OF BIRTH (MMDDYYYY) 0   4   0   5   1   9   9   7	TAX IDENTIFICATION NUMBER (IF ANY) 7   8   2   6   0   0   3   6   5
NAME (LAST NAME) REYES (FIRST NAME) NEIL ANDREI (MIDDLE NAME) (SUFFIX)			
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)
(SUBDIVISION) P-Geranium	(BARANGAY/DISTRICT/LOCALITY) Tungkil	(CITY/MUNICIPALITY) Minglanilla	(PROVINCE) Cebu
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 0   9   0   8   1   9   1   3   2   6   5	E-MAIL ADDRESS neilandreireyes211@gmail.com	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY Philippines	ZIP CODE 6046

TYPE OF MEMBERSHIP  
☐ EMPLOYED ☐ VOLUNTARY ☐ SELF-EMPLOYED ☐ NON-WORKING SPOUSE ☐ OVERSEAS FILIPINO WORKER

**B. TYPE OF TRANSACTION**

☐ **REQUEST**

☐ Cancellation of Multiple SS Numbers, indicate the following information:

Civil Status \_\_\_\_\_  
 Maiden Name (if female) \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 Name of Mother \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
 Name of Child/Children 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

☐ Consolidation of Contributions (for members with multiple employers)  
☐ Correction/Refund/Posting/Adjustment of Contributions

☐ Deletion of Entry in Employment History Record  
☐ Encoding/Correction of Date of Coverage  
☐ Manual Verification

**Employment History** (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
		FROM (MMYYYY)	TO (MMYYYY)
1. Gaisano Capital Corp.	General Maxilom Ave Ext, Cebu City,	0   6   2   0   1   9	0   3   2   0   2   0
2. Cebu Atlantic Hardware	B. Aranas Street, San Nicolas Property, CEBU	0   3   2   0   2   0	0   4   2   0   2   1

☐ Certification of Membership/Non-Membership ☐ Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)  
☐ Copy of Membership Record/s \_\_\_\_\_ ☐ Others \_\_\_\_\_  
 (Record Type)

☐ **VERIFICATION**

☐ Contribution (Indicate Period Covered) \_\_\_\_\_  
☐ Date of Coverage \_\_\_\_\_  
☐ Employer Number \_\_\_\_\_  
☐ SS Number \_\_\_\_\_  
☐ Flexi-Fund Premiums \_\_\_\_\_  
☐ SSS P.E.S.O. Fund Premiums \_\_\_\_\_  
☐ Loan Balance \_\_\_\_\_

☐ Loans/Benefits Eligibility  
☐ Status of:  
☐ Loan Application  
☐ Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)  
☐ Application for UMID Card  
☐ Data Change Requested  
☐ Others \_\_\_\_\_

**C. CERTIFICATION**

I certify that the information provided in this form are true and correct.

NEIL ANDREI REYES

PRINTED NAME

SIGNATURE

12/02/2021

DATE

**D. AUTHORIZATION** (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. \_\_\_\_\_ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.

PRINTED NAME & SIGNATURE OF MEMBER

DATE

PRINTED NAME & SIGNATURE OF AUTHORIZED REP.

DATE

**PART I - TO BE FILLED OUT BY SSS**

Preference for release of request/verification  
☐ For Mailing ☐ For Pick-up (indicate date & time) \_\_\_\_\_

Identification document/s presented by herein named authorized/co. representative:  
☐ SS ☐ Two (2) valid IDs \_\_\_\_\_

Perforate Here



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**REQUEST/VERIFICATION FORM**  
**ACKNOWLEDGEMENT STUB**

SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

RECEIVED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

DATE & TIME

BRANCH

**PART II - TO BE FILLED OUT BY SSS****A. TRANSACTION RESULTS****REQUEST**☐ Cancellation of Multiple SS Numbers☐ Deletion of Entry in Employment History Record☐ Consolidation of Contributions☐ Encoding/Correction of Date of Coverage☐ Correction/Refund/Posting/Adjustment of Contributions☐ Manual Verification☐ Certification of Membership/Non-Membership☐ Print-out of Computer Records☐ Copy of Membership Record/s☐ Others**VERIFICATION**☐ Contribution☐ Loan Balance☐ Date of Coverage☐ Loans/Benefits Eligibility☐ Employer Number☐ Status of:☐ SS Number☐ Loan Application☐ Benefits Claim Application☐ Flexi-Fund Premiums☐ Application for UMID Card☐ Data Change Requested☐ SSS P.E.S.O Fund Premiums☐ Others**B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED**

VERIFIED/PROCESSED BY

RELEASED BY

SIGNATURE OVER PRINTED NAME

DEPT./BRANCH

DATE &amp; TIME

SIGNATURE OVER PRINTED NAME

DEPT./BRANCH

DATE &amp; TIME

**INSTRUCTIONS**

- Fill out this form in one (1) copy and accomplish appropriate parts as follows:

Filed by member

- Member to fill-out **PART I (a to c)**
- Member to fill-out "Employment History" (Part I [b]) only if requesting for the following:
  - Cancellation of Multiple SS Number
  - Consolidation of Contributions
  - Correction/Refund/Posting/Adjustment of Contributions
  - Deletion of Entry in Employment History Record
  - Encoding/Correction of Date of Coverage
  - Manual Verification

Filed by authorized representative or company representative

- Member to fill-out **PART I (a to d)**
- Authorized Representative or company representative to fill out **PART I (d)**

- Place a checkmark on the applicable box.

- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.

- Present identification document/s.

Filed by member

- Social Security (SS) Card or Unified Multi-Purpose ID (UMID) Card or Passport or Professional Regulation Commission (PRC) Card or Seaman's Book or Driver's License or two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by authorized representative

- Representative's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)
- Member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)

Filed by company representative

- Authorized Representative Card (ACR)
- Original member's SS Card or UMID Card or Passport or PRC Card or Seaman's Book or Driver's License or any two (2) valid IDs (both with signature and at least one (1) with photo)

- The member granting authority to the authorized representative or company representative in this form shall be held liable under all circumstances for any false statement, misrepresentation, fraud made by the authorized representative or company representative in all transactions with the SSS.

- This form can be downloaded thru the SSS Website at [www.sss.gov.ph](http://www.sss.gov.ph).