

Republic of the Philippines

SOCIAL SECURITY SYSTEM SICKNESS BENEFIT REIMBURSEMENT APPLICATION

SIC - 01253 (12-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS.WEBSITE AT WWW.SSS.GOV.PH

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

PART I - TO BE FILLED OUT BY MEMBER A. PERSONAL DATA					
SS NUMBER COMMON REFERENCE NO. DATE OF BIRTH (MMDDYYYY) TAX IDENTIFICATION NUMBER					
NAME (LAST NAME) (FIRST NAM	IE) (MIDDLE NAME) (SUFFIX)				
LOCAL ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT/ & BLK NO.) (STREET NAME)					
(BARANGAY/DISTRICT/LÖCALITY) (SUBDIVISION)	(CITY/MUNICIPALITY) (PROVINCE) ZIP CODE				
TELEPHONE NO. (AREA CODE + TEL. NO.) MOBILE/CELLPHONE NO.	E-MAIL ADDRESS				
FOREIGN ADDRESS TRANSPORT					
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY				
B. CERTII	FICATION				
I CERTIFY THAT:					
 a) The information provided are true and correct; and b) I actually received the amount of benefit due as indicated in Part II of this for 	orm (Do not sign if the amount is not actually advanced)				
b) Tactually received the amount of benefit due as indicated in Part II of this id	omi. (Do not sign if the amount is not actually advanced)				
PRINTED NAME	SIGNATURE DATE				
If member cannot sign, affix fingerprints. Please read instruction No.	6 at the back of the form.				
Below are the witnesses to fingerprinting:					
1) PRINTED NAME SIGNATURE	DATE				
ADDRESS & CONTACT NUMBER	5.112				
2) PRINTED NAME SIGNATURE	DATE				
ADDRESS & CONTACT NUMBER	RIGHT THUMB RIGHT INDEX				
PART II - TO BE FILLED (
SICKNESS BENEFIT TYPE SOCIAL SECURITED S					
EMPLOYER NUMBER TAX IDENTIFICATION NU					
	☐ Business ☐ Household				
EMPLOYER NAME					
EMPLOYER ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLOCK NO.) (STREET)				
(RM/FLR/UNIT NO. & BLDG. NAME) (BARANGAY/DISTRICTLOCALITY	Y) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE				
TELEPHONE NO. (AREA CODE + TEL. NO.) E-MAIL ADDRESS	WEBSITE (for business employer)				
	DE DAVO LOUTOV LOUTOV DE DAVO				
APPROVED CONFINEMENT PERIOD TOTAL NO. C START (MMDDYYYY) END (MMDDYYYY)					
	☐ Employee returned to work on ☐ Employee still on leave/not yet reporting				
COMPANY SICKLEAVE (Mark Applicable Box)					
Employee has exhausted all current company sickleave with pay;	Employee still has company sick leave (SL) with pay for the current year				
B. COMPUTATION OF	(no. of days) SICKNESS BENEFIT				
SOCIAL SECURITY (SS)	EMPLOYEES' COMPENSATION (EC)				
Total Monthly Salary Credit (TMSC)	Total Monthly Salary Credit (TMSC)				
Divided by 180 Average Daily Salary Credit (ADSC)	Divided by 180 Average Daily Salary Credit (ADSC)				
Multiplied by 90% Multiplied by 90%					
Daily Sickness Allowance (DSA)					
Multiplied by approved no. of days (less SL, if any)	Multiplied by approved no. of days				
Amount of Benefit due the Member P Amount of Benefit due the Member P					
C. EMPLOYER'S CERTIFICATION					
THIS IS TO CERTIFY THAT: a) The information provided are true and correct;					
b) The qualifying contributions of member were paid prior to the	he date of sickness/injury; and				
c) The amount of benefit due as indicated above was advance	ed to the employee.				
SIGNATURE OVER PRINTED NAME	OFFICIAL DESIGNATION DATE				
EMPLOYER/AUTHORIZED REPRESENTATIVE Perforate	Here				
SOCIAL SECU					
SICKNESS BENEFIT REIMB					
ACKNOWLEDGEMENT STUB					
SS NUMBER/CRN (IF ANY) NAME OF MEMBER (LAST N					
START OF SICKNESS RECEIVED BY					
(MMDDYYYY)					
SIGNATURE OVER PRINTED NAME	DATE & TIME SSS BRANCH				

PART III - TO BE FILLED OUT BY SSS					
	A. BR	ANCH OFFICE			
SCREENING AND RECEIVING RESULTS ID's Presented by filer: ACR Card Co. author SS Card Valid ID/s Form Accomplishment: Complete Incomplete Documents Submitted: Complete Incomplete Eligibility Result: Qualified Not Qualif	☐ None e (see remarks) e (see remarks)	npany ID repancy/ies (see remarks)	Remarks		
SIGNATURE OVER PRINTED NAME	DATE	TIME	DATE RETU	RNED	
SCREENING AND RECEIVING RESULTS FOR RE-FI Claim accepted Claim not accepted (see remarks) SCREENED AND RECEIVED BY			Remarks		
SIGNATURE OVER PRINTED NAME	DATE	TIME ESSING CENTER	DATERETO	RNED	
FOR INITIAL FILING	B. FROC	PROCESSING RES	SULT		
RECEIVED BY		PROCESSED AND	ENCODED BY		
SIGNATURE OVER PRINTED NAME	DATE	SIGNATUR	RE OVER PRINTED NAME	DATE	
REVIEW RESULT Approved Rejected Denied REVIEWED BY		CONCURRED BY			
SIGNATURE OVER PRINTED NAME	DATE	SIGNATUR	RE OVER PRINTED NAME	DATE	
FOR RE-FILED CLAIM RECEIVED BY		PROCESSING RES			
SIGNATURE OVER PRINTED NAME	DATE	SIGNATUR	RE OVER PRINTED NAME	DATE	
REVIEW RESULT Approved Rejected Description		CONCURRED BY			
REVIEWED BY					

- 1. Fill out this form in one (1) copy. If member is entitled to SS and EC sickness benefit, fill out Part II B of this form for the computation of both benefits.
- 2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 3. Write SS number and name of member in all documents for submission.
- 4. Attach original copy of approved Sicknesss Notification to the Sickness Benefit Reimbursement Application.
- 5. Present valid identification cards/documents. Refer to attached "List of Filer's Valid Identification (ID) Cards/Documents.
- 6. If member cannot sign, there should be two (2) witnesses to fingerprinting. One (1) witness is the employer representative/company representative and the other one (1) could be any person.
- 7. The employer shall advance the amount of benefit due the member upon receipt of the approved sickness notification from SSS.
- 8. Any alteration must be initialed by the member or the employer/authorized company representative.
- 9. This form can also be downloaded thru the SSS website (www.sss.gov.ph).

Qualifying Conditions	Social Security (SS)	Employees' Compensation (EC)
Minimum number of days for hospital or home confinement	At least 4 days	1 day
Qualifying contributions	Paid at least 3 monthly contributions within the 12- month period immediately preceding the semester of sickness/injury	1st day of employment is covered for work-related sickness/injury
Company sick leave (SL) with pay	Exhaust all company SL for the current year	Need not exhaust company SL with pay
Prescriptive period of filing reimbursement	For home confinement, the claim for reimbursement by the employer must be filed within one (1) year immediately after the start of illness. For hospital confinement, it must be filed within one (1) year from the last day of confinement in such hospital.	Three (3) years from the date of sickness/injury

WARNING!

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SEC. 28 OF RA 8282 OF THE SS LAW OR UNDER PERTINENT PROVISIONS OF REVISED PENAL CODE AND ART. 207 (B) CHAPTER IX OF PD # 626 as Amended).

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS Sickness Benefit Reimbursement Process

A. Primary ID Cards/Documents

- 1. Social Security (SS) card
- Unified Multi-Purpose ID (UMID) card
- 3. Passport
- 4. Professional Regulation Commission (PRC) card
- 5. Seaman's Book (Seafarer's Identification & Record Book)

B. Secondary ID Cards/Documents

- 1. Alien Certificate of Registration
- 2. ATM card (with cardholder's name)
- 3. Bank Account Passbook
- 4. Company ID card
- Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- 7. Certificate of Naturalization
- 8. Credit card
- Court Order granting petition for change of name or date of birth
- 10. Driver's License
- 11. Firearm License card issued by Philippine National Police (PNP)
- Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- 13. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
- 14. Health or Medical card
- 15. Home Development Mutual Fund (Pag-IBIG)
 Transaction Card/Member's Data Form
- 16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
- 17. ID card issued by professional association recognized by PRC
- 18. Life Insurance Policy of member
- 19. Marriage Contract/Marriage Certificate
- 20. National Bureau of Investigation (NBI) Clearance
- 21. Overseas Worker Welfare Administration (OWWA) card
- 22. Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
- 23. Police Clearance
- 24. Postal ID card
- 25. School ID card
- 26. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
- 27. Senior Citizen card
- 28. Student Permit issued by Land Transportation Office (LTO)
- 29. Taxpayer's Identification Number (TIN) card
- 30. Transcript of Records
- 31. Voter's Identification card or Voter's Affidavit / Certificate of Registration

1. Filed by Employer (Business/Household)

Present the original of any one (1) of the Employer's **primary** ID cards/documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo.

2. Filed by Company Representative

Present the Authorized Company Representative (ACR) Card or if without ACR Card (not available at the time of filing) present the following:

- 2.1 Letter of Authorization (LOA) issued by the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and
- 2.2 Original company ID of company representative.

3. Filed by Employer Representative

- 3.1 LOA issued by the employer's authorized signatory reflected in the SS Form L-501
- 3.2 Original company ID of employer representative.