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COV-01215 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

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

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

| | | | |
|---|---|---|---|
| SS NUMBER 0163191918578 | COMMON REFERENCE NUMBER (IF ANY) | DATE OF BIRTH (MM/DD/YY) 0150811989 | TAX IDENTIFICATION NUMBER (IF ANY) |
| NAME DORINAGA | LAST NAME ALMERFO | MIDDLE NAME NEAL | SUFFIX HILIPAN |
| ADDRESS PAZ Y. ALMERFO | SUBDIVISION BARANGAY/DISTRICT/LOCALITY PAZ Y. | HOUSE/LOT & BLDG NO. 101 | PROVINCE ZIP CODE 16100 |
| TELEPHONE NUMBER (WITH LOCAL TEL. NO.) | MOBILE/CCELLPHONE NUMBER | E-MAIL ADDRESS | |
| FOREIGN ADDRESS (IF APPLICABLE) | | COUNTRY | ZIP CODE |

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM

- Employed
- Voluntary
- Overseas Filipino Worker
- Non-Working Spouse (NWS)
- Prior Registrant

TO

- Self-Employed (Please fill-in the details below):
Professional/Business: _____
- Year Professional/Business Started: _____
- Monthly Earnings (P): _____

TO (Optional for Prior Registrant Only)

- Non-Working Spouse (Please fill-in the details below):

SS No./CIN of Working Spouse

Monthly Income of Working Spouse (P) _____

I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS

SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

B. CORRECTION OF NAME

 Last Name: _____ First Name: _____ Middle Name: _____

(or change of middle initial to middle name): _____

 Prefix (e.g., "de", " dela", " de la", "do", "Ma.", or "Manu") or Suffix (e.g., " Jr.", " II" or " III") Simple Error in Spelling of Name (e.g., "Y" to "F" or "W" to "M" or vice versa; initial/deletion of space and special characters) Due to Re-Marriage: _____

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name): _____

 Single to Married: _____ Married to Legally Separated: _____ Married to Widowed: _____ Reversion from Married to Single: _____

F. UPDATING OF CONTACT INFORMATION

 Address: _____ Telephone Number: _____ Email Address: _____ Mobile/Cellphone Number: _____

G. UPDATING OF BANK INFORMATION

Bank Name: _____

Bank Branch: _____

Account Number: _____

 Benefits (Sickness/Maternity/Partial Disability): _____ Loans: _____ PESO Fund: _____

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents: _____

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

| NAME (LAST NAME) | FIRST NAME | MIDDLE NAME | SUFFIX | RELATIONSHIP TO MEMBER | DATE OF BIRTH (MM/DD/YY) | <input type="checkbox"/> New/Additional |
|------------------|------------|-------------|--------|------------------------|--------------------------|---|
| 1. | | | | | | <input type="checkbox"/> Deletion |
| 2. | | | | | | <input type="checkbox"/> New/Additional |
| 3. | | | | | | <input type="checkbox"/> Deletion |