



MLP-01282 (12-2016)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

CALAMITY LOAN ASSISTANCE APPLICATION

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 AND REMINDERS AT THE BACK OF THE FORM AND THE ATTACHED TERMS AND CONDITIONS BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE **BLACK INK ONLY**.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER DATA

SS NUMBER	COMMON REFERENCE NUMBER (IF ANY)		DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	ZIP CODE
MAILING ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY		ZIP CODE
MODE OF PAYMENT (see reminder at the back)				
<input type="checkbox"/> Unified Multi-Purpose ID (UMID) - ATM Card <input type="checkbox"/> Cash Card <input type="checkbox"/> Check				
If Mode of Payment is Cash Card				
PREFERRED BANK		CASH CARD/SAVINGS ACCOUNT NO. (To be filled out upon issuance of cash card)		
<input type="checkbox"/> Citibank N.A. Philippines <input type="checkbox"/> UnionBank of the Philippines				
C. CERTIFICATION, UNDERTAKING AND PROMISSORY NOTE				
1. I certify that my residence is located in the declared calamity area and was affected by _____ (name of calamity) which happened on _____ (date). 2. I certify that my house/property was damaged by the said calamity amounting to P _____. 3. I certify that the information provided in this application form are true and correct. 4. In case it is proven that I have given false information or misrepresentation in this document or in any other documents submitted in connection with my Calamity Loan Assistance Application, the total outstanding loan balance shall become due and demandable and I promise to immediately pay in full the said amount. 5. I agree with the TERMS AND CONDITIONS attached to this loan application. 6. I unconditionally promise to pay the amount stated in the Disclosure Statement under the Calamity Loan Assistance Program that I have conformed with.				

PRINTED NAME OF MEMBER

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY EMPLOYER (FOR EMPLOYED MEMBER)

A. EMPLOYER DATA

EMPLOYER ID NUMBER	TAX IDENTIFICATION NUMBER (IF ANY)		TYPE OF EMPLOYER	
			<input type="checkbox"/> Business	<input type="checkbox"/> Household
EMPLOYER NAME				
EMPLOYER ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	E-MAIL ADDRESS		WEBSITE (FOR BUSINESS EMPLOYER)	

B. CERTIFICATION

I certify that the information provided in this form are true and correct. Also, I agree with the **TERMS AND CONDITIONS** attached to this loan application.

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE

PART III - TO BE FILLED OUT BY SSS

IDENTIFICATION CARD/S OR DOCUMENT/S PRESENTED	RECEIVED AND ENCODED BY			
<input type="checkbox"/> Primary ID card <input type="checkbox"/> Two valid ID cards, both w/ signature & at least one w/ photo <input type="checkbox"/> Other ID card/s or document/s	SIGNATURE OVER PRINTED NAME POSITION TITLE DATE AND TIME BRANCH REVIEWED BY SIGNATURE OVER PRINTED NAME POSITION TITLE DATE AND TIME			
Perforate Here				



Republic of the Philippines
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ACKNOWLEDGEMENT STUB

SS NO./COMMON REFERENCE NO. (IF ANY)	NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
RECEIVED BY				
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME	BRANCH	

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Indicate "N/A" if the required data is not applicable.
3. Affix initials on all erasures/alterations on this form.
4. If filed by member, submit the following at any SSS Branch Office:
 - a. Application Form for CLA - original copy
 - b. Barangay Certification - original copy
 - c. Present original copy of valid ID cards/documents of the authorized representative. Refer to "List of Filer's Valid Identification (ID) Cards/Documents" below.
5. If filed by authorized representative (for OFW/Seafarer member), submit the following at any SSS Branch Office:
 - a. Application Form for CLA - original copy
 - b. Authorization Letter - original copy
 - c. Barangay Certification - original copy
 - d. Printed scanned copies of valid ID cards/documents of the OFW/Seafarer member and present original copies of valid ID cards/documents of the authorized representative. Refer to "List of Filer's Valid Identification (ID) Cards/Documents" below.
6. The signatory in Part II-B of this form shall be the employer or one of the authorized signatories in the "Employer Specimen Signature Card (SS Form L-501)".

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS CALAMITY LOAN ASSISTANCE PROGRAM

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

A. Primary ID Cards/Documents

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

B. Secondary ID Cards/Documents

1. Alien Certificate of Registration
2. Certificate of Licensure/Certification Documents from Maritime Industry Authority
3. Certificate from any of the following, whichever is applicable:
 - > National Commission on Indigenous Peoples
 - > National Commission on Muslim Filipinos
4. Company ID Card
5. Firearm License card issued by Philippine National Police (PNP)
6. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
7. Government Service Insurance System (GSIS) Member's Record/Certificate of Membership
8. Health or Medical card
9. Home Development Mutual Fund (PAG-IBIG) Member's Data Form
10. ID card issued by Local Government Units (LGUs) (e.g., Barangay/Municipality/City)
11. ID card issued by professional association recognized by PRC
12. Marriage Contract/Marriage Certificate
13. Overseas Worker Welfare Administration (OWWA) Card
14. Philippine Health Insurance Corporation (PHIC) ID Card
15. Police Clearance or NBI Clearance
16. Postal ID Card
17. School ID Card
18. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
19. Senior Citizen Card
20. Student Permit issued by Land Transportation Office (LTO)
21. Taxpayer's Identification Number (TIN) Card
22. Voter's Identification Card/Affidavit/Certificate of Registration

Note: All equivalent ID cards/documents with English translation issued by foreign governments and presented by OFW members for filing of CLA applications are acceptable.

R.A. 3765, OTHERWISE KNOWN AS "TRUTH IN LENDING ACT"

A DISCLOSURE STATEMENT ON LOAN TRANSACTION SHALL BE ISSUED BY SSS TO THE MEMBERS UPON APPROVAL OF THEIR CALAMITY LOAN ASSISTANCE PROGRAM APPLICATION.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS APPLICATION SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF R.A. 8282 OR UNDER PERTINENT PROVISION OF THE REVISED PENAL CODE OF THE PHILIPPINES.

REMINDERS

1. Unified Multi-Purpose ID (UMID) ATM Card mode of payment is the default mode of payment for members with activated UMID ATM Card. The loans will be directly credited to the SSS-issued UMID ATM account.
In case the member has no activated UMID ATM Card, he/she shall be given an option on the mode of payment of the proceeds as follows:
 - a. Thru Cash Card [Citibank N.A. Philippines/UnionBank of the Philippines]
 - b. Thru Check
2. Verification of status may be made thru the SSS Website (for enrolled members only) at www.sss.gov.ph or contact our Call Center at 920-6446 up to 55 or 917-7777.

TERMS AND CONDITIONS FOR CALAMITY LOAN

(SSC Res. No.: 792-s.2016 Date: 09 November 2016)

A. COVERAGE OF THE PROGRAM

Members who are residents of the calamity stricken areas as declared and may be declared by the National Disaster Risk Reduction and Management Council (NDRRMC) and who suffered losses or damages to their properties located in the said calamity stricken areas.

B. ELIGIBILITY REQUIREMENTS

All currently contributing employed, self-employed and voluntary members applying for calamity loan assistance must meet the following eligibility requirements:

1. The employed member's employer must be updated in the payment of contributions and loan remittances, as applicable.
2. The member must:
 - have at least thirty-six (36) posted monthly contributions, six (6) of which should be posted within the last twelve (12) months prior to the month of filing of application.
 - be a resident of the calamity declared areas and suffered losses/damages to their properties. A resident is one who has a home address/property at the stricken area.
 - have not been granted any final benefit, (i.e., total permanent disability, retirement and death) at the time of application.
 - not have an outstanding restructured loan under the SSS Loan Restructuring Program (LRP).

C. AVAILMENT PERIOD

Application for calamity loan assistance shall be filed within three (3) months from the issuance of Circular No. 2016-007.

D. LOANABLE AMOUNT

The loan amount shall be equivalent to one (1) monthly salary credit (MSC) computed based on the average of the last 12 MSCs or the total amount of damages as certified by the member in the application form, (rounded up to the nearest thousand), whichever is lower.

E. REPAYMENT TERM AND SCHEDULE OF PAYMENT

1. The loan shall be payable within two (2) years in 24 equal monthly installments.
2. The monthly amortization shall start on the 2nd month following the date of loan, which is due on or before the payment deadline, as follows:

For employers (ERs)		For self-employed (SE) and voluntary members (VM) (except OFW-members)	
If the 10th digit of the 13-digit ER ID number is:	Payment Deadline (following the applicable month)	If the last digit of the SS number is:	Payment Deadline (following the applicable month)
1 or 2	10th day of the month	1 or 2	10th day of the month
3 or 4	15th day of the month	3 or 4	15th day of the month
5 or 6	20th day of the month	5 or 6	20th day of the month
7 or 8	25th day of the month	7 or 8	25th day of the month
9 or 0	Last day of the month	9 or 0	Last day of the month

For OFW members, the payment deadline is on or before the 10th day of the month following the applicable month.

3. Payment shall be made at any SSS branch office with tellering facility, SSS-accredited bank, or SSS-authorized payment center.

F. INTEREST AND PENALTY

1. The loan shall be charged an interest rate of 10% per annum computed on a diminishing principal balance.
2. Any excess in the amortization payment shall be applied to the outstanding principal balance.
3. Loan amortization/payments not remitted on due date shall bear the penalty of 1% per month until fully paid.
4. If the loan is not fully paid at the end of the term, interest of 10% per annum and penalty of 1% per month shall continue to be charged on the outstanding principal balance until fully paid.

G. SERVICE FEE

Service fee of 1% shall be waived.

H. RESPONSIBILITIES OF EMPLOYER

1. The employer shall be responsible for the collection through payroll deduction and remittance to the SSS of the amortization due on the employed member's calamity loan assistance.
2. The employer shall deduct the total balance of the loan from any company benefit due the member and shall remit the same in full to SSS in case the member is separated from the company voluntarily (e.g., retirement or resignation) or involuntarily (e.g., termination of employment or cessation of operations of the company).
3. The employer shall report to the SSS the effective date of separation from the company and the unpaid loan balance of the employed member, through the collection list, if the company benefit is insufficient to fully repay the loan.
4. The employer shall require a new employee to secure from the SSS an updated statement of outstanding loan account, if any.
5. The employer shall deduct and remit to SSS any outstanding loan balance of new employees.

I. RESPONSIBILITY OF MEMBER

Members who transfer employment shall submit to their new employer an updated statement of account of any outstanding loan balance with SSS and allow their employer to deduct from their salary the corresponding amortization due, including any interest/or penalty for late remittance.

J. DEDUCTION OF UNPAID LOAN FROM BENEFITS

In case the member fails to immediately pay the outstanding balance, the arrearages/unpaid loan, as well as the interest and penalty thereon, shall be deducted from the benefits being claimed by the member, as follows:

- For employed member - final benefits (total disability/retirement/death)
- For self-employed/voluntary member - short-term benefits (Sickness/Maternity/Partial Disability) or final benefits (total disability/retirement/death)

K. OTHER CONDITIONS

1. The member must personally apply for the Calamity Loan Assistance Program thru any SSS branch offices (Over-the-Counter).
2. For Overseas Filipino Workers (OFWs)/Seafarers, the members must issue an Authorization Letter in favor of their authorized representatives authorizing the latter to file their Calamity Loan Assistance application on their behalf.
3. The member must submit a Barangay Certification certifying that the members are residents of the declared calamity area and were affected by said calamity.
4. The member must certify the extent of damages, in peso equivalent, to their home/property.
5. This calamity loan must be fully paid before the member can avail of future calamity loans of SSS.
6. Other terms and conditions in the existing salary loan guidelines not inconsistent with the above provisions shall be applicable in this program.
7. The member shall notify the Member Services Section of the nearest SSS branch office of any change in the following:
 - a. address - thru SS Form E-4 filed over-the-counter (OTC)
 - b. employer - thru a notice sent thru mail, filed OTC, or sent thru e-mail: member_relations@sss.gov.ph. The notice shall include the SS number, name and signature of the member.
8. Calamity loan assistance check may be picked-up by the member/authorized representative (for OFW/Seafarer member) within ten (10) working days at SSS Branch Office where the application is filed. After this period, the check will be forwarded thru mail to the member's local mailing address.

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