## DDR-2 (REV. 05-01)

# Republic of the Philippines SOCIAL SECURITY SYSTEM

# DEATH, DISABILITY, RETIREMENT AND EARLY WITHDRAWAL CLAIM (FLEXI-FUND PROGRAM)

		(Pleas	e read i	nstruc	tions a	at the back, Pr	int all informat	tion in capi	ital letters	& use	e blank ink o	nly)				
MEMBER'S SS NUMBER (must be 10	digits)		MEM	BER'	S NAI	VIE (SURNA	ME)	(GIVE	EN NAME	Ξ)	(MIDE	LE N	AME)			
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ADDRESS (NUMBER & STREET)		(BARA	NGAY)			(TOWN/D	STRICT)		(CITY/PF	ROVIN	CE)	PC	STAL	COL	Œ	
DATE OF BIRTH (MM/DD/YYYY)	CLAIM	ITVDE	:			DENIEEIT	ODTION (Ch	ock optio	·n)							
DATE OF BIRTH (WIWINDS/1111)	CLAIM TYPE  DEATH			BENEFIT OPTION (Check option)												
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			REMEN								. OF YEARS					
		EARL	Y WITH	DRAV	VAL		_			OF	PENSION: _					
DEPENDENT CHILDREN	DATE OF BIRTH					Check Applicable Column				ADDRESS						
(Beginning from the youngest)	(MM/DD/YYYY)					LEGITIMATE	LEGITIMATE ILLEGITIMATE				ADDITEGO					
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NAME OF BANK/BRANCH	BANK ADDRESS ACCOU						ACCOUNT I	NUMBER BRSTN (SSS to fill in this						this po	rtion)	
CLAIMANT'S NAME (SURNAME)	(GIVE	N NAM	IF)	(M	IDDI F	NAME)	DATE OF BI	IRTH (MM	I/DD/YYY	(Y)	RELATION	SHID	TO M	EMB	EP	
CLAIMANT STANLE (OUTO, WIL)	(OIVE	14/11/	· <b>-</b> )	(101	IDDLL	147 (IVIL)		.   (.vv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	KELATION	SHIF	I O IVI	LIVID	LK	
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Signature of Claimant Date																
WITNESSES TO FINGERPRINTS (If o	laimant	cannot	t sign)													
1.				•		Date		-								
Signature Over Pri	nted Nai	me				Date	;									
2.				_				<u>-</u> .								
Signature Over Pri	nted Nar	ne				Date				RIGHT	THUMBMARK	$\bot$	RIGHT	NDEX		
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REMARKS	NO OTH CLAIM F		CLE	AREL	D/DAT	E			RECE	IVED/	DATE:					
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SOCIAL SECURITY SY	STEM		Δ	CKNC	)WI F	DGEMENT F	RECEIPT		PLEASE	PRES	ENT THIS	NHEN	1 INO	JIRIN	IG.	
DEATH, DISABILITY, RETIREMENT,  ABOUT THE STATUS OF YOUR APPLICATION.							N.									
AND EARLY WITHDRAWAL ( (FLEXI-FUND PROGRAM	AND EARLY WITHDRAWAL CLAIM  VERIFICATION WILL BE ENTERTAINED AFTER  (FLEXI-FUND PROGRAM)  MULL BE ENTERTAINED AFTER  LITERATURE DAYS FROM THE DATE OF RECEIPT															
MEMBER'S SS NUMBER (must be 10	•		MEME	REDIG	S NA A	/IE (SURNAM	E) (CIV.E.	NAME)	(MI)	DATO	FOR S					
MEMBER 3 33 NOMBER (Mast be 10	uigits)		.41 - 141			··- (OUNIVINI	L) (GIVEN	N INMIVIE)	(1411)	DA	TE RECEIVE	_	RECEIV		3Y	

## **GENERAL INSTRUCTIONS**

- 1. Accomplish this form in one (1) copy without erasures or alterations.
- 2. If claimant cannot sign, affix right thumbmark and right index on the spaces provided and must be identified by two (2) witnesses.
- 3. If the benefit option selected is pension, submit photocopy together with the original copy of single savings account passbook.

### WARNING

ANY PERSON WHO MAKES FALSE STATEMENTS IN THIS APPLICATION OR SUBMITS FALSIFIED DOCUMENTS IN CONNECTION WITH HIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS.

#### CHECKLIST OF REQUIRED DOCUMENTS AND SPECIFIC INSTRUCTIONS

<u>DEATH</u>						
Primary Beneficiaries						
Death Certificate of member Marriage Certificate Birth/Baptismal Certificates of minors Medical Certificate of incapacitated child, if any Death Certificate of spouse, if already deceased Application for Representative Payee (CLD-15) Guaranteed Bond Form (BPN-107) Proof of relationship such as record of birth, a statement before a court of record or any authentic writing/document	Duly registered with Local Civil Registry Office					
Secondary Beneficiaries						
If Claimant is Parent  Death Certificate of member Birth Certificate of deceased member Marriage Certificate of parents  If Claimant is other than Parents Death Certificate of parents Birth Certificate of the deceased brother/sister Birth Certificate of minor beneficiaries	- Duly registered with Local Civil Registry Office - Duly registered with Local Civil Registry Office/Parish Church - Duly registered with Local Civil Registry Office/Parish Church  - To be submitted if parents are deceased - To be submitted to prove claimant's relationship with the deceased - Duly registered with Local Civil Registry Office/Parish Church					
Madical Cartificate (MMD 402)	DISABILITY					
Medical Certificate (MMD-102) Operating Room Record Accident Report (B-309) Other medical records that may be requested by the Medical Benefits Section, Diliman Branch	To be accomplished by the claimant's attending physician To be secured if claimant has been operated on To be secured from the employer					
<u>RETIREMENT</u>						
Birth Certificate of member	To be submitted if with discrepancy in the date of birth					