



E-4

COV 01215 (06-2016)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

TAMASUN 3 SAN AYUN

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 09-4794667-0	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MM/DD/YYYY) 07/07/1998	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) BALIGUAT		(FIRST NAME) RHEA MAE	(MIDDLE NAME) (SUFFIX)
ADDRESS (RM/FURNIT NO. & BLDG. NAME)		(HOUSELOT & BLK NO.)	(SUBLOT NAME) PUROK 4
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) SANGAT	(CITY/MUNICIPALITY) M'LANG	(PROVINCE) COTABATO (NORTH COTABATO) ZIP CODE 9402
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE/CELLPHONE NUMBER 0950-6443980	E-MAIL ADDRESS rheabaliguat007@gmail.com	
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
☐ Prior Registrant

If person who register with the SSS for the first time as a prospective employee.

TO

- ☐ Self-Employed (Please fill-out the details below)
Profession/Business
Year Profession/Business Started **N/A**
Monthly Earnings (Php) **N/A**

TO (Option for Prior Registration Only)

- ☐ Non-Working Spouse (Please fill-out the details below)
SS No./CRN of Working Spouse
Monthly Income of Working Spouse (Php)
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 (for change of middle initial to middle name)
☐ Prefix (e.g., "Mr.", "Mrs.", "Miss", "Dr.", "Hon.", "Mx.", "Mae") or Suffix (e.g., "Jr.", "II" or "III")
☐ Simple Error in Spelling of Name (e.g., "n" to "d" or "d" to "n" or vice versa; inclusion/deletion of space and special characters)
☐ Due to Re-marriage

FROM

TO

PALERMO

C. ☐ CORRECTION OF DATE OF BIRTH

D. ☐ CORRECTION OF SEX

E. ☐ CHANGE OF CIVIL STATUS

(For Female Members, Attach 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 ☐ E-mail Address ☐ Mobile/Cellphone Number

G. ☐ UPDATING OF BANK INFORMATION

- ☐ Benefits (Sickness/Maternity/Partial Disability)
☐ Loans
☐ PESO Fund

Bank Name

Bank Branch

Account Number

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

Birth Certificate

I. ☐ UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use the back of the form.)

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