



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
MATERNITY NOTIFICATION**

SIC - 01241 (12-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS 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	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. CERTIFICATION

I certify that:

- a. This is my _____ pregnancy and my expected date of delivery is on _____;
- b. Prior to this notification, I have _____ delivery/ies and _____ miscarriage/s from May 24, 1997 up to present; and
(NUMBER) (NUMBER)
- c. The information provided in this form are true and correct.

PRINTED NAME SIGNATURE DATE

If member cannot sign, affix fingerprints. Please read Instruction No. 4 of the form.

Below are the witnesses to fingerprinting:

1)	PRINTED NAME	SIGNATURE	DATE		
	ADDRESS & CONTACT NUMBER				
2)	PRINTED NAME	SIGNATURE	DATE		
	ADDRESS & CONTACT NUMBER				

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
0 3 9 0 0 2 3 2 4 7		<input checked="" type="checkbox"/> Business <input type="checkbox"/> Household
EMPLOYER NAME FOCUS GLOBAL INC		
EMPLOYER ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.) (STREET NAME)
		PIONEER CORNER RELIANCE STREETS.
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY) (PROVINCE)
	BRGY. HIGHWAY HILLS	MANDALUYONG CITY
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		E-MAIL ADDRESS
6 3 2 6 3 4 8 5 8 7		WEBSITE (FOR BUSINESS EMPLOYER)

B. CERTIFICATION

I certify that:

- a. The above-named member notified us of her pregnancy and is expected to give birth on the date stated above; and
- b. The information provided in this form are true and correct.

MELCHOR R. MENDOZA
PRINTED NAME SIGNATURE POSITION TITLE DATE

PART III - TO BE FILLED OUT BY SSS

RECEIVED AND PROCESSED BY

SIGNATURE OVER PRINTED NAME DATE TIME BRANCH

ELIGIBILITY RESULT

(For SSS Use Only)

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
3. Affix initials on all alterations/erasures in this form.
4. If member cannot sign, witnesses to fingerprinting shall be as follows:

Filed by member

- SSS receiving personnel who shall affix his/her signature on the space provided and shall indicate employee number and branch on the "Address and Contact Number" portions provided in Part I-B.

Filed by member's representative/employer/employer's representative/company representative

- Two (2) witnesses. One (1) witness is the member's representative/employer/employer's representative/company representative and the other one (1) could be any person. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided in Part I-B.

5. A member shall submit the Maternity Notification (MN), as follows:

TYPE OF MEMBER	WHO WILL FILE	WHERE TO FILE	DEADLINE OF SUBMISSION
a. Employed Member	Employer	Any of the following: a. Nearest SSS Branch Office b. Thru SSS Website	at least 60 days from the date of conception but not later than the date of delivery/miscarriage/procedure
b. SE/VM (including OFW/NWS)/ Member Separated from Employment	• SE • VM (including OFW/NWS) • Member Separated from Employment	Any of the following: a. Nearest SSS Branch Office b. Thru SSS Website c. Thru Self-Service Information Terminal (SSIT)	

6. When filing for maternity benefit, attach the duly received MN or "Maternity Notification Submission Confirmation" (if MN is filed thru the SSS Website or thru SSIT) to the Maternity Benefit Reimbursement Application.

REMINDERS

1. Receipt of MN does not guarantee payment of maternity benefit. Payment of benefit shall be based on existing SSS policies and guidelines.
2. Maternity benefit shall be paid only for the first four (4) pregnancies including miscarriage. The fifth complete delivery or miscarriage shall no longer be paid even if no availments were made on previous delivery/ies or miscarriage/s.
3. Member should have at least three (3) posted monthly contributions within the twelve (12)-month period immediately preceeding the semester of delivery/miscarriage/procedure.
4. Payment of maternity benefit automatically disqualifies the member from availing of sickness benefit for the same period.
5. If employed, full amount of the maternity benefit shall be advanced by the employer within thirty (30) days from the filing of maternity leave application.