

Republic of the Philippines SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONERS PENSIONER'S REPLY

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 ATTACHED INSTRUCTIONS REFORE FILLING OUT THIS FORM PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK

ONLY.				DART I	TOP	EFILE	D OUT	RY DEN	ISIONI	ER/GUARDI	ΔN		
PART I - TO BE FILLED OUT BY PENSIONER/GUARDIAN TYPE OF PENSION													
☐ RE	TIREMENT [SS PERM	MANENT			All Indiana			and the second second	TOTAL DISAE PENSIONER)		☑ SS DEATH	☐ EC DEAT
SS NUN		1	NAME		(LAST	NAME) ILLON			ST NAME OME(100	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	JY	(SUFFIX)
0 3	5 3 6 6 0) 4 8 5	5	DA	AND		ENSION) 1	
B. PENSIONER DATA SS NUMBER (IF ANY) DATE OF BIRTH (MMDDYYYY) TAXPAYER ID NUMBER (IF ANY) TAXPAYER ID NUMBER (IF ANY)													
NAME		(LAST	NAME)				(FIRST N	AME)	0 7	2 0 1	9 6	5 DIE NAME)	(SUFFIX)
IVAIVIL		MON	-/-	EGRE			MIL	30			SAB	ANDAL	
MOTHE	HER'S MAIDEN NAME (LAST NAME)				(FIRST NAME) ASUNCION			Warren very	(MIDDLE NAME) (SUFFIX) DESTREZA				
LOCAL	ADDRESS	(RM./F	LR./UNIT N	O. & BLDG. N	IAME)			(1		OT & BLK. NO.)	T 0	(STREET N	
	(SUBDIVISION)		(BARANC	GAY/DISTRIC	T/LOCA	LITY)		(CITY	NUNICI BL(OCK 7 LO	1 2	(PROVINCE)	X STREET POSTAL COL
	ROSE POIN	TE	TAC	GAPO		•		SA	NTA	ROSA		LAGUNA	4 0 2
TELEPI	HONE NUMBER (AR	EA CODE+TEL. NO	,	1E/CELLP 9 5 5		NUMBEF				DDRESS pardillon@	gmail.c	com	
FOREIC	ON ADDRESS (IF RES	SIDING ABROAD)					ш				COUNT		POSTAL COL
							0111	ANDIT					
SS NUM	MBER (IF ANY)		DATE	OF BIRTI	Н (ммор		NAME	AN DATA	A ST NAME)	(FIRST NA	ME) (MIDDLE N	NAME) (SUFFI
1		III		11		İ							
ADDRE	SS												POSTAL COL
Is the de	ependent (minor/inc	capacitated)	child und	ler your ca	re and	custody a	Iready m	arried, er	mployed	d/self-employe	ed or dece	ased?	
	Yes (Fill out the ap	plicable data	with the				☐ No						
	DATE OF I	MARRIAGE				VPLOYMEN PLOYMEN		T/ SS NUMBER (IF EMPLOYED/SELF-EMPLOYED) DATE OF DEATH			DEATH		
						D.	QUESTI	ONNAIRE	<u> </u>				
1. For	retiree (residing a	broad)/pern	nanent t	otal disab	ility pe					yed/resumed s	self-emplo	yment?	is a second
	Yes, indicate the fo	ollowing:					□ No						
	NA.	ME OF EMP	PLOYER	BUSINES	S		ADD	RESS O	F EMP	LOYER/BUSII	NESS	DATE OF RE-EM RESUMED SELF-E	
												1	
2. For	survivor pension	er, have you	been re-	married or	currer	ntly cohabi	ting with	another r	person'	?			
	Yes, indicate the fo						□ No						
	1	NAME OF SE	OUSE/F	PARTNER			DATE	OF RE-N	MARRIA	AGE/COHABI	TATION		
					0400 5		<u> </u>						
	retiree (residing a custody?	abroad)/peri	manent t	total disat	oility/s	urvivor p	ensioner	, is/are th	here ar	ny dependent	(minor/inc	apacitated) child/ren	under your care
	Yes (Fill out the ap	plicable data	a below)				☐ No						
	(MIN	NAME OF OR/INCAPA			REN		SS	NUMBER	٦	DATE OF MARRIAGE	A CONTRACTOR OF THE PARTY OF TH	OF EMPLOYMENT/ F-EMPLOYMENT	DATE OF DEATH
	1.	010111071171	01171122	7 01112011									
	2.												
	3.												
	4.						-		_				
	5.						-Perforat	o Horo					
						Repu	blic of the	Philippi					
SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONERS ACKNOWLEDGEMENT STUB & NOTICE OF SCHEDULE													
The state of the s	COMMON REFER	ENCE NO. (F ANY)	NAME	OF PE	NSIONER	(LAST NA	ME)	(FI	IRST NAME)	(MIDE	DLE NAME)	(SUFFIX)
0 3	5 3 6 6 0	4 8 3	5			MON	ΓEALI	EGRE	<u> </u>	MILA	SABA	NDAL	
Please report for your Annual Confirmation on Otherwise, your pension will automatically be suspended.													
ISSUED BY													
								11					
	S	IGNATURE	OVER PI	RINTED N	AME					POSITION TIT	LE	DA	TE & TIME

E. CERTIFICAT	TION AND DATA PRIVACY NO	TICE & AGREEMENT					
I certify that the information provided in this form are true a	nd correct.						
I agree that the information collected through this form shall be used and retained by the SSS for the processing and continuous payment of pension, for the establishment, exercise or defense of SSS' legal claims and reestablish or continue the operations of the SSS in the event of disaster. I may get a copy of this form and correct or revise any information therein.							
Furthermore, I understand that I, as an SSS pensioner, sl receive the SSS pension benefit; that the result of the verifi SSS shall conduct a home visit if I fail to report upon the re-	cation processes shall require manager of SSS.	e to appear personally to any SSS be					
MILA SABANDAL MONTEALEGRE	mmnt	γ	October 2, 2021				
PRINTED NAME OF PENSIONER/GUARDIAN	SIGNA	TURE	DATE				
If pensioner/guardian cannot sign, affix fingerprints.		[To be accomplished by SSS sentative (if filed thru representative)]					
	PRINTED NAM	E SIGNATUR	E DATE				
	DOCITION/DEL ATIONICHIE						
	POSITION/RELATIONSHIP						
RIGHT THUMB RIGHT INDEX	SSS BRANCH/BANK BRAN	ICH/AUTHORIZED REPRESENTATI	VE'S ADDRESS				
	-						
	BE FILLED OUT BY THE E		DANIE				
(FOR RETIREE RESIDING ABROAD	A. CERTIFICATION	MIPLYING WITH ACOP THRU THE	BANK)				
This is to certify that Mr./Ms.		, a depositor of					
personally appeared before the undersigned on	ac complia	nce with the Annual Confirmation of	ND BRANCH NAME)				
personally appeared before the undersigned on	(DATE) as complia	nce with the Annual Confirmation of	Pensioners Program				
(ACOP) being conducted by the SSS.							
PRINTED NAME	SIGNATURE	POSITION TITLE	DATE & TIME				
	RT III - TO BE FILLED OUT						
	A. MANNER OF COMPLIAN	CE					
PERSONAL THRU BANK	THRU REPRESENTATIVE	THRU MAIL	THRU E-MAIL				
	B. SCREENING RESULTS						
	ceased Pensioner	Others					
☐ For data capture Dat ☐ For further interview	e of Death						
NTERVIEWED AND/OR SCREENED BY							
PRINTED NAME	SIGNATURE	POSITION TITLE	DATE & TIME				
	C. RECOMMENDATION						
Continue	Pendir	ng (For further evaluation)					
Suspend (Reason)	X-	ray/ECG for reading					
Cancel (Reason)		r Medical Fieldwork Services/Fact of	Pensioner's Existence				
Re-adjudicate (Reason)		r referral to other Branch/Unit					
Return ACOP form (Reason)	U Ot	hers (Reason)					
EVIEWED AND RECOMMENDED BY							
PRINTED NAME S	SIGNATURE	POSITION TITLE					
			DATE & TIME				
PPROVED BY		, 30,,,,,,,,,	DATE & TIME				
PPROVED BY		7.00110111122	DATE & TIME				

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS FORM SHALL BE CRIMINALLY LIABLE UNDER SECTION 28 OF R.A. 1161, AS AMENDED BY R.A. 11199 AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626

INSTRUCTIONS

1. All retirees (residing abroad), permanent total disability pensioners, survivor pensioners, dependent (minor/incapacitated) child/ren and their guardian shall be required to report for the Annual Confirmation of Pensioners Program (ACOP), as follows:

Type of Pensioner	Schedule of Compliance	Where to Comply			
Retiree (residing abroad)	Month of birth of the pensioner	 Member Services Section of any SSS branch/service/foreign office; or 			
		Depository bank			
Permanent Total Disability	Month of birth of the pensioner	 Medical Evaluation Section of any SSS branch office 			
Survivor	Month of birth of the deceased	 Member Services Section of any SSS branch/service/foreign office; or 			
	member	Depository bank			
Dependent (minor/incapacitated) with	h Month of birth of the member/	 Member Services Section of any SSS branch/service/foreign office; or 			
the guardian	deceased member	Depository bank			

- 2. Fill out this form in one (1) copy. If receiving two (2) or more types of pension, fill out one (1) ACOP form for each type of pension. (e.g. If the pensioner is receiving both retirement and survivor pensions, the pensioner shall fill out two (2) ACOP forms). If guardian of two (2) or more dependent (minor/incapacitated) children, fill out one (1) ACOP form for each dependent (minor/incapacitated) child.
- 3. Always affix initials on all erasures/alterations on this form.
- 4. Always indicate the following mandatory information:
 - · Pensioner/Guardian's date of birth
 - Mobile/Cellphone number*
 - if pensioner/guardian cannot provide the required contact information, indicate the pensioner's immediate family member's contact information where SSS can communicate with the pensioner.
 - Email address (for pensioners residing abroad)
- 5. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 6. Write "Nothing Follows" immediately after the last dependent (minor/incapacitated) child. (Item Part I-D Table)

I. CHECKLIST FOR IDENTIFICATION REQUIREMENTS		F FILER				
I. CHECKLIST FOR IDENTIFICATION REQUIREMENTS	TIPEO	AUTHORIZED				
(SSS/Bank receiving personnel to check the appropriate box of each ID submitted/presented and write any remarks, if necessary)	PENSIONER (Present original)	REPRESENTATIVE (Present original and submit photocopy)				
A. Primary ID card/document (Any one (1) of the following):						
Unified Multi-Purpose ID Card						
2. Social Security Card						
3. Alien Certificate of Registration						
4. Driver's License						
5. Firearm Registration						
License to Own and Possess Firearms						
 National Bureau of Investigation (NBI) Clearance 		□				
8. Passport						
Permit to Carry Firearms Outside of Residence		□				
10. Postal Identity Card						
11. Seafarer's Identification & Record Book (Seaman's Book)						
12. Voter's ID Card						
B. Any two (2) other ID cards/documents, both with signature and at least one (1) with						
photo (In absence of a primary ID card/document). Please specify.						
C. Letter of Authority/Special Power of Attorney						
II. CHECKLIST FOR DOCUMENTARY REQUI						
		······································				
A. For pensioners residing in the Philippines (If unable to report personally), submit original	al copy of the following doc	uments:				
Permanent Total Disability Pensioner						
If confined at home						
Sketch of residence of pensioner If confined in an institution						
Certification from the institution where the pensioner is confined such as retirement ha	ome penitentiany nursing faci	lity hospital correctional				
institution, rehabilitation center, etc.	one, penitentially, nursing raci	iity, nospitai, correctional				
2. Survivor Pensioner and Dependent (Minor/Incapacitated) Children						
If confined at home						
Sketch of residence of pensioner;						
Certification of pensioner's existence from Barangay Chairman; and						
☐ Medical certificate on examination done within three (3) months of date of compliar	nce and certified by a physici	an indicating his license				
number and clinic address. (e.g. if pensioner complied in June, medical certificate						
If confined in an institution						
Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional						
institution, rehabilitation center, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Note:						
Submission thru mail (photocopy of identification requirements and original copy of do	ocumentary requirements) sh	all be addressed to the				
branch head of any SSS branch office.						
B. For pensioners residing abroad, submit original copy of the following documents:						
1. Total Permanent Disability Pensioner						
 Complete physical examination report done within three (3) months of date of compliant 						
number and clinic address (e.g. if pensioner complied in June, medical certificate of	on examination done should	be within April, May and				
June); and						
Laboratory or other diagnostics examination results applicable to disability.						
2. Retiree, Survivor Pensioner and Dependent (Minor/Incapacitated) Children						
If confined in an institution	ma nonitantian, numina fasi	lity hospital correctional				
Certification from the institution where the pensioner is confined such as retirement hor institution, rehabilitation center, etc.	ome, penitentiary, nursing faci	iity, nospitai, correctional				
Note:						
Submission thru mail shall be sent to OFW-Contact Services Section, International O	perations Group 2nd Floor	SSS Main Office Fast				
Avenue, Diliman, Quezon City, Philippines 1100 or e-mail at ofw.relations@sss.gov.ph.	,					