



SIC - 01242 (12-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph).

PLEASE READ THE INSTRUCTIONS AND REMINDER 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	
START OF MATERNITY LEAVE (MMDDYYYY)		DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)		DIAGNOSIS (Type of delivery/miscarriage/procedure)		NUMBER OF PREGNANCIES	
				<input type="checkbox"/> Normal <input type="checkbox"/> Miscarriage <input type="checkbox"/> Ectopic (Operated) <input type="checkbox"/> Caesarean <input type="checkbox"/> H-Mole <input type="checkbox"/> Ectopic (Unoperated)			

### B. CERTIFICATION

I certify that:

- a. The information provided in this form are true and correct; and
- b. I actually received the amount of benefit due as indicated in Part II-B of this form. *(Do not sign if amount is not actually advanced.)*

PRINTED NAME

SIGNATURE

DATE \_\_\_\_\_

If member cannot sign, affix fingerprints. Please read Instruction No. 6 of the form.

**Below are the witnesses to fingerprinting:**

- [illegible]

RIGHT THUMB

RIGHT INDEX

**PART II - TO BE FILLED OUT BY EMPLOYER**

### 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. COMPUTATION

TOTAL MONTHLY SALARY CREDIT	DAILY MATERNITY ALLOWANCE	NUMBER OF DAYS	AMOUNT OF BENEFIT DUE
P	P		P

### C. CERTIFICATION

I certify that:

- a. The information provided in this form are true and correct;
- b. The qualifying contributions of member were paid prior to the date of delivery/miscarriage/procedure; and
- c. The amount of benefit due as indicated above was advanced to the employee.

PRINTED NAME

SIGNATURE

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POSITION TITLE

DATE \_\_\_\_\_

**--Perforate Here--**



SOCIAL SECURITY SYSTEM  
MATERNITY BENEFIT REIMBURSEMENT APPLICATION  
ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NO. (IF ANY)										NAME (LAST NAME)										(FIRST NAME)										(MIDDLE NAME)										(SUFFIX)									
DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)										RECEIVED BY																																							
										SIGNATURE OVER PRINTED NAME										DATE & TIME										BRANCH																			

## 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. Write SS Number and name of member in all the supporting documents submitted.
5. Present valid identification card/s or document/s. Refer to the attached "List of Filer's Valid Identification (ID) Cards/Documents".
6. If member cannot sign, there should be two (2) witnesses to fingerprinting. One (1) witness is the employer representative/company representative and the other one (1) could be any person.
7. Submit this form to the nearest SSS branch office together with the following supporting documents, whichever is applicable.

- a. Maternity Notification (MN) duly received by SSS prior to delivery/miscarriage/procedure or "Maternity Notification Submission Confirmation" (if filed thru the SSS Website or SSIT).

Note: MN is not required if the member delivered/was confined in a hospital duly licensed by the Department of Health.

### b. Required Documents

Present the original/certified true copy and submit the photocopy of the following, whichever is applicable:

#### b.1 For Normal Delivery

- Child's birth or fetal death certificate duly registered with the Local Civil Registrar (LCR)

#### b.2 For Caesarean Delivery

- Child's birth or fetal death certificate duly registered with the LCR; and
- Any of the following documents issued by the hospital indicating the type of delivery:
  - ✓ Operating Room Record (ORR)
  - ✓ Surgical Memorandum
  - ✓ Discharge Summary Report
  - ✓ Medical/Clinical Abstract
  - ✓ Delivery Report
  - ✓ Detailed Invoice showing caesarean delivery charges, for deliveries abroad only

#### b.3 For Complete Miscarriage

- Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
- Any of the following:
  - ✓ Pregnancy test before and after miscarriage
  - ✓ Ultrasound report indicating proof of pregnancy
  - ✓ Medical Certificate issued by attending physician on the circumstances of pregnancy

#### b.4 For Incomplete Miscarriage

- Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
- Any of the following:
  - ✓ Certified true copy of Hospital/Medical record/s
  - ✓ Dilation & Curettage (D & C) report
  - ✓ Histopathological report
  - ✓ Pregnancy test before and after miscarriage
  - ✓ Ultrasound report indicating proof of pregnancy

#### b.5 For Ectopic Pregnancy

- Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
- Any of the following:
  - ✓ Certified true copy of Hospital/Medical record/s
  - ✓ Certified true copy of ORR
  - ✓ Histopathological report
  - ✓ Pregnancy test before and after miscarriage

#### b.6 For Hydatidiform Mole

All of the following:

- Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License number with printed name and signature
- D & C report
- Histopathological report

Note: The Medical Specialist may require other documents necessary for the evaluation of the claim (for miscarriage/ectopic/H-Mole cases).

For deliveries/miscarriages/procedures that happened abroad, documents issued by foreign country should be with English translation and duly authenticated by the Philippine Embassy/Consulate Office or duly notarized by notary public in host country.

8. The signatory in Part II-C of this form shall be the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501).

## REMINDER

1. Full amount of the maternity benefit shall be advanced by the employer within thirty (30) days from the date of filing maternity leave application.
2. Verification of status of claim may be made thru the SSS Website at [www.sss.gov.ph](http://www.sss.gov.ph) or contact our Call Center at 920-6446 to 55.

## WARNING!

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

SS NUMBER				NAME OF MEMBER				(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
PART III - TO BE FILLED OUT BY SSS											
A. BRANCH OFFICE											
SCREENING AND RECEIVING RESULTS (INITIAL FILING)								REMARKS			
ID/s Presented by filer		<input type="checkbox"/> ACR Card		<input type="checkbox"/> Company authorization letter and company ID							
		<input type="checkbox"/> SS Card		<input type="checkbox"/> Valid ID Card/s or Document/s		<input type="checkbox"/> None					
Form Accomplishment		<input type="checkbox"/> Complete		<input type="checkbox"/> Incomplete (see remarks)							
Documents Submitted		<input type="checkbox"/> Complete		<input type="checkbox"/> Incomplete (see remarks)							
Eligibility Result		<input type="checkbox"/> Qualified		<input type="checkbox"/> Not Qualified/Denied/With discrepancy/ies (see remarks)							
SCREENED AND RECEIVED BY											
SIGNATURE OVER PRINTED NAME				DATE		TIME		DATE RETURNED			
SCREENING AND RECEIVING RESULTS (RE-FILED CLAIM)								REMARKS			
<input type="checkbox"/> Claim accepted											
<input type="checkbox"/> Claim not accepted (see remarks)											
RECEIVED BY											
SIGNATURE OVER PRINTED NAME				DATE		TIME		DATE RETURNED			
B. MEDICAL EVALUATION SECTION (FOR MISCARRIAGE CASES)											
ILLNESS CODE		DIAGNOSIS									
RECOMMENDATION											
<input type="checkbox"/> Approved No. of Days ( ) IN WORDS				<input type="checkbox"/> Denied							
<input type="checkbox"/> Returned for Compliance				<input type="checkbox"/> 5 <sup>th</sup> pregnancy not compensable							
<input type="checkbox"/> Submit D & C report				<input type="checkbox"/> Based on histopath result, pregnancy not confirmed							
<input type="checkbox"/> Submit Operating Room Record (ORR)				<input type="checkbox"/> Based on ultrasound result, pregnancy not confirmed							
<input type="checkbox"/> Submit histopathological result				<input type="checkbox"/> Remarks							
<input type="checkbox"/> Submit pregnancy result (before and after miscarriage)				<input type="checkbox"/> Pending							
<input type="checkbox"/> Submit ultrasound result				<input type="checkbox"/> For medical opinion							
<input type="checkbox"/> Submit complete OB History issued by attending physician				<input type="checkbox"/> For document verification							
<input type="checkbox"/> For interview & present SS Card or Valid ID Card/s or Document/s				<input type="checkbox"/> For legal opinion							
<input type="checkbox"/> Remarks				<input type="checkbox"/> Remarks							
RECEIVED BY (INITIAL FILING)						EVALUATED BY					
SIGNATURE OVER PRINTED NAME			DATE			SIGNATURE OVER PRINTED NAME			DATE		
RECEIVED BY (RE-FILED CLAIM)						EVALUATED BY					
SIGNATURE OVER PRINTED NAME			DATE			SIGNATURE OVER PRINTED NAME			DATE		
C. PROCESSING CENTER											
RECEIVED BY (INITIAL FILING)						PROCESSING RESULTS					
SIGNATURE OVER PRINTED NAME			DATE			SIGNATURE OVER PRINTED NAME			DATE		
REVIEW RESULT						CONCURRED BY					
<input type="checkbox"/> Approved		<input type="checkbox"/> Rejected		<input type="checkbox"/> Denied		SIGNATURE OVER PRINTED NAME			DATE		
REVIEWED BY						SIGNATURE OVER PRINTED NAME			DATE		
RECEIVED BY (RE-FILED CLAIM)						PROCESSING RESULT					
SIGNATURE OVER PRINTED NAME			DATE			SIGNATURE OVER PRINTED NAME			DATE		
REVIEW RESULT						CONCURRED BY					
<input type="checkbox"/> Approved		<input type="checkbox"/> Rejected		<input type="checkbox"/> Denied		SIGNATURE OVER PRINTED NAME			DATE		
REVIEWED BY						SIGNATURE OVER PRINTED NAME			DATE		

# LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS

## Maternity Benefit Reimbursement Process

<p><b>A. Primary ID Cards/Documents</b></p> <ol style="list-style-type: none"> <li>1. Social Security (SS) card</li> <li>2. Unified Multi-Purpose ID (UMID) card</li> <li>3. Passport</li> <li>4. Professional Regulation Commission (PRC) card</li> <li>5. Seaman's Book (Seafarer's Identification &amp; Record Book)</li> </ol> <p><b>B. Secondary ID Cards/Documents</b></p> <ol style="list-style-type: none"> <li>1. Alien Certificate of Registration</li> <li>2. ATM card (with cardholder's name)</li> <li>3. Bank Account Passbook</li> <li>4. Company ID card</li> <li>5. Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)</li> <li>6. Certificate of Licensure/Qualification Documents from Maritime Industry Authority</li> <li>7. Certificate of Naturalization</li> <li>8. Credit card</li> <li>9. Court Order granting petition for change of name or date of birth</li> <li>10. Driver's License</li> <li>11. Firearm License card issued by Philippine National Police (PNP)</li> <li>12. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)</li> <li>13. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership</li> <li>14. Health or Medical card</li> <li>15. Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member's Data Form</li> <li>16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)</li> <li>17. ID card issued by professional association recognized by PRC</li> <li>18. Life Insurance Policy of member</li> <li>19. Marriage Contract/Marriage Certificate</li> <li>20. National Bureau of Investigation (NBI) Clearance</li> <li>21. Overseas Worker Welfare Administration (OWWA) card</li> <li>22. Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record</li> <li>23. Police Clearance</li> <li>24. Postal ID card</li> <li>25. School ID card</li> <li>26. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)</li> <li>27. Senior Citizen card</li> <li>28. Student Permit issued by Land Transportation Office (LTO)</li> <li>29. Taxpayer's Identification Number (TIN) card</li> <li>30. Transcript of Records</li> <li>31. Voter's Identification card or Voter's Affidavit / Certificate of Registration</li> </ol>	<p><b>1. Filed by Employer (Business/Household)</b></p> <p>Present the original of any one (1) of the Employer's <b>primary</b> ID cards/documents in <b>Item A</b> or two (2) <b>secondary</b> ID cards/documents in <b>Item B</b> both with signature and at least one (1) with photo.</p> <p><b>2. Filed by Company Representative</b></p> <p>Present the Authorized Company Representative (ACR) Card or if without ACR Card (<i>not available at the time of filing</i>) present the following:</p> <ol style="list-style-type: none"> <li>2.1 Letter of Authorization (LOA) issued by the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and</li> <li>2.2 Original company ID of company representative.</li> </ol> <p><b>3. Filed by Employer Representative</b></p> <ol style="list-style-type: none"> <li>3.1 LOA issued by the employer's authorized signatory reflected in the SS Form L-501</li> <li>3.2 Original company ID of employer representative.</li> </ol>
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