



(04-2012)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
DEATH CLAIM APPLICATION

PART I Please read the instructions at the back of the form before filling-up the application. Print information in capital letters and use black ink only.

MEMBER'S INFORMATION

SS NUMBER, NAME OF MEMBER (Surname, Given Name, Middle Name), DATE OF BIRTH (mm-dd-yyyy), DATE OF DEATH (mm-dd-yyyy), PLACE OF DEATH (Town/District, City/Province)

TYPE OF CLAIM (Social Security, Employees' Compensation), CIVIL STATUS (Single, Married, Legally Separated, Widow/Widower)

EMPLOYMENT HISTORY (Use separate sheet, if necessary)

Table with columns: NAME OF EMPLOYER, ADDRESS, PERIOD OF EMPLOYMENT (mm-yyyy) From, To. Rows 1-4.

DEPENDENT CHILDREN (Below 21 years old or above 21 but incapacitated)

Table with columns: NAME OF CHILDREN, DATE OF BIRTH (mm-dd-yyyy), CHECK APPLICABLE COLUMN (Legitimate, Illegitimate), ADDRESS. Rows 1-5.

CLAIMANT'S INFORMATION

SS NUMBER (If any), NAME OF CLAIMANT (Surname, Given Name, Middle Name), ADDRESS (Number, Street and Subdivision, Barangay, Town/District, City/Province), POSTAL CODE

DATE OF BIRTH (mm-dd-yyyy), GENDER (Male, Female), RELATIONSHIP TO MEMBER

TIN, TELEPHONE (Including Area Code) / MOBILE NO., PREFERRED MODE OF PAYMENT (Cash Card, ATM/Passbook)

PERFORATE HERE



(04-2012)

SOCIAL SECURITY SYSTEM
DEATH CLAIM APPLICATION
ACKNOWLEDGMENT STUB

PLEASE PRESENT THIS WHEN INQUIRING ABOUT THE STATUS OF YOUR APPLICATION. VERIFICATION WILL BE ENTERTAINED AFTER ___ DAYS FROM THE DATE OF RECEIPT. YOU MAY VERIFY THRU SSS WEBSITE AT www.sss.gov.ph.

RECEIVED BY:

SIGNATURE OVER PRINTED NAME DATE

RECEIVING BRANCH

SS NUMBER, NAME OF MEMBER (Surname, Given Name, M.I.)

INSTRUCTIONS

1. Accomplish Parts I and II of this form in one (1) copy without erasures or alterations.
2. Support date of birth, marriage or death with birth/baptismal certificate, marriage contract or death certificate (original duplicate/certified true copy/certified photocopy) duly registered with the National Statistics Office/ Local Civil Registrar Office/Parish/Church. The baptismal certificate may be submitted in lieu of birth certificate. For member who died abroad, death certificate should be duly registered with the Vital Statistics Office of the country where the member died.
3. Present original and submit photocopy of single savings account passbook/ATM card with name and copy of bank validated deposit slip or Cash Card Enrollment Form.
4. Attach your recent 1 x 1 photo.
5. Affix your fingerprints (right thumb and right index) on the portions provided for in the application form in the presence of an SSS employee. In case the claimant could not sign, fingerprints should be witnessed by two (2) persons, at least one (1) of whom is an SSS employee.
6. Present Social Security Card or SS Form E-6 Acknowledgment Stub with 2 valid IDs, at least one (1) with photo.
7. Present original and submit photocopy of identification cards.
8. Write "N/A" for items not applicable and/or delete portion/s not applicable in the Certification.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282)

NOTES:

1. **RE-COMPUTATION OR ADJUSTMENT AND FILING OF PETITION ASSAILING SETTLED CLAIMS SHALL NOT BE ALLOWED AFTER TEN (10) YEARS FROM THE DATE OF INITIAL SETTLEMENT OF CLAIM.**
2. **A PERSON WHO CONTINUOUSLY RECEIVES MONTHLY PENSION DESPITE OF RE-MARRIAGE OR COHABITATION SHALL BE CRIMINALLY LIABLE UNDER RA 8282 (Social Security Act of 1997).**

