



(MAR 2009)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

BRANCH

DATE

Dear Sir/ Madam:

This is to inform you that your claim for disability under ☐ SS benefit ☐ EC benefit is:

☐ **APPROVED**

- ☐ Please open a Single Savings Account in the bank of your choice and submit to this branch a photocopy of either your passbook or ATM card with a deposit slip stamped received by the bank.
- ☐ Please accomplish the attached Cash Card Enrollment form.

☐ **DENIED**

- ☐ Records show that you have a pending SSC case.
- ☐ Your Physical Examination findings and supporting medical documents do not:
 - ☐ show permanent medical impairment
 - ☐ warrant granting of additional disability benefit
 - ☐ show progression of illness/ injury
- ☐ Your illness/ injury is of recent onset, please re-file claim on _____
- ☐ Your illness/ injury is not compensable for disability benefit
 - ☐ May file Sickness benefit as Voluntary/ Self-employed member
 - ☐ May file Sickness benefit through employer
- ☐ The occurrence of your disability is prior to date of SSS coverage.
- ☐ Claim was filed beyond the prescribed period (SS - 10yrs, EC - 3 yrs)
- ☐ With on-going Sickness benefit for the same illness/ injury
- ☐ With on-going Disability benefit for the same illness/ injury
- ☐ You were already granted maximum disability benefit for the same illness/ injury
- ☐ With pending ☐ Death ☐ Disability ☐ Retirement claim
- ☐ With unresolved SSC case. Please file this application after receipt of the final disposition of the case.
- ☐ Occurrence of present disability is after granting of:
 - ☐ Total disability benefit effective _____
 - ☐ Retirement benefit effective _____
- ☐ There is no employer-employee relationship.
- ☐ There is no causal relationship between your illness/ injury and nature of your work.
- ☐ Illness/ injury sustained was not due to increased risk factors in the workplace.
- ☐ Illness/ injury sustained did not arise out of and in the course of employment.
- ☐ Illness is not included in the list of occupational diseases.
- ☐ Based on Medical Fieldwork Service (MFS) report, submitted documents are not authentic.
- ☐ **RETURNED.** Re-file your claim application as soon as you can comply with the instructions below.
 - ☐ Please proceed to our Membership Section for clearance.
 - ☐ Please see the checklist at the back page for additional instructions and document/s to be submitted.

Very truly yours,

BRANCH HEAD

REMINDER: Appeal or request for reconsideration must be filed within 30 days from date of receipt of this letter.

DISABILITY CLAIM CHECKLIST

1. Please submit the following:

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SS Card or E-6 Acknowledgement Stub with 2 valid IDs | <input type="checkbox"/> FBS/ HbA _{1c} |
| <input type="checkbox"/> Accident/ Sickness Report | <input type="checkbox"/> SGOT/ SGPT |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Hospital Abstract/ Operating Room Record |
| <input type="checkbox"/> Purpose of trip | <input type="checkbox"/> Ophthalmoscopic Report/ Visual Acuity Result |
| <input type="checkbox"/> Complete Job Description | <input type="checkbox"/> Biopsy/ Histological-Pathological Report |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Audiogram Report |
| <input type="checkbox"/> Pre-employment PE | <input type="checkbox"/> Psychiatric Report |
| <input type="checkbox"/> List of Chemicals exposed during employment | <input type="checkbox"/> MRI/ CT scan |
| <input type="checkbox"/> Decibel reading of employee's working place | <input type="checkbox"/> EMG/ EEG |
| <input type="checkbox"/> Employer's Report of Death | <input type="checkbox"/> Ultrasound of: _____ |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Medical Certificate with present PE findings issued by physician of member living abroad |
| <input type="checkbox"/> Autopsy Report | <input type="checkbox"/> Medical Certificate with present PE findings issued by government physician |
| <input type="checkbox"/> X-ray plate with official reading of injured part | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Chest X-ray plate with reading taken: _____ | _____ |
| <input type="checkbox"/> ECG tracing with official result | _____ |

2. Accomplish the following:

- ☐ Enumerated portion on Part A of the form: _____
- ☐ Enumerated portion on Part B of the form: _____
- ☐ Enumerated portion on Part C of the form: _____