



PEN-01561 (09-2021)

# SELF-DECLARATION FORM OF SURVIVOR PENSIONER ON NON-REMARRIAGE/NON-COHABITATION

## Annual Confirmation of Pensioners Program

I, \_\_\_\_\_, \_\_\_\_\_ years old, \_\_\_\_\_, and with  
*(Name of Widow/Widower)* *(Age)* *(Citizenship)*  
residence address at \_\_\_\_\_  
*(Residence Address)*

\_\_\_\_\_, do hereby declare that I have not  
remarried, cohabitated with another person, or otherwise engaged in a common-law  
relationship since the death of my spouse, \_\_\_\_\_  
with SS Number \_\_\_\_\_.  
*(Name of Spouse)*  
*(SS Number)*

I understand that if said declaration as given by me is proven to be false, my  
entitlement to the death benefit of my spouse from the Social Security System (SSS) shall  
be automatically cancelled/stopped.

I also acknowledge that once I remarry, cohabit with any person, or engage in a  
common-law relationship, I shall report the same to the SSS, and applicable SSS policy  
shall be implemented.

I undertake to return to the SSS, without need of demand or judicial action, all undue  
pension benefits that I may have received after my entitlement thereto has been cancelled  
as stated above.

I further acknowledge that any misrepresentation, concealment and inaccurate or  
untruthful statement on my part shall be a ground for criminal and civil action against me.

\_\_\_\_\_  
Signature over printed name of  
Survivor Pensioner

\_\_\_\_\_  
Date

*Note: Please accomplish in one (1) copy and attach it to the Annual Confirmation of Pensioners (Pensioner's Reply).*