

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 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)
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PART III - TO BE FILLED OUT BY SSS

A. BRANCH OFFICE

<p>SCREENING AND RECEIVING RESULTS (INITIAL FILING)</p> <p>ID/s Presented by filer <input type="checkbox"/> ACR Card <input type="checkbox"/> Company authorization letter and company ID</p> <p style="padding-left: 45px;"><input type="checkbox"/> SS Card <input type="checkbox"/> Valid ID Card/s or Document/s <input type="checkbox"/> None</p> <p>Form Accomplishment <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete (see remarks)</p> <p>Documents Submitted <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete (see remarks)</p> <p>Eligibility Result <input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified/Denied/With discrepancy/ies (see remarks)</p>	<p>REMARKS _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>SCREENED AND RECEIVED BY</p> <p>_____</p>	
SIGNATURE OVER PRINTED NAME	DATE
_____	_____

<p>SCREENING AND RECEIVING RESULTS (RE-FILED CLAIM)</p> <p><input type="checkbox"/> Claim accepted</p> <p><input type="checkbox"/> Claim not accepted (see remarks)</p>	<p>REMARKS _____</p> <p>_____</p> <p>_____</p>
<p>RECEIVED BY</p> <p>_____</p>	
SIGNATURE OVER PRINTED NAME	DATE
_____	_____

B. MEDICAL EVALUATION SECTION (FOR MISCARRIAGE CASES)

ILLNESS CODE	DIAGNOSIS
<p>RECOMMENDATION</p> <p><input type="checkbox"/> Approved No. of Days (_____) _____ IN WORDS</p> <p><input type="checkbox"/> Denied</p> <p style="padding-left: 15px;"><input type="checkbox"/> 5th pregnancy not compensable</p> <p style="padding-left: 15px;"><input type="checkbox"/> Based on histopath result, pregnancy not confirmed</p> <p style="padding-left: 15px;"><input type="checkbox"/> Based on ultrasound result, pregnancy not confirmed</p> <p style="padding-left: 15px;"><input type="checkbox"/> Remarks _____</p> <p><input type="checkbox"/> Returned for Compliance</p> <p style="padding-left: 15px;"><input type="checkbox"/> Submit D & C report</p> <p style="padding-left: 15px;"><input type="checkbox"/> Submit Operating Room Record (ORR)</p> <p style="padding-left: 15px;"><input type="checkbox"/> Submit histopathological result</p> <p style="padding-left: 15px;"><input type="checkbox"/> Submit pregnancy result (before and after miscarriage)</p> <p style="padding-left: 15px;"><input type="checkbox"/> Submit ultrasound result</p> <p style="padding-left: 15px;"><input type="checkbox"/> Submit complete OB History issued by attending physician</p> <p style="padding-left: 15px;"><input type="checkbox"/> For interview & present SS Card or Valid ID Card/s or Document/s</p> <p style="padding-left: 15px;"><input type="checkbox"/> Remarks _____</p> <p><input type="checkbox"/> Pending</p> <p style="padding-left: 15px;"><input type="checkbox"/> For medical opinion</p> <p style="padding-left: 15px;"><input type="checkbox"/> For document verification</p> <p style="padding-left: 15px;"><input type="checkbox"/> For legal opinion</p> <p style="padding-left: 15px;"><input type="checkbox"/> Remarks _____</p>	

<p>RECEIVED BY (INITIAL FILING)</p> <p>_____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>EVALUATED BY</p> <p>_____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>RECEIVED BY (RE-FILED CLAIM)</p> <p>_____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>EVALUATED BY</p> <p>_____</p>
SIGNATURE OVER PRINTED NAME

DATE

C. PROCESSING CENTER

<p>RECEIVED BY (INITIAL FILING)</p> <p>_____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>PROCESSING RESULTS _____</p> <p>_____</p> <p>PROCESSED AND ENCODED BY _____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>REVIEW RESULT</p> <p><input type="checkbox"/> Approved _____</p> <p><input type="checkbox"/> Rejected _____</p> <p><input type="checkbox"/> Denied _____</p> <p>REVIEWED BY _____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>CONCURRED BY _____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>RECEIVED BY (RE-FILED CLAIM)</p> <p>_____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>PROCESSING RESULT _____</p> <p>_____</p> <p>PROCESSED AND ENCODED BY _____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>REVIEW RESULT</p> <p><input type="checkbox"/> Approved _____</p> <p><input type="checkbox"/> Rejected _____</p> <p><input type="checkbox"/> Denied _____</p> <p>REVIEWED BY _____</p>
SIGNATURE OVER PRINTED NAME

DATE

<p>CONCURRED BY _____</p>
SIGNATURE OVER PRINTED NAME

DATE

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

Maternity Benefit Reimbursement Process

<p>A. Primary ID Cards/Documents</p> <ol style="list-style-type: none"> 1. Social Security (SS) card 2. Unified Multi-Purpose ID (UMID) card 3. Passport 4. Professional Regulation Commission (PRC) card 5. Seaman's Book (Seafarer's Identification & Record Book) <p>B. Secondary ID Cards/Documents</p> <ol style="list-style-type: none"> 1. Alien Certificate of Registration 2. ATM card (with cardholder's name) 3. Bank Account Passbook 4. Company ID card 5. Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community) 6. Certificate of Licensure/Qualification Documents from Maritime Industry Authority 7. Certificate of Naturalization 8. Credit card 9. Court Order granting petition for change of name or date of birth 10. Driver's License 11. Firearm License card issued by Philippine National Police (PNP) 12. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR) 13. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership 14. Health or Medical card 15. Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member's Data Form 16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City) 17. ID card issued by professional association recognized by PRC 18. Life Insurance Policy of member 19. Marriage Contract/Marriage Certificate 20. National Bureau of Investigation (NBI) Clearance 21. Overseas Worker Welfare Administration (OWWA) card 22. Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record 23. Police Clearance 24. Postal ID card 25. School ID card 26. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA) 27. Senior Citizen card 28. Student Permit issued by Land Transportation Office (LTO) 29. Taxpayer's Identification Number (TIN) card 30. Transcript of Records 31. Voter's Identification card or Voter's Affidavit / Certificate of Registration 	<p>1. Filed by Employer (Business/Household)</p> <p>Present the original of any one (1) of the Employer's primary ID cards/documents in Item A or two (2) secondary ID cards/documents in Item B both with signature and at least one (1) with photo.</p> <p>2. Filed by Company Representative</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"> 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 2.2 Original company ID of company representative. <p>3. Filed by Employer Representative</p> <ol style="list-style-type: none"> 3.1 LOA issued by the employer's authorized signatory reflected in the SS Form L-501 3.2 Original company ID of employer representative.
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