

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
MATERNITY BENEFIT APPLICATION**

SIC - 01243 (12-2015) (FOR SELF-EMPLOYED/VOLUNTARY MEMBER OR MEMBER SEPARATED FROM EMPLOYMENT)

**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 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)	ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE	

FOR SEPARATED/VOLUNTARY MEMBER, PLEASE INDICATE THE FOLLOWING:

Name of last employer \_\_\_\_\_ Date of separation from last employer \_\_\_\_\_

START OF MATERNITY LEAVE (MMDDYYYY)	DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)	DIAGNOSIS (Type of delivery/miscarriage/procedure) <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)	NUMBER OF PREGNANCIES
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**B. MEMBER'S ENROLLMENT IN THE PAYMENT THRU THE BANK (If not yet enrolled)**

BANK NAME AND BRANCH	BANK BRANCH ADDRESS	ZIP CODE
BANK ACCOUNT NAME	BANK ACCOUNT NUMBER	<input type="checkbox"/> SAVINGS/CURRENT ACCOUNT <input type="checkbox"/> UMID ATM ACCOUNT <input type="checkbox"/> CASH CARD VALID UNTIL _____

**C. CERTIFICATION**

I certify that the information provided in this form are true and correct.

PRINTED NAME

SIGNATURE

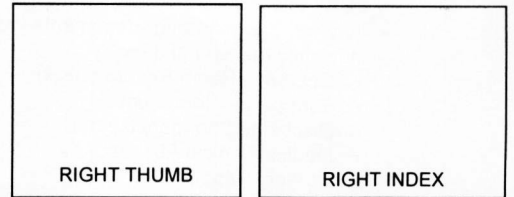
DATE

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

Below are the witnesses to fingerprinting:

1) PRINTED NAME SIGNATURE DATE  
ADDRESS & CONTACT NUMBER

2) PRINTED NAME SIGNATURE DATE  
ADDRESS & CONTACT NUMBER



**PART II - TO BE FILLED OUT BY SSS (PAYMENT THRU THE BANK PROGRAM)**

**REASON FOR EXEMPTION FROM THE PROGRAM**

- Member's amount of benefit is one thousand pesos (P1,000) and below.
- Member's address is beyond 30 kms to the nearest SSS-accredited bank.
- Member's address is in high risk area.
- Member is physically incapable of transacting business with the bank.
- Others \_\_\_\_\_

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCREENED AND ENCODED BY**

**REVIEWED BY**

SIGNATURE OVER PRINTED NAME DATE TIME

BRANCH HEAD DATE  
SIGNATURE OVER PRINTED NAME

Perforate Here



**SOCIAL SECURITY SYSTEM  
MATERNITY BENEFIT 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

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.

## 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, witnesses to fingerprinting shall be as follows:

### Filed by member

- SSS receiving personnel who shall affix his/her signature on the space provided and shall indicate employee number and branch on the "Address and Contact Number" portions provided in Part I-C.

### Filed by member's representative

- Two (2) witnesses. One (1) witness is the member's representative and the other one (1) could be any person. Both should affix their signatures and indicate their addresses and contact numbers on the portion provided in Part I-C.

7. Accomplish Part I-B of this form, if not yet enrolled in the Payment thru the Bank Program.
8. Secure Letter of Introduction (LOI) form from SSS, if without existing bank accounts, which shall be presented to the SSS-accredited bank chosen by the member for purposes of opening of single savings account/cash card account.
9. Submit photocopy of any of the following bank document, whichever is applicable, to ascertain correctness of bank account information:
  - ATM Card (with account number)
  - Bank Account Passbook
  - Bank Statement/Certificate
  - Deposit Slip/Savings account number card

Maternity benefit payments shall be remitted by the SSS to member's designated bank.

10. 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).

### c. Additional Required Documents

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

#### c.1 For Self-Employed/Voluntary Member (previously employed)

If delivery/miscarriage/procedure is within employment period or within six (6) months from date of separation

- Certificate of separation from employment with effective date of separation and no advance payment was granted (signed by the employer's authorized signatory reflected in SS Form L-501)

#### c.2 For Member Separated from Employment

If delivery/miscarriage/procedure is within employment period

- Certificate of separation from employment with effective date of separation and no advance payment was granted (signed by the employer's authorized signatory reflected in SS Form L-501)

If delivery/miscarriage/procedure is after date of separation

- Certificate of separation from employment with effective date of separation (signed by the employer's authorized signatory reflected in SS Form L-501)

Certificate of separation is not required for self-employed/voluntary member (previously employed) or member separated from employment under any of the following conditions in which supporting document/s shall be required to be submitted as enumerated below:

If company is on strike

- Notice of strike duly acknowledged by the DOLE; and
- Duly notarized Affidavit of Undertaking issued by the member that no advanced payment was granted

If company has been dissolved or has ceased operation

- Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effective date of separation

If there is a case pending before a court regarding separation of member

- Certification from DOLE; and
- Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effective date of separation

If separated from employment due to AWOL or with strained relations with the employer

- Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated reason and effective date of separation

Note: For deliveries/miscarriages/procedure 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.

### **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)
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**PART III - TO BE FILLED OUT BY SSS**

**A. BRANCH OFFICE**

<b>SCREENING AND RECEIVING RESULTS</b> ID/s Presented by filer <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)	<b>REMARKS</b> _____ _____ _____ _____
SCREENED AND RECEIVED BY _____ SIGNATURE OVER PRINTED NAME          DATE          TIME	DATE RETURNED _____

<b>SCREENING AND RECEIVING RESULTS FOR RE-FILED CLAIMS</b> <input type="checkbox"/> Claim accepted <input type="checkbox"/> Claim not accepted (see remarks)	<b>REMARKS</b> _____ _____ _____
SCREENED AND RECEIVED BY _____ SIGNATURE OVER PRINTED NAME          DATE          TIME	DATE RETURNED _____

**B. MEDICAL EVALUATION SECTION (FOR MISCARRIAGE CASES)**

ILLNESS CODE	DIAGNOSIS
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<b>RECOMMENDATION</b> <input type="checkbox"/> Approved No. of Days (____) _____ <span style="margin-left: 100px;">IN WORDS</span> <input type="checkbox"/> Returned for Compliance <input type="checkbox"/> Submit D & C report <input type="checkbox"/> Submit Operating Room Record (ORR) <input type="checkbox"/> Submit histopathological result <input type="checkbox"/> Submit pregnancy result (before and after miscarriage) <input type="checkbox"/> Submit ultrasound result <input type="checkbox"/> Submit complete OB History issued by attending physician <input type="checkbox"/> For interview & present SS Card or Valid ID Card/s or Document/s <input type="checkbox"/> Remarks _____	<input type="checkbox"/> Denied <input type="checkbox"/> 5 <sup>th</sup> pregnancy not compensable <input type="checkbox"/> Based on histopath result, pregnancy not confirmed <input type="checkbox"/> Based on ultrasound result, pregnancy not confirmed <input type="checkbox"/> Remarks _____ <input type="checkbox"/> Pending _____ <input type="checkbox"/> For medical opinion <input type="checkbox"/> For document verification <input type="checkbox"/> For legal opinion <input type="checkbox"/> Remarks _____
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<b>RECEIVED BY (INITIAL FILING)</b> _____ SIGNATURE OVER PRINTED NAME          DATE	<b>EVALUATED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE
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<b>RECEIVED BY (RE-FILED CLAIM)</b> _____ SIGNATURE OVER PRINTED NAME          DATE	<b>EVALUATED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE
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**C. PROCESSING CENTER**

<b>(FOR INITIAL FILING)</b> <b>RECEIVED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE	<b>PROCESSING RESULTS</b> _____ <b>PROCESSED AND ENCODED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE
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<b>REVIEW RESULTS</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ <input type="checkbox"/> Denied _____ <b>REVIEWED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE	<b>CONCURRED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE
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<b>(FOR RE-FILED CLAIM)</b> <b>RECEIVED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE	<b>PROCESSING RESULTS</b> _____ <b>PROCESSED AND ENCODED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE
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<b>REVIEW RESULTS</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ <input type="checkbox"/> Denied _____ <b>REVIEWED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE	<b>CONCURRED BY</b> _____ SIGNATURE OVER PRINTED NAME          DATE
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# LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS

## Maternity Benefits Process

### A. Primary ID Cards/Documents

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)

### B. Secondary ID Cards/Documents

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

### 1. Filed by Member

Present original of any one (1) of the **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.

### 2. Filed by Member's Representative

Present the following:

2.1 Original of any one (1) of the Authorized Representative'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 with photo; and

2.2 Original of any one (1) of the Member'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.