



VPF-01299 (02-2017)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS P.E.S.O. FUND
DEATH BENEFIT CLAIM FORM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED AT THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS BELOW BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE CLAIMANT

A. MEMBER'S INFORMATION

SS NUMBER, COMMON REFERENCE NUMBER, DATE OF BIRTH, TAX IDENTIFICATION NUMBER, NAME (LAST, FIRST, MIDDLE, SUFFIX), DATE OF DEATH, PLACE OF DEATH, GENDER, CIVIL STATUS (Single, Married, Widowed, Legally Separated, Others)

B. BENEFICIARY'S INFORMATION

NAME (LAST, FIRST, MIDDLE, SUFFIX), RELATIONSHIP TO SSS MEMBER, DATE OF BIRTH

CONTACT INFORMATION

ADDRESS, E-MAIL ADDRESS, TELEPHONE NO., MOBILE NO.

BANK NAME/BRANCH

BANK ACCOUNT NO.

C. BENEFIT CLAIM THROUGH REPRESENTATIVE

I hereby authorize the person whose signature appears below, duly verified by me to file the benefit claim for me.

NAME OF REPRESENTATIVE IN PRINT, SIGNATURE OF REPRESENTATIVE

D. CERTIFICATION

I certify that the information provided in this form are true and correct. (If beneficiary cannot sign, affix fingerprints in the presence of an SSS authorized officer.)

SIGNATURE OF BENEFICIARY, DATE

RIGHT THUMB, RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

A. BENEFIT CLAIM INFORMATION

DEATH BENEFIT AMOUNT (LUMP SUM)

B. ACTION TAKEN

APPROVED, DISAPPROVED, Findings on identification documents, Not a declared beneficiary, With settled SPF Death Claim with the same beneficiary, Others

RECEIVED / PROCESSED BY:

SIGNATURE OVER PRINTED NAME

DATE & TIME

INSTRUCTIONS

- 1. Fill out this form in one (1) copy without erasures and alterations.
2. Submit this form to the nearest SSS branch office.
3. Review and confirm the information in the accomplished and printed form provided by the SSS authorized officer by personally affixing signature or thumbmark (if unable to sign) in the presence of an SSS authorized officer.
4. Death benefit amount shall be credited to the SPF beneficiary's enrolled bank account in three (3) working days from date of approval.