



Republic of the Philippines
SOCIAL SECURITY SYSTEM

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CIRCULAR NO. 2022-021

TO : ALL BUSINESS EMPLOYERS

SUBJECT : CONTRIBUTION PENALTY CONDONATION, DELINQUENCY MANAGEMENT AND RESTRUCTURING PROGRAM (CPCoDe MRP)

Pursuant to Section 4(a)(1), (5) and (8) of Republic Act No. 11199 (Social Security Act of 2018), granting the Social Security Commission (SSC), the authority to formulate, adopt, amend and/or rescind such rules and regulations as may be necessary to carry out the provisions and purposes of the SS Act of 2018, approve restructuring proposals for the payment of due but unremitted contributions, and condone, enter into a compromise or release, in whole or in part, such penalties imposed upon delinquent Social Security (SS) contributions, and SSC Resolution No. 415-S.2022 dated 22 June 2022, the SSS hereby issues the following guidelines for its effective implementation.

Unless the context of a certain provision of this Circular clearly indicates otherwise, the term "Program" refers to the Contribution Penalty Condonation, Delinquency Management and Restructuring Program (CPCoDe MRP), as provided herein.

SECTION 1. Coverage – This Program covers all SS contribution delinquency from the actual date of operations of an employer (ER) up to the month of receipt of the application for this Program.

All single proprietorships, corporations, partnerships, cooperatives, and associations who are delinquent in the payment of SS contributions and/or penalties whose financial positions demonstrate a clear inability to pay the assessed delinquency arising from economic crisis, serious business losses or financial reverses, or resulting from natural calamity, or man-made disaster without fault on their part may apply under this Program.

SECTION 2. Submission of Application – The ER-applicant shall submit to the SSS Branch Office (BO)/Large Accounts Department (LAD) having jurisdiction over the account an accomplished Application Form (Annex A) together with the applicable documentary requirements enumerated in Section 3 and the mode/proof of payment requirements stated in Section 10 of this Circular not earlier than the effectivity of this Circular.

SECTION 3. Documentary Requirements – To support its application, the ER-applicant shall submit the documents enumerated below, the checklist of which is also attached herein as Annex B.

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A. CORPORATION, PARTNERSHIP, COOPERATIVE, AND ASSOCIATION

1. Certified True Copies of the latest General Information Sheet (GIS) or Articles of Incorporation if the GIS is not available, Articles of Partnership, Articles of Cooperation and other documents showing the responsible officers;
2. Income Tax Return (ITR) with attached Audited Financial Statements (FS) stamped "received" by the Bureau of Internal Revenue (BIR) for the corresponding year or years covering the delinquency;
3. Duly notarized Secretary's Certificate stating that the Board of Directors/ Trustees (for Corporation/Cooperative) in its Resolution, has authorized a corporate officer to apply for the condonation program and to sign all documents related thereto on behalf of the ER with the name and position of the authorized person stated in the said certificate;
4. Duly notarized certification signed by the General/Managing Partner/s naming the authorized partner who will sign and apply for the Program on behalf of the ER-applicant; and
5. In case of ER's closure/termination/cessation of operation, any of its former director/trustee/partner/managing head shall sign the application and submit a duly notarized Undertaking to settle the Amount of Delinquency (Annex C) and any of the following supporting documents:
 - a. Employer Data Change Request (EDCR) – SS Form R-8, stamped received by the SSS or Notification of Business Termination filed with the Local Government Unit;
 - b. Certificate of Closure from the Barangay where the business is located;
 - c. Original Partnership Dissolution Agreement or Notice of Dissolution for Partnerships; or
 - d. BIR Form No. 1905 duly received by BIR.

B. SINGLE PROPRIETORSHIP

1. ITR/s stamped "received" by the BIR for the corresponding year or years covering the delinquency; and
2. Sworn Statement/Affidavit on the reason/s for the inability to pay the assessed delinquencies without fault on its part (Annex D).




SECTION 4. Requirements for All ERs - All ERs applying under this Program shall submit the following, as applicable:

1. Official receipt of the down payment which shall not be less than 5% of the total amount of delinquency, for installment payment proposals;
2. Official Receipt of the full payment of the Employees Compensation (EC) contribution and penalty delinquency, if applicable; and
3. Installment Proposal (Annex E-1) and Promissory Note for Installment Proposal (Annex E-2)

All applications with complete documentary requirements and the proposed mode of payment, shall be submitted for evaluation to the concerned Accounts Management Section (AMS) of the BO/LAD having jurisdiction over the ER-applicant.

SECTION 5. ERs with Pending Cases or with Final Judgment – Upon approval of the application under this Program, all pending cases against the ER-applicant may be withdrawn, archived, or provisionally dismissed as may be allowed by the court or office of the prosecutor without prejudice to its revival or refiling, or may be a ground for a compromise judgment.

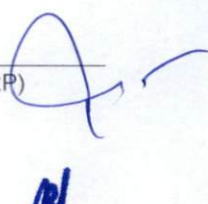
This Program shall not extend to ERs with judgments that have acquired finality.

SECTION 6. ERs with Pending or Approved Proposals under Existing Installment Payment Scheme Programs – All pending or approved installment payment proposals shall remain in full force and effect and shall only be deemed withdrawn or cancelled upon approval by the SSS of the application under this Program.

Any outstanding balance under other approved installment payment schemes shall be considered as part of the total delinquency for the purpose of this Program, subject to re-computation.

SECTION 7. ERs with Pending Application Under the Program for Acceptance of Properties Offered Through *Dacion en Pago* – The ER who applies under the Program shall be deemed to have withdrawn its pending application for *Dacion en Pago* upon approval of the application by the SSS. This pertains to *Dacion en Pago* proposals for payment of SS contributions only.

SECTION 8. ERs with Issued Warrants of Distraint, Levy and/or Garnishment (WDLG) – The ER subjected to WDLG processes and procedures for delinquencies incurred from date of operation and/or employment and onwards may avail of the Program except where a WDLG had been issued. However, should the execution of the WDLG be unsuccessful or the money and property obtained are insufficient to cover the entire assessed delinquency appearing on the WDLG, the account of the ER-applicant shall be returned to the BO or LAD of origin so that the ER-applicant can avail of the CPCoDe MRP.



SECTION 9. Financial Evaluation Criteria – The financial status of the ER-applicant for the condonation of penalties on SS contributions shall be assessed using the submitted Audited FS or ITRs for the period when the delinquencies occurred. The evaluation of the submitted FS and ITRs must show that the ER-applicant suffered a Net Loss or Negative Net Profit during the years of its operations.

Once the ER is found to have passed this criterion, the penalty imposed upon the delinquent SS contributions during the period where the ER has shown proof that the business suffered a net loss shall be condoned and instead pay the principal amount plus a legal interest of six percent (6%) per annum.

However, notwithstanding the preceding paragraph, in cognizance of the adverse impact of the COVID-19 pandemic severely affecting the Philippine economy, presentation of financial documents as proof of a net loss for the years 2020, 2021 and 2022 is no longer necessary to avail of the condonation of penalty imposed on delinquent contributions for the period March 2020 to February 2022 and will instead pay the principal amount plus a legal interest of six percent (6%) per annum.

SECTION 10. Modes of Payment in Settling Delinquencies – An ER-Applicant may settle the total assessed contribution delinquency which is the sum of delinquent contributions with interest and contributions with penalties, as the case maybe, through any of the following modes;

1. Payment in **FULL** of the total assessed contribution delinquency through any SSS BO or authorized collection agent (e.g. accredited banks, payment centers/partners) of the SSS, within **fifteen (15) calendar days** from receipt of the Notice of Approval by the SSS; or
2. Approved installment proposal to settle the total assessed contribution delinquency. The ER shall be required to pay a down payment of not less than five percent (5%) of the total amount of delinquency upon submission of the application. The balance of delinquency shall be payable in accordance with the Schedule of Monthly Installment Payments as follows:

TOTAL AMOUNT OF DELINQUENCY	MAXIMUM NUMBER OF MONTHLY INSTALLMENT
Up to P100,000	Twelve (12) months
Over P100,000 – P500,000	Eighteen (18) months
Over P500,000 – P2,000,000	Twenty-four (24) months
Over P2,000,000 – P5,000,000	Thirty (30) months
Over P5,000,000 - P10,000,000	Thirty-six (36) months
Over P10,000,000 – P20,000,000	Forty-two (42) months
Over 20,000,000	Forty-eight (48) months

The ER-applicant shall issue, within fifteen (15) calendar days from receipt of Notice of Approval, all the Post-Dated Checks (PDCs), Payment Forms and the Contribution Collection Lists (CCL) corresponding to the months covered by the installment to be submitted by ER-applicant to the assigned Account Officer (AO) of SSS BO/LAD. For this purpose, single proprietorship ERs may submit PDCs issued by a Third Party, provided that a duly notarized Joint Undertaking (Annex "F") in favor of the SSS shall be executed by both the ER and the said Third Party.

Further, ER-applicants with a total amount of delinquency of Fifty Thousand Pesos (Php50,000.00) and below, net of down payment, may be allowed not to issue PDCs provided that the ER shall execute a duly notarized Undertaking (Annex "G") in favor of the SSS to pay its delinquencies in accordance with the above-mentioned Schedule of Monthly Installment Payments.

SECTION 11. Recommending Officials and Approving Authorities – The SSC has designated SSS Officials and created Financial Review Committee/s (FRC) for this purpose. These Officials and the Committees shall be responsible for the recommendation, approval or denial of applications under this Program, depending on the total amount of delinquency.

SECTION 12. Cancellation – The Notice of Approval issued by the SSS shall be effectively cancelled under any of the following circumstances:

1. For Full Payment, failure to pay in full within fifteen (15) calendar days from receipt of the Notice of Approval issued by the SSS.
2. For approved Installment proposal, failure to submit the PDCs, Payment Forms and the CCL within fifteen (15) calendar days from receipt of the Notice of Approval.
3. Any default in the payment under the approved installment proposal within the period provided therein. The ER shall be considered in default if it fails for three (3) consecutive months to replace dishonored checks with cash or Manager's Check (MC) within five (5) working days from receipt of the notice of dishonored check/s.
4. Failure to pay the current contributions and loans from the month of filing of the application until the approval by the SSS, and for the entire duration of the approved installment proposal, if applicable.

SECTION 13. Effects of Cancellation of the Notice of Approval – The cancellation of the Notice of Approval shall render immediately due and demandable, the total assessed contribution delinquency, including the two percent (2%) monthly penalty computed from the time the contribution first became due to accrue until the principal amount is paid in full. The SSS may then proceed to collect the delinquency by any of the following:

1. Issuing a warrant under the WDLG Program of the SSS, if applicable;



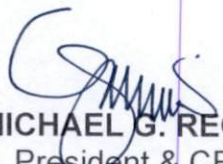
2. Filing the necessary civil/criminal action against the responsible officers of the ER pursuant to Section 22 (a) in relation to Section 28 (e) and (f) of the Social Security Act of 2018;
3. If the criminal case had been withdrawn, refiling the case or any other relief or remedy available to the SSS;
4. If the criminal case was provisionally dismissed, reviving the case before the proper courts or any other relief or remedy available to the SSS; and
5. If with conviction/judgment, any relief or remedy available to the SSS.

The ER-applicant shall no longer be qualified to avail of the condonation of penalties under this Program for the period covered by the cancelled Notice of Approval.

SECTION 14. Appeals. - Within thirty (30) days from receipt of the Notice of Denial from the SSS of its application for condonation under this Program, an ER may file a Petition before the SSC in accordance with its rules and procedures.

SECTION 15. Repealing/Separability Clause. - All other Circulars and other related issuances or parts thereof which are inconsistent with the provisions of this Circular are hereby repealed or amended accordingly.

SECTION 16. Effectivity. – This Circular shall take effect immediately after its complete publication in a newspaper of general circulation and its registration and submission of the required copies to the Office of the National Administrative Register.


MICHAEL G. REGINO
President & CEO

26 AUG 2022

Date

Policy: Contributions Collection
Prepared by: Account Management Group



ATTACHMENTS:

- Annex A** - Application for Contribution Penalty Condonation, Delinquency Management and Restructuring Program
- Annex B** - Checklist of Documentary Requirements
- Annex C** - Undertaking
- Annex D** - Affidavit on Inability to Pay the Assessed Delinquencies on Social Security Contributions
- Annex E-1** - Installment Proposal
- Annex E-2** - Promissory Note
- Annex F** - Joint Undertaking (Employer with Post-Dated Checks Issued by a Third Party)
- Annex G** - Undertaking (Employer without Post-Dated Checks)

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APPLICATION FOR CONTRIBUTION PENALTY CONDONATION, DELINQUENCY MANAGEMENT AND RESTRUCTURING PROGRAM

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

(DD Month YYYY)

TO THE SOCIAL SECURITY SYSTEM:

Pursuant to Republic Act No. 11199, the "Social Security Act of 2018", and its implementing rules and regulations, I, _____, _____, _____
(Name) (Position, if applicable)
 of _____ with Employer ID Number _____
(Business Entity, if applicable) (Employer ID Number)
 and principal place of business at _____ hereby apply for
(Address)
 condonation of penalties on all unremitted/under-remitted or delinquent Social Security (SS) contributions in the amount of _____ pesos
(Amount in Words)
 (Php _____) as principal, _____
(Amount in Figures) (Amount in Words)
 (Php _____) as interest (if applicable), and the amount of penalty to be
(Amount in Figures)
 condoned is _____ pesos (Php _____)
(Amount in Words) (Amount in Figures)
 computed as of _____.
(DD Month YYYY)

To show proof of the business's inability to pay all unremitted/under-remitted or delinquent contributions for the period from _____ to _____, attached to this application
(MM-YYYY) (MM-YYYY)
 are business's Income Tax Return with attached Audited Financial Statements, if applicable, duly stamped received by Bureau of Income Revenue covering the period of delinquencies and the required documents to show that the business has experienced financial difficulties in meeting the financial obligations with SSS.

Should the application be approved, the total assessed SS contributions delinquency/ies shall be settled through:

- "FULL PAYMENT"; or
- "INSTALLMENT PAYMENT", in the amount of _____
(Amount in Words)
 pesos (Php _____) for _____ (_____) months from
(Amount in Figures) (Number of Months)
 _____ to _____ which shall earn a six (6%) percent per annum
(MM-YYYY) (MM-YYYY)
 interest rate

It is understood that failure to disclose or remit any or all of the delinquency/ies within the prescribed/approved installment scheme, the approval of the application shall be deemed automatically withdrawn and the penalties approved to be condoned under this application shall be reimposed and become due and demandable together with any assessed delinquency.

Signature Over Printed Name

Official Designation

CHECKLIST OF DOCUMENTARY REQUIREMENTS

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

I. BASIC DOCUMENTS

DOCUMENT	NO. OF COPIES
1. Duly accomplished Application for Contribution Penalty Condonation, Delinquency Management and Restructuring Program Form	2
2. Valid Identification Cards/Documents of business employer as per SSS Circular Nos. 2018-017 & 2021-018	2
3. Income Tax Return (ITR) with attached Audited Financial Statements (FS), if applicable, stamped received by the Bureau of Internal Revenue for the corresponding year or years covering the delinquency	2

II. BUSINESS REGISTRATION DOCUMENTS

A. For Partnerships

DOCUMENT	NO. OF COPIES
1. Certified True Copies of Articles of Partnership	2
2. Duly Notarized certification signed by the General/Managing Partner/s naming the authorized partner who will sign and apply for the Program on behalf of the employer	2
3. In case of closure/termination/cessation of operation, any of its former partner/managing head shall sign the application and submit the following:	
3.1. Duly notarized Undertaking to settle the principal amount of delinquency and interest in his/her personal capacity	2
3.2. Any of the following, whichever is applicable:	
a. Employer Data Change Request (EDCR) – SS Form R8, stamped received by the SSS or Notification of Business Termination filed with the Local Government Unit	2
b. Certificate of Closure from the Barangay where the business is located	2
c. Original Partnership Dissolution Agreement or Notice of Dissolution for Partnerships	2
d. BIR Form No. 1905 duly received by BIR	2

B. For Corporations

DOCUMENT	NO. OF COPIES
1. Certified True Copies of General Information Sheet (GIS) or Articles of Incorporation	2
2. Duly notarized Secretary's Certificate stating that the Board of Directors/Trustless in its Resolution, has authorized a corporate officer to apply for the condonation program and to sign all documents related thereto on behalf of the employer with the name and position of the authorized person stated in the certificate	2
3. In case of closure/termination/cessation of operation, any of its former director/trustee head shall sign the application and submit the following:	
3.1. Duly notarized Undertaking to settle the principal amount of delinquency and interest in his/her personal capacity	2
3.2. Any of the following, whichever is applicable:	
a. Employer Data Change Request (EDCR) – SS Form R8, stamped received by the SSS or Notification of Business Termination filed with the Local Government Unit	2
b. Certificate of Closure from the Barangay where the business is located	2
c. BIR Form No. 1905 duly received by BIR	2

C. For Cooperatives

DOCUMENT	NO. OF COPIES
1. Certified True Copies of General Information Sheet (GIS) or Articles of Cooperation	2
2. Duly notarized Secretary's Certificate stating that the Board of Directors/Trustees in its Resolution has authorized corporate officer to apply for the condonation program and to sign documents related thereto on behalf of the employer with the name and position of the authorized person stated in the certificate	2
3. In case of closure/termination/cessation of operation, any of its former director/trustee shall sign the application and submit the following:	
3.1. Duly notarized Undertaking to settle the principal amount of delinquency and interest in his/her personal capacity	2
3.2. Any of the following, whichever is applicable:	
a. Employer Data Change Request (EDCR) – SS Form R8, stamped received by the SSS or Notification of Business Termination filed with the Local Government Unit	2
b. Certificate of Closure from the Barangay where the business is located	2
c. BIR Form No. 1905 duly received by BIR	2

D. For Single Proprietorship

DOCUMENT	NO. OF COPIES
Sworn Statement/Affidavit on the reason/s for the inability to pay the assessed delinquency/ies without fault on its part.	2

III. PAYMENT REQUIREMENTS

A. For Full Payment

DOCUMENT	NO. OF COPIES
Official Receipt of the full payment of Employee Compensation (EC) Contributions and penalty delinquency/ies, if applicable	2

B. For Installment Payment

DOCUMENT	NO. OF COPIES
1. Official Receipt of the full payment of EC Contributions and penalty delinquency/ies, if applicable	2
2. Official Receipt of the full payment of the down payment which shall not be less than 5% of the total amount of delinquency	2
If total delinquency is Php 50,000.00 and below net of down payment and without PDCs	
Duly notarized Undertaking executed by the employer in favor of SSS to pay delinquencies	2
If PDCs are issued by the Third Party (For Single Proprietorship)	
Notarized Joint Undertaking executed by both the Employer and the Third Party in favor of SSS	2

Republic of the Philippines)
 City/Municipality of _____) S.S.
 Province of _____)

UNDERTAKING

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

KNOW ALL MEN BY THESE PRESENTS:

I, _____, as the former _____ of
(Name) (Latest Position in the Business Entity)
 _____, am filing an application for Contribution Penalty
(Name of Business Entity)
 Condonation, Delinquency Management and Restructuring Program in behalf of
 _____, whose principal place of business is located at
(Name of Business Entity, if applicable)
 _____ for and in consideration of
(Address)
 our application for the total delinquency in the amount of _____
(Amount in Words)
 pesos (Php _____) covering the period from _____ to _____
(Amount in Figures) (MM-YYYY) (MM-YYYY)
 do hereby agree and undertake:

1. To pay in full within **fifteen (15) calendar days** upon receipt of the Notice of Approval if through Full Payment;
2. To pay, upon submission of the application and all its documentary requirements, not less than five (5%) percent of the total delinquency as down payment if payment is through Installment Proposal and to issue within **fifteen (15) calendar days** from receipt of the Notice of Approval, all the post-dated checks (PDCs) and Payment Forms corresponding to the total amount of delinquency;
3. To replace or cancel the postdated checks prior to due dates in case of change in our authorized signatory or closure of bank account, subject to the recommendation and approval of the officials who recommended and approved the Installment Proposal;
4. To remit current contributions and salary/calamity loan amortizations every month as they fall due;
5. To pay the total obligations which shall become due and demandable in the event of default in the payment of the monthly amortization and/or non-payment of current contribution/salary/calamity loan amortizations and/or non-compliance with any of the terms and conditions of the installment proposal; and
6. To bind myself to the Social Security System in my personal capacity to fulfill the obligation of the business entity.

Nothing in this Undertaking shall be construed as a waiver of the right of the SSS to prosecute in a criminal proceeding or take other appropriate court action against any and all of the responsible officers of our firm for violation of the Social Security Act of 2018.

DONE AT _____, Philippines on _____.

Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

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Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

AFFIDAVIT ON INABILITY TO PAY THE ASSESSED DELINQUENCIES ON SOCIAL SECURITY CONTRIBUTIONS

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

I, _____, of legal age, single/married, Filipino, with office/
(Name)
residential and postal address at _____
(Address)
in accordance with law, do hereby depose and say- THAT:

- I am the owner of _____ duly registered with Social Security System (SSS) with Employer ID Number _____, with date of coverage in _____ and principal place of business at _____.
(Employer Name, if applicable) (Employer ID Number) (DD Month YYYY) (Address)
- On _____, I received a Statement of Account from the SSS for the delinquencies incurred by my business in the amount of _____ pesos (Php _____) for the period from _____ to _____. The delinquencies represent the total amount of contributions plus penalties.
(DD Month YYYY) (Amount in Words) (Amount in Figures) (MM-YYYY) (MM-YYYY)
- I am aware of my obligations as an Employer with the SSS on the timely remittance of contributions on behalf of my employee/s.
- I was unable to pay/settle my obligations with the SSS because of the financial difficulties that my business has experienced during the past years because of _____, which is beyond my control.
(Reason/s of Financial Difficulty)
- I am executing this affidavit in order to attest the truth of the above-mentioned facts for all legal intents and purposes it may serve.

AFFIANT FURTHER SAYETH NAUGHT.

Affiant



SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____



INSTALLMENT PROPOSAL

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

(DD Month YYYY)

TO THE SOCIAL SECURITY SYSTEM:

Pursuant to Republic Act No. 11199, the "Social Security Act of 2018", and its implementing rules and regulations, I/We, _____

, _____ of _____, with Employer ID Number _____, and principal place of business at _____,

hereby apply for condonation of penalties on all unremitted/under-remitted or delinquent SS contributions amounting to _____ pesos

(Php _____) and submit the following for consideration of the SSS:

1. Proof of down payment in the amount of _____ pesos (Php _____) under official receipt number _____ dated _____ paid at _____ in _____ Representing _____ percent (____%) of the total contribution delinquency;
2. Promissory note to pay the SSS the amount of _____ pesos (Php _____) per month inclusive of six percent (6%) interest per annum, within a period of _____ months starting on _____; and
3. The corresponding Contribution Collection List/s for the total contribution delinquency; and
4. Secretary's Certificate (if corporation).

I/We undertake to submit the corresponding post-dated checks, if required, and Payment Forms and the Contribution Collection List/s corresponding to the months covered not later than **fifteen (15) calendar days** from receipt of Notice of Approval of this proposal.

I/We further undertake that should the settlement of contributions through this application result in additional benefits for contingencies that have occurred prior to the date of settlement or shall occur within the installment period, I/we shall pay the SSS damages in accordance with the provisions of the Social Security Act of 2018.

I/We further agree that failure on my/our part to disclose and remit any/all of my/our delinquent contributions will result in the reimposition of penalties that have been condoned under this Program.

Signature Over Printed Name

Official Designation



Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

PROMISSORY NOTE

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

I/We, _____, _____ of _____
(Name) (Position, if applicable)
, with Employer ID Number _____, and
(Business Entity, if applicable) (Employer ID Number)
principal place of business at _____, hereby
(Address)
declare as follows:

- I/We promise to pay the Social Security System (SSS) the amount of _____ pesos (Php _____) representing
(Amount in Words) (Amount in Figures)
all unremitted/under-remitted or delinquent SS contributions incurred for the applicable period _____ to _____. The monthly amortization of
(MM-YYYY) (MM-YYYY)
_____ pesos (Php _____), inclusive of six
(Amount in Words) (Amount in Figures)
percent (6%) interest per annum, will be paid in _____ () monthly
(Number of Months)
installments starting on _____; and
(DD Month YYYY)
- I/We fully understand that the SSS will condone my incurred penalties amounting to _____ pesos (Php _____)
(Amount in Words) (Amount in Figures)
for my/our unremitted/under-remitted or delinquent contributions covered in this Program.

Nothing in this promissory note shall be construed as a waiver of the right of the SSS to prosecute in a criminal proceeding or take other appropriate court action against any and all of the responsible officers of our firm for violation of the Social Security Act of 2018.

Signed this _____ day of _____, 20____, in _____, Philippines.

Signature Over Printed Name

Official Designation

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

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CON-01740 (08-2022)

Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

**JOINT UNDERTAKING
(EMPLOYER WITH POST-DATED CHECKS
ISSUED BY A THIRD PARTY)**

Under Republic Act No. 11199 or the Social Security Act of 2018

**Contribution Penalty Condonation, Delinquency Management and
Restructuring Program for Business Employers**

I, _____ of _____
(Name) (Position, if applicable) (Business Entity, if applicable)
with Employer ID Number _____ and principal
(Employer ID Number)
place of business address at _____ admit
(Address)
being delinquent in the payment of Social Security (SS) Contributions, including
penalties and interest, if any, and undertake to pay the Social Security System (SSS)
the total amount of _____ pesos (Php _____)
(Amount in Words) (Amount in Figures)
as stated in the Application for Contribution Penalty Condonation, Delinquency
Management and Restructuring Program dated _____ .
(DD Month YYYY)

I hereby waive all my rights to confidentiality of my deposit/s in any and all banks/
banking institutions/quasi-banks/financial institutions under the provisions of Republic Act
No. 1405 (Bank Secrecy Law), Republic Act No. 6426 (Foreign Currency Deposit Act),
Republic Act No. 8791 (General Banking Law), and Republic Act No. 10173 (Data Privacy
Act). Moreover, I hereby authorize the SSS, through its duly authorized
representatives/officers, to examine, inquire, and look into the said deposit and/or secure
information of all my deposit accounts to ensure my/our compliance with the provisions of
the Republic Act No. 11199 (Social Security Act of 2018) and/or for whatever legal
purpose such waiver may serve;

- and -

I, _____, of legal age, Filipino, married/single,
(Name)
with residential address at _____, agree to issue
(Address)
post-dated checks (PDCs) in favor of the SSS, for and in behalf of _____
(Business Employer)
_____ to settle the latter's delinquencies with the SSS.

We undertake that all issued PDCs under the Installment Payment shall not be
dishonored/cancelled/retrieved, as they fall due. Otherwise, we shall be liable for
whatever legal actions, reliefs and/or remedies the SSS have against us.

Signed in _____, Philippines, on _____.

Signature Over Printed Name

Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, the affiants having shown to me their government issued identification card/s bearing the following details:

Name	Valid Proof of Identification	Date of Expiry/ Place of Issue

Notary Public

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

RU

CON-01741 (08-2022)

Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

UNDERTAKING (EMPLOYER WITHOUT POST-DATED CHECKS)

Under Republic Act No. 11199 or the Social Security Act of 2018

Contribution Penalty Condonation, Delinquency Management and Restructuring Program for Business Employers

I, _____, _____ of _____
(Name) (Position, if applicable) (Business Entity, if applicable)
_____, with Employer ID Number _____ and
(Employer ID Number)
principal place of business at _____ admit being
(Address)
delinquent in the payment of Social Security (SS) Contributions, including penalties and interest, if any, and undertake to pay the Social Security System (SSS) the total amount of _____ pesos (Php _____).
(Amount in Words) (Amount in Figures)

I undertake to pay my delinquencies in cash/manager's check on due dates in accordance with the approved Installment Payment Schedule and comply with all my obligations under Contribution Penalty Condonation, Delinquency Management and Restructuring Program. Otherwise, I shall be liable for whatever legal actions, reliefs and/or remedies the SSS has against me.

I hereby waive all my rights to confidentiality of my deposit/s in any and all banks/banking institutions/quasi-banks/financial institutions under the provisions of Republic Act No. 1405 (Bank Secrecy Law), Republic Act No. 6426 (Foreign Currency Deposit Act), Republic Act No. 8791 (General Banking Law), and Republic Act No. 10173 (Data Privacy Act). Moreover, I hereby authorize the SSS, through its duly authorized representatives/officers, to examine, inquire, and look into the said deposit and/or secure information of all my deposit accounts to ensure my compliance with the provisions of the Republic Act No. 11199 (Social Security Act of 2018) and/or for whatever legal purpose such waiver may serve.

I hereby consent to the collection, use, access, disclosure, and processing of my personal and sensitive information by the Bank and/or SSS to effect the above-stated purposes, in accordance with their policy on data privacy and pursuant to the requirements of the Data Privacy Act.

Signed in _____, Philippines, on _____.

Signature Over Printed Name

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____, affiant having shown to me his/her valid government issued identification card/s _____ issued on _____ at _____, Philippines.

Notary Public

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

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