Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONERS
VIDEO CONFERENCE

PEN-01969 (07-2024)

TO BE FILLED OUT BY SSS

PART I - MEMBER/DECEASED MEMBER/PENSIONER'S DATA

TYPE OF PENSION (CHECK APPROPRIATE BOX)
☐ SS DEATH ☐ SS PERMANENT TOTAL DISABILITY ☐ RETIREMENT
☐ EC DEATH ☐ EC PERMANENT TOTAL DISABILITY

COMMON REFERENCE NUMBER/PHILSYS CARD NUMBER (IF ANY)

A. MEMBER/DECEASED MEMBER'S DATA

SS NUMBER	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	DATE OF BIRTH (MM-DD-YYYY)

B. PENSIONER'S DATA

SS NUMBER	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	DATE OF BIRTH (MM-DD-YYYY)

PART II - REPRESENTATIVE PAYEE'S DATA (IF THE PENSIONER IS UNDER THE CARE OF A REPRESENTATIVE PAYEE)

SS NUMBER	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

IS/ARE THERE ANY DEPENDENT (MINOR/INCAPACITATED) CHILD/REN UNDER THE PENSIONER/REPRESENTATIVE PAYEE'S CARE AND CUSTODY?
If yes, please provide the following:

	NAME OF DEPENDENT (MINOR/INCAPACITATED) CHILD/REN (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX)	SS NUMBER (IF 18 YEARS OLD AND ABOVE)	DATE OF MARRIAGE (MM-DD-YYYY)	DATE OF EMPLOYMENT/ SELF-EMPLOYMENT (MM-DD-YYYY)	DATE OF DEATH (MM-DD-YYYY)
1.					
2.					
3.					
4.					
5.					

PART III - QUESTIONNAIRE

1. DOES THE PENSIONER WANT TO UPDATE HIS/HER CONTACT INFORMATION? If yes, please provide the following:

MAILING ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY/STATE) (PROVINCE) (COUNTRY) POSTAL CODE

TELEPHONE NUMBER (AREA CODE+NUMBER)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS

2. HAS THE PENSIONER BEEN RE-EMPLOYED OR RESUMED SELF-EMPLOYMENT? If yes, please provide the following:

NAME OF EMPLOYER/BUSINESS	ADDRESS OF EMPLOYER/BUSINESS	DATE OF RE-EMPLOYMENT/ RESUMPTION OF SELF-EMPLOYMENT (MM-DD-YYYY)

3. HAS THE SURVIVING LEGAL SPOUSE BEEN RE-MARRIED OR IS CURRENTLY COHABITING WITH ANOTHER PERSON? If yes, please provide the following:

NAME OF SPOUSE/PARTNER (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX)	DATE OF RE-MARRIAGE/ COHABITATION (MM-DD-YYYY)

PART IV - RECOMMENDATION

☐ CONTINUE PENSION ☐ CANCEL PENSION
☐ RESUME PENSION ☐ RETURN ACOP FORM
☐ SUSPEND PENSION ☐ PENDING

REMARKS (Indicate reason/s for suspension, cancellation, rejection, pending or returned.)

INTERVIEWED AND/OR SCREENED BY

SIGNATURE OVER PRINTED NAME | POSITION TITLE | DATE & TIME

APPROVED BY

SIGNATURE OVER PRINTED NAME | POSITION TITLE | DATE & TIME