

SS NUMBER (must be 10 digits)	Republic of the Philippines SOCIAL SECURITY SYSTEM OVERSEAS WORKER RECORD PLEASE READ INSTRUCTIONS/REMINDERS AT THE BACK PRINT ALL INFORMATION IN BLACK INK (Basahin Ang Mga Panuntunan Sa Likod) (Isulat nang malinaw and lahat ng impormasyon sa Itim na Tinta)	 OW-1 (REV. 05-01)
PERSONAL DATA		
SURNAME (APELYIDO)	GIVEN NAME (PANGALAN)	MIDDLE NAME (GITNANG PANGALAN)
ADDRESS IN THE PHILIPPINES (TIRAHAN SA PILIPINAS) NO. & STREET (BILANG AT KALYE)	TOWN/DISTRICT (BAYAN/DISTRITO)	CITY/PROVINCE (LUNGSOD/LALAWIGAN)
FOREIGN ADDRESS (TIRAHAN SA IBANG BANSA)		POSTAL CODE
GENDER (KASARIAN) <input type="checkbox"/> MALE (LALAKI) <input type="checkbox"/> FEMALE (BABAE)		DATE OF BIRTH (KAPANGANAKAN) MONTH (BUWAN) DAY (ARAW) YEAR (TAON)
CIVIL STATUS (KATAYUANG SIBIL) <input type="checkbox"/> SINGLE (WALANG ASAWA) <input type="checkbox"/> MARRIED (MAY ASAWA) <input type="checkbox"/> WIDOW (BALO)		MONTHLY SALARY (BUWANANG SAHOD) P
PLACE OF BIRTH (POOK NG KAPANGANAKAN) RELIGION (RELIHIYON)		MEMBERSHIP APPLIED FOR <input type="checkbox"/> REGULAR <input type="checkbox"/> FLEXI-FUND <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
TELEPHONE NUMBER (Including Area Code) Philippines _____ Foreign _____		
BENEFICIARIES (MAKIKINABANG)		
FATHER (AMA)	DATE OF BIRTH (KAPANGANAKAN) MONTH/DAY/YEAR (BUWAN/ARAW/TAON)	SSS USE ONLY WITH DOC. CODE
MOTHER (INA)		
SPOUSE (ASAWA)		
CHILDREN (ANAK)	DATE OF BIRTH (KAPANGANAKAN) MONTH/DAY/YEAR (BUWAN/ARAW/TAON)	CHECK APPLICABLE COLUMN ILLEGITIMATE INCAPACITATED
1		
2		
3		
4		
5		
OTHER BENEFICIARIES (IBANG MAKIKINABANG)		RELATIONSHIP (RELASYON)
1		
2		
THUMBMARKS (MARKA NG HINLALAKI) LEFT (KALIWA) RIGHT (KANAN)	CERTIFIED CORRECT _____ SIGNATURE (LAGDA)	
FOR SSS USE ONLY		
MONTHLY SS CONTRIBUTION P	PROCESSED BY/DATE _____ Signature Over Printed Name	RECEIVED/DATE
START OF PAYMENT	REVIEWED AND APPROVED BY/DATE _____ Signature Over Printed Name	
FLEXI-FUND APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	ENCODED BY/DATE _____ Signature Over Printed Name	

INSTRUCTIONS (MGA PANUNTUNAN)

ENGLISH

1. Submit this form in two (2) copies together with the original/certified true copy and photocopy of the following supporting documents:

PRIMARY DOCUMENTS

- Birth Certificate; or
- Baptismal Certificate; or
- Passport

In the absence of the above documents, submit any two (2) copy of the following documents:

Record of Employment/employer ID
GSIS Member's Record
Certificate from National Archives
Alien Certificate of Registration
School/Voter's Identification Card
Driver's License
Joint Affidavit

OTHER REQUIRED DOCUMENTS

For reported spouse - Marriage Contract

For reported child:

If legitimate:

Birth or Baptismal Certificate

If illegitimate:

Birth or Baptismal Certificate, in the absence of both,
School Record; or
Insurance Policy; or
Statement before a Court

If legally adopted:

Decree of Adoption

If incapacitated:

Medical Certificate

2. Check the column "illegitimate" and/or "incapacitated" opposite the child's name, if applicable
3. Report change/s or correction/s in your personal data, including Philippine and foreign addresses, and new or additional beneficiaries through SS Form E-4.
4. This form can be secured from any SSS office or downloaded from the SSS website and may be submitted to:
 - the nearest SSS office; or
 - through the mail, e-mail or fax directly to the International Affairs and Branch Expansion Office in SSS, Diliman, Quezon City, Philippines, if you are based in a country without SSS branch.

FILIPINO

1. Isumite ang pormang ito ng dalawang (2) kopya kasama ang "certified true copy" at "photocopy" ng mga sumusunod na dokumento:

MGA PANGUNAHING DOKUMENTO

- Sertipiko ng Kapanganakan; o
- Sertipiko ng Binyag; o
- Pasaporte

Kung wala ang mga dokumento sa itaas, magsumite ng dalawa sa alinman sa mga sumusunod na dokumento:

Tala o ID sa Pinaghahanapbuhayan
Tala ng pagiging kasapi ng GSIS
Sertipiko mula sa National Archives
Sertipiko ng pagpapatala bilang banyaga
ID sa Paaralan/Pagboto
Lisensiya ng Pagmamaneho
Joint Affidavit

IBA PANG DOKUMENTONG KAILANGANG ISUMITE

Para sa inulat na asawa - Kontrata ng Kasal

Para sa inulat na anak:

Kung lehitimo:

Sertipiko ng Kapanganakan/Binyag

Kung ilehitimo:

Sertipiko ng Kapanganakan/Binyag, kung wala ito,
Tala sa Paaralan; o
Tala sa Pagpapaseguro; o
Paglalahad sa Korte

Kung legal na ampon:

Tala ng Pag-aampon

Kung may kapansanan:

Sertipiko ng Pagkakasakit

2. Lagyan ng tsek sa ilalim ng "illegitimate" at/o "incapacitated" sa tapat ng pangalan ng anak, kung nararapat.
3. Ipaalam ang mga pagbabago sa inyong mga datos, kasama na ang tirahan sa Pilipinas at ibang bansa, at ang mga bago o karagdagang makikinabang sa pamamagitan ng SS Form E-4.
4. Ang pormang ito ay maaring makuha sa alinmang tanggapan ng SSS o maaring i download mula sa SSS website at isumite:
 - sa alinmang tanggapan ng SSS; o
 - sa pamamagitan ng koreo, e-mail o fax sa tanggapan ng International Affairs and Branch Expansion Office sa SSS, Diliman, Quezon City, Pilipinas.



(05-2013)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

THIS FORM IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE ACCOMPLISHING 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	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
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 (FOR OVERSEAS FILIPINO WORKER)		COUNTRY	ZIP CODE

B. TYPE OF DATA CHANGE

A. CONVERSION OF MEMBERSHIP STATUS (From T to P)

B. CORRECTION OF NAME

	FROM	TO
<input type="checkbox"/> Last Name	_____	_____
<input type="checkbox"/> First Name	_____	_____
<input type="checkbox"/> Middle Name	_____	_____

C. CORRECTION OF DATE OF BIRTH

	FROM	TO
<input type="checkbox"/> Month	_____	_____
<input type="checkbox"/> Day	_____	_____
<input type="checkbox"/> Year	_____	_____

D. CHANGE OF CIVIL STATUS

For Female members: Accomplish the "FROM" and "TO" portions, if also requesting for change of name.

	FROM	TO
<input type="checkbox"/> Single to Married	_____	_____
<input type="checkbox"/> Married to Widowed	_____	_____
<input type="checkbox"/> Married to Re-married	_____	_____
<input type="checkbox"/> Reversion from Married to Single (if legally married to reported spouse)	_____	_____
<input type="checkbox"/> Reversion from Married to Single (if not legally married to reported spouse)	_____	_____

E. CORRECTION OF GENDER

From Male to Female

From Female to Male

F. DEPENDENT(S)/BENEFICIARY(IES)

New/Additional

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Deletion

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

C. CERTIFICATION

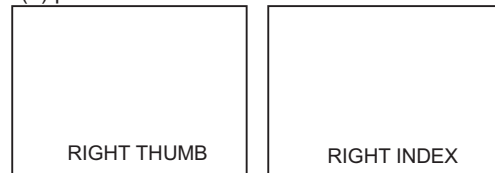
I certify that the information provided in this form are true and correct.

PRINTED NAME	SIGNATURE	DATE
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If registrant cannot sign, affix fingerprints to be witnessed by two (2) persons.

Below are the witnesses to fingerprinting:

1)	PRINTED NAME	SIGNATURE	DATE
2)	PRINTED NAME	SIGNATURE	DATE



PART II - TO BE FILLED OUT BY SSS

RECEIVED BY	ENCODED BY
SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
REVIEWED BY	APPROVED BY
SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME

INSTRUCTIONS

1. Fill out this form in two (2) copies without erasures and alterations.
2. Place a checkmark on the applicable box.
3. Always indicate "N/A" or "Not Applicable" if the required data is not applicable.
4. Present identification document/s.

Filed by member

- Social Security (SS) Card or any two (2) valid IDs (at least one (1) with photo and signature)

Filed by authorized representative

- Representative's SS Card or any two (2) valid IDs (at least one (1) with photo and signature)
- Member's SS Card or any two (2) valid IDs (at least one (1) with photo and signature)
- Letter of Authority

Filed by company representative

- Authorized Company Representative Card (ACR) or LOA and any two (2) valid IDs (at least one (1) with photo and signature)
- Member's SS Card or any two (2) valid IDs (at least one (1) with photo and signature)

5. Submit this form personally together with the original/certified true copy and photocopy of the required documents, if any, as follows:

a. For correction of name and/or date of birth (DOB)

a.1 Birth Certificate

In the absence of the Birth Certificate,

a.1.1 Certificate of Non-Availability of Birth Records from the City/Municipal Civil Registrar/National Statistics Office (NSO)/National Archives for both the previously recorded and alleged correct name/date of birth

a.1.2 Any **TWO** of the following secondary documents showing the correct name/DOB:

- | | |
|--|--|
| - Alien Certificate of Registration | - Marriage Contract (Must show the DOB, if for DOB correction) |
| - Baptismal Certificate | - NBI Clearance |
| - Baptismal Certificate of child or its equivalent, if for correction of name only | - Pag-Ibig Fund Member Data Record |
| - Certificate of Naturalization or its equivalent | - Passport (Unexpired) |
| - Certification form the Office of the Cultural Minorities | - PHIC Member Data Record |
| - Driver's License - Local/international | - Record of Employment |
| - Firearms License | - School Records |
| - GSIS Member Record | - TIN Card |
| - Life Insurance Policy | - Voter's ID/Affidavit or Certificate of Registration authenticated by Commission on Elections (COMELEC) |

a.1.3 Joint Affidavit of two (2) persons who have personal knowledge of the facts and circumstances in the use of the different names/middle names, **if correction to totally different name/middle name.**

b. For correction of name due to naturalization

b.1 Certificate of Naturalization or its equivalent

b.2 Passport issued by the host country

b.3 Identification Certificate from the Bureau of Immigration or Court Decision/Order from host country or its equivalent

c. For addition/deletion of middle name for reason of illegitimacy

c.1 Birth Certificate

d. For change of civil status - Any of the following document/s, whichever is applicable:

d.1 If from single to married

d.1.1 Marriage Contract

d.2 If widowed

d.2.1 Death Certificate of spouse

d.3 If from married to re-married

d.3.1 New Marriage Certificate, and any of the following whichever is applicable:

- Death Certificate, if due to death of previously reported spouse
- Certificate of Finality of Annulment, if marriage is annulled
- Certificate of Finality of Nullity, if marriage is null and void
- Certificate of Finality of Declaration of Presumptive Death, if spouse is presumed dead
- Decree of Divorce and Certificate of Naturalization or its equivalent, if due to divorce
- Certificate of Divorce (OCRG Form No. 102), if Muslim member

d.4 If reversion from married to single and legally married to reported spouse

d.4.1 Death Certificate, if due to death of previously reported spouse

d.4.2 Certificate of Finality of Annulment, if marriage is annulled

d.4.3 Certificate of Finality of Nullity, if marriage is null and void

d.4.4 Certificate of Finality of Declaration of Presumptive Death, if due to presumptive death of spouse

d.4.5 Decree of Divorce and Certificate of Naturalization or its equivalent, if due to divorce

d.5 If reversion from married to single and not legally married to reported spouse

d.5.1 Certificate of No-Marriage (CENOMAR) from NSO; and

d.5.2 Affidavit executed by the member attesting to the fact of the non-existence of marriage between him/her and the reported spouse

e. For new/additional beneficiary/dependent - Any of the following whichever is applicable:

e.1 Marriage Certificate, if spouse

e.2 Birth Certificate, if children

f. For deletion of beneficiary

f.1 Marriage Certificate, if from parents/other person to spouse

f.2 Birth Certificate, if from parents/person other than the spouse to children

f.3 Whichever is applicable, if from spouse to another spouse

- Death Certificate, if due to death of previously reported spouse

- Certificate of Finality of Annulment, if marriage is annulled

- Certificate of Finality of Nullity, if marriage is null and void

- Certificate of Finality of Declaration of Presumptive Death, if due to presumptive death of spouse

- Decree of Divorce and Certificate of Naturalization or its equivalent, if due to divorce

- Certificate of Divorce (OCRG Form No. 102), if Muslim member

REMINDERS

1. Members who are requesting for correction of name and date of birth should submit a birth certificate duly authenticated by NSO with two (2) secondary documents, **if birth certificate is late registered.**
2. Female members who are changing their status to married should accomplish the correction of name portion if she will use her married name.



RS-5

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTIONS
PAYMENT RETURN

(06-2012)

Please read the instructions below before accomplishing this form.
Print all information in capital letters and use black ink only.

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

SS NUMBER, NAME (SURNAME, GIVEN NAME, MIDDLE NAME), ADDRESS (NO. & STREET, BARANGAY, TOWN/DISTRICT, CITY/PROVINCE), E-MAIL ADDRESS (If any), POSTAL CODE, TELEPHONE/MOBILE NUMBER

TYPE OF PAYOR (Check the appropriate box)
Self-Employed, Voluntary, Overseas Filipino Worker, Farmer/Fisherman, Non-Working Spouse
(Foreign Address-City, Country)

INSTRUCTIONS

- 1. Fill out this form in three (3) copies.
2. Remit your contributions following the payment deadlines below:
For Self-Employed, Voluntary, Non-Working Spouse, Farmer/Fisherman:
Table with 2 columns: If 10th digit of the SS number ends in: (1 or 2, 3 or 4, 5 or 6, 7 or 8, 9 or 0) and Payment Deadline (10th day of the month, 15th day of the month, 20th day of the month, 25th day of the month, Last day of the month)
For OFW-members:
- Contributions for January to December of a given year may be paid until 31 December of the same year
- Contributions for October to December of a given year may be paid until 31 January of the succeeding year
In case the payment deadline falls on a Saturday, Sunday or holiday, payment may be made on the next working day. Otherwise, late contribution payments of self-employed and voluntary members shall be applied prospectively.
3. Make all checks payable to SSS and fill out properly the "Details of Check Payment" portion of the form.
4. Fill out the Declaration of Earnings if you desire to change your monthly salary credit (MSC) to more than two salary brackets or if the change will result to an MSC of lower than P5,000. Please note that if you are 55 years old or older and present MSC is more than P10,000, your allowed increase is only one salary bracket.

Table with 3 columns: APPLICABLE PERIOD (Month, Year), SOCIAL SECURITY CONTRIBUTION. Rows for JANUARY to DECEMBER.

TOTAL REMITTANCE P

TOTAL AMOUNT IN WORDS

CERTIFIED CORRECT
SIGNATURE OVER PRINTED NAME DATE

DETAILS OF CHECK PAYMENT
Check No. Date
Bank/Branch Name

Declaration of Earnings

I hereby declare, for purposes of Sec. 19-A of the Social Security Law, the amount of (P) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration.

I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

SIGNATURE OVER PRINTED NAME

DATE