

Republic of the Philippines SOCIAL SECURITY SYSTEM FUNERAL CLAIM APPLICATION

RET - 01222 (12-2015)

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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 CLAIMANT																																	
A. DECEASED MEMBER'S INFORMATION																																	
SS NUMBER COMMON REFERENCE NUMBER (IF ANY) DATE OF BIRTH (MMDDYYYY) SEX																																	
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I certify that the information provided in this form are true and correct and that I have no prior or pending claim for Funeral Benefit. PRINTED NAME OF CLAIMANT SIGNATURE OF CLAIMANT DATE If claimant cannot sign, affix fingerprints (please see Instruction no. 5) Below are the witness to fingerprinting:																																	
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PART II - TO BE FILLED OUT BY SSS											
TYPE OF CLAIM	TAX IDENTIFICATION NUMBER OF TI	HE CLAIMANT (IF ANY)									
□ ss □ EC	1										
IS DECEASED MEMBER CURRENTLY RECEIVING PENSION?		TYPE OF PENSION/S									
Yes (Pls. check type of pension/s)	No knowledge	Retirement	tetirement Disability Death								
IF RECEIVING SURVIVOR'S PENSION, INDICATE SS NO./COM	MON REFERENCE NO. (IF ANY) AND NA	AME OF MEMBER									
SS No./Common Reference No. Name of Dec	ceased Member (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)							
IF RECEIVING PENSION AS GUARDÍAN OF RETIREE/DISABIL OF MEMBER	ITY/SURVIVOR PENSIONER, INDICAT	TE SS NO./COMMON RE	FERENCE NO. (IF	ANY) AND NAME							
SS No./Common Reference No. Name of Mer	mber (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)							
FINDINGS											
 No Pending Claim Deceased pensioner has over paid benefit in the amount of ₽ (If with overpayment, request filer to fill-out the "Authority to Deduct from Funeral Benefit") Employment History Validated 											
Others (Specify):											
											
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RECEIVED & PROCESSED BY REVIEW	/ED BY	APPROVED BY									
SIGNATURE OVER PRINTED NAME DATE SIG	NATURE OVER PRINTED NAME DATE	SIGNATURE C	OVER PRINTED NAME	DATE							
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- 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 your initials on all alterations/erasures in this form.
- 4. Affix your signature and attach your recent (1 x 1) ID picture on the portions provided for in Part I-C.
- 5. If claimant cannot sign, witnesses to fingerprinting shall be as follows:
 - a. Filed by claimant
 - SSS receiving personnel who shall affix his/her signature on the space provided and indicate employee number and branch on the "Address and Contact Number" portions provided in Part I-C
 - b. Filed by authorized representative
 - Two (2) witnesses. One (1) is the claimant'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 portions provided in Part 1-C
- 6. Please refer to the attached "List of Documentary Requirements for Funeral Benefit Process" for the documentary requirements and identification cards/documents.

REMINDER

Verification of status of claim may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 920-6446 - 55 or 917-7777

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS CLAIM SHALL BE LIABLE CRIMINALLY FOR FALSIFICATION OF PUBLIC DOCUMENTS (SECTION 28 OF R.A. 8282).