Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONER'S FORM

Pensioner's Reply
(Use black ink only in accomplishing this form)

PART I - MEMBER'S / PENSIONER'S DATA

<table>
<thead>
<tr>
<th>SS NUMBER OF MEMBER</th>
<th>NAME OF MEMBER</th>
<th>(Surname)</th>
<th>(Given Name)</th>
<th>(Middle Name)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>SS NUMBER OF PENSIONER</th>
<th>NAME OF PENSIONER</th>
<th>(Surname)</th>
<th>(Given Name)</th>
<th>(Middle Name)</th>
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</table>

MAILING ADDRESS OF PENSIONER
(No. & Street) (Barangay) (Town District) (City/Province) (Postal Code)

LANDLINE/ MOBILE NO. E-MAIL ADDRESS

DATE OF BIRTH OF PENSIONER
(mm/dd/yyyy)

TYPE OF PENSIONS:
Retirement SS Total Disability EC Total Disability SS Death EC Death

PART II - QUESTIONNAIRE

1. For total disability/retirement pensioner, have you been re-employed/resumed self-employment? 
   If yes, name and address of present employer:
   Date re-employed or resumed self-employment:

2. For death pensioner, have you re-married or currently cohabiting with another person? 
   If yes, name of spouse/partner:
   Date of marriage/cohabitation:

3. Are you under the care and custody of a guardian? 
   If yes, name and address of guardian:

4. Is there any dependent child who already got married, employed or died? 
   If yes, fill out the data below:
   NAME OF DEPENDENT CHILDREN NAME OF GUARDIAN, IF APPLICABLE DATE OF MARRIAGE DATE OF EMPLOYMENT SS NO. DATE OF DEATH
   1
   2
   3
   4
   5

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

SIGNATURE OVER PRINTED NAME OF PENSIONER DATE

Below are the witnesses to fingerprinting:

1) SIGNATURE OVER PRINTED NAME DATE

2) SIGNATURE OVER PRINTED NAME DATE

PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN
(For Retiree and Death Pensioners)

Check the appropriate box (one only):
☐ Bank Manager ☐ Barangay Chairman

This is to certify that Mr./Ms. ________________________________ personally appeared before the undersigned on ___________________________ as compliance to the annual confirmation of pensioners being conducted by the Social Security System.

SIGNATURE OVER PRINTED NAME DATE

NOTE: Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Sec. 28 (a) of the Social Security Law and Art.207 (b) Chapter IX of PD # 626).

(DETACH BELOW THIS LINE)

NOTICE OF SCHEDULE

Please report for your Annual Confirmation anytime within the month of _______________; otherwise your pension will be suspended.

ISSUED BY: SIGNATURE OVER PRINTED NAME DESIGNATION DATE
<table>
<thead>
<tr>
<th>Type of Compliance</th>
<th>Personal</th>
<th>Thru Bank</th>
<th>Thru Representative</th>
<th>Thru Mail</th>
<th>Abroad</th>
<th>Incapacitated</th>
<th>Barangay Official</th>
<th>Institution</th>
</tr>
</thead>
</table>

**PART IV - DOCUMENTS SUBMITTED**

<table>
<thead>
<tr>
<th><strong>PENSIONER IS LIVING ABROAD</strong></th>
<th><strong>PENSIONER IS A LOCAL RESIDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed letter</td>
<td>Signed letter</td>
</tr>
<tr>
<td>Accomplished ACOP Form</td>
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</tr>
<tr>
<td>Photocopy of valid passport</td>
<td>Sketch of residence</td>
</tr>
<tr>
<td>Photocopy of SS Card</td>
<td>Certification from</td>
</tr>
<tr>
<td>Photocopy of valid ID issued by host country governmental unit/agency (Pls. specify)</td>
<td>Barangay</td>
</tr>
<tr>
<td>Photocopy of two (2) valid IDs (Pls. Specify)</td>
<td>Bank</td>
</tr>
</tbody>
</table>

| 1) Medical Certificate       | 1) Medical Certificate       |
| 2) Death Certificate         | 2) Death Certificate         |
| Complete physical examination report | Relevant laboratory or diagnostic result |
| Relevant laboratory or other diagnostic exam results | SS Card |
| Certification issued by (Pls. specify) | Two (2) valid IDs (Pls. specify)  |

**ACTION TAKEN/REMARKS**

- Identity of pensioner established
- For data capture
- For interview (Lacks valid IDs for the issuance of SS No./Data Capture, etc.)
- Deceased Pensioner (Date of Death)
- Others

**INTERVIEWED & SCREENED BY**

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**PART V - RECOMMENDATION**

- Continue
- Suspend (Reason)
- Cancel (Reason)
- Re-adjudicate (Reason)
- Returned (Reason)
- Pending (For further evaluation)
- X-ray/ECG for reading
- For Medical Fieldwork Services (MFS)
- For Fact of Pensioner's Existence (FPE)
- For referral to other branch/unit
- Others

**REVIEWED & RECOMMENDED BY**

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**APPROVED BY**

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