

Republic of the Philippines SOCIAL SECURITY SYSTEM **MATERNITY BENEFIT REIMBURSEMENT APPLICATION**

SIC - 01242 (12-2015)

BLACK INK ONLY.					
		ILLED OUT BY MEMBI	ER		
SS NUMBER IC	OMMON REFERENCE NUMBER (IF A		H (MMDDYYYY) TAX	IDENTIFICATION NUMBER (IF ANY)	
NAME (LAST NAME)	(FIRST NAME)	(MI)	DDLE NAME)	(SUFFIX)	
LOCAL ADDRESS (RM./FLR./UI	NIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. N	NO.)	(STŘÉET NAME)	
(SUBDIVISION) (BA	ARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PRO	VINCE) ZIP CODE	
TELEPHONE NUMBER (AREA CODE + TEL. NO.) M	OBILE/CELLPHONE NUMBER	E-MAIL ADDRESS			
FOREIGN ADDRESS (IF APPLICABLE)			COUNTRY	ZIP CODE	
	IAGE/PROCEDURE Normal Caesare		/procedure) etopic (Operated) etopic (Unoperated)	NUMBER OF PREGNANCIES	
I certify that: a. The information provided in this form: b. I actually received the amount of bene PRINTED NAME If member cannot sign, affix fingerprints. P Below are the witnesses to fingerprinti	efit due as indicated in Part II-B of this Please read Instruction No. 6 of the form	SIGNATURE	t is not actually advanc	DATE	
PRINTED NAME ADDRESS & CONTACT NUMBER 2) PRINTED NAME	SIGNATURE	DATE	DIOUT THIIMP		
ADDRESS & CONTACT NUMBER			RIGHT THUMB	RIGHT INDEX	
		LLED OUT BY EMPLOY	YER		
EMPLOYER ID NUMBER	TAX IDENTIFICATION NU	PLOYER DATA JMBER (IF ANY) TY	PE OF EMPLOYER		
EMPLOYER NAME			Business	☐ Household	
	NIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK, N	10.)	(STREET NAME)	
(SUBDIVISION) (BA	RANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PRO)	VINCE) ZIP CODE	
		,			
FELEPHONE NUMBER (AREA CODE + TEL NO.)	MAIL ADDRESS	WE	EBSITE (FOR BUSINESS EM	PLOYER)	
	B. CC	OMPUTATION			
TOTAL MONTHLY SALARY CREDIT	DAILY MATERNITY ALLOWANCE	NUMBER OF DA	AYS AMOUNT OF	AMOUNT OF BENEFIT DUE	
Р		RTIFICATION			
I certify that: a. The information provided in this form a b. The qualifying contributions of membe c. The amount of benefit due as indicate	er were paid prior to the date of deliver		Bertucija te Presidenta		
PRINTED NAME	SIGNATURE		POSITION TITLE	DATE	
M. SS NUMBER/COMMON REFERENCE NO. (IF	SOCIAL SE ATERNITY BENEFIT RE ACKNOWLE	forate Here- ECURITY SYSTEM IMBURSEMENT AF EDGEMENT STUB (FIRST NAME)		LE NAMÉ) (SUFFIX)	
DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)	BY SIGNATURE OVER PRINTED NAME	DATE &		BRANCH	

INSTRUCTIONS

- Fill out this form in one (1) copy.
- Always indicate "N/A or "Not Applicable", if the required data is not
- Affix initials on all alterations/erasures in this form.
- Write SS Number and name of member in all the supporting documents
- Present valid identification card/s or document/s. Refer to the attached 5. "List of Filer's Valid Identification (ID) Cards/Documents'
- If member cannot sign, there should be two (2) witnesses to fingerprinting. One (1) witness is the employer representative/company representative and the other one (1) could be any person.
- Submit this form to the nearest SSS branch office together with the 7. following supporting documents, whichever is applicable.
 - a. Maternity Notification (MN) duly received by SSS prior to delivery/ miscarriage/procedure or "Maternity Notification Submission Confirmation" (if filed thru the SSS Website or SSIT).
 - MN is not required if the member delivered/was confined in a hospital duly licensed by the Department of Health.
 - b. Required Documents

Present the original/certified true copy and submit the photocopy of the following, whichever is applicable:

b.1 For Normal Delivery

Child's birth or fetal death certificate duly registered with the Local Civil Registrar (LCR)

b.2 For Caesarean Delivery

- · Child's birth or fetal death certificate duly registered with the LCR; and
- Any of the following documents issued by the hospital indicating the type of delivery:
 ✓ Operating Room Record (ORR)
 ✓ Surgical Memorandum

 - ✓ Discharge Summary Report
- Medical/Clinical Abstract
- **Delivery Report**
- ✓ Detailed Invoice showing caesarean delivery charges, for deliveries abroad only

b.3 For Complete Miscarriage

- · Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
- · Any of the following:
 - Pregnancy test before and after miscarriage
 - Ultrasound report indicating proof of pregnancy
 - Medical Certificate issued by attending physician on the circumstances of pregnancy

b.4 For Incomplete Miscarriage

- · Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
- · Any of the following:
 - Certified true copy of Hospital/Medical record/s
 - Dilation & Curettage (D & C) report
 - Histopathological report
 - Pregnancy test before and after miscarriage
 - Ultrasound report indicating proof of pregnancy

b.5 For Ectopic Pregnancy

- Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
- · Any of the following:
 - Certified true copy of Hospital/Medical record/s
 - Certified true copy of ORR Histopathological report

 - Pregnancy test before and after miscarriage

b.6 For Hydatidiform Mole

All of the following:

- · Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License number with printed name and signature
- D & C report
- · Histophathological report

The Medical Specialist may require other documents Note: necessary for the evaluation of the claim (for miscarriage/ ectopic/H-Mole cases).

> deliveries/miscarriages/procedures that happened abroad, documents issued by foreign country should be with English translation and duly authenticated by the Philippine Embassy/Consulate Office or duly notarized by notary public in host country.

The signatory in Part II-C of this form shall be the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501).

REMINDER

- Full amount of the maternity benefit shall be advanced by the employer within thirty (30) days from the date of filing maternity leave application.
- 2. 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 to 55.

WARNING!

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF RA 8282 OR UNDER PERTINENT PROVISION OF REVISED PENAL CODE.

SS NUMBER		NAME OF MEMBE	ER (L	_AST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
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				BE FILLED OUT BY	SSS				
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Submit D &		(ODD)			Based on ultrasound result, pregnancy not confirmed				
	☐ Submit Operating Room Record (ORR) ☐ Submit histopathological result			☐ Pending	arks				
		and after miscarriage)		For medical opinion				
☐ Submit ultra	asound result			☐ For d	For document verification				
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	w & present SS Card	or Valid ID Card/s or	Document/s	☐ Rema	arks				
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LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS

Maternity Benefit Reimbursement Process

A. Primary ID Cards/Documents

- 1. Social Security (SS) card
- 2. Unified Multi-Purpose ID (UMID) card
- 3. Passport
- 4. Professional Regulation Commission (PRC) card
- Seaman's Book (Seafarer's Identification & Record Book)

B. Secondary ID Cards/Documents

- 1. Alien Certificate of Registration
- 2. ATM card (with cardholder's name)
- 3. Bank Account Passbook
- 4. Company ID card
- Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- 6. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- 7. Certificate of Naturalization
- 8. Credit card
- Court Order granting petition for change of name or date of birth
- 10. Driver's License
- 11. Firearm License card issued by Philippine National Police (PNP)
- 12. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- 13. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
- 14. Health or Medical card
- 15. Home Development Mutual Fund (Pag-IBIG)
 Transaction Card/Member's Data Form
- 16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
- 17. ID card issued by professional association recognized by PRC
- 18. Life Insurance Policy of member
- 19. Marriage Contract/Marriage Certificate
- 20. National Büřeau of Investigation (NBI) Clearance
- 21. Overseas Worker Welfare Administration (OWWA) card
- 22. Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
- 23. Police Clearance
- 24. Postal ID card
- 25. School ID card
- Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
- 27. Senior Citizen card
- 28. Student Permit issued by Land Transportation Office (LTO)
- 29. Taxpayer's Identification Number (TIN) card
- 30. Transcript of Records
- Voter's Identification card or Voter's Affidavit / Certificate of Registration

1. Filed by Employer (Business/Household)

Present the original of any one (1) of the Employer's **primary** ID cards/documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo.

2. Filed by Company Representative

Present the Authorized Company Representative (ACR) Card or if without ACR Card (not available at the time of filing) present the following:

- 2.1 Letter of Authorization (LOA) issued by the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and
- 2.2 Original company ID of company representative.

3. Filed by Employer Representative

- 3.1 LOA issued by the employer's authorized signatory reflected in the SS Form L-501
 - 3.2 Original company ID of employer representative.