



Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONERS
(PENSIONER'S REPLY)

PEN-01718 (08-2022)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph. PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY PENSIONER/GUARDIAN

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

A. DECEASED MEMBER'S DATA (FOR DEATH PENSIONER)

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

B. PENSIONER'S DATA

SS NUMBER (IF ANY) _____ COMMON REFERENCE NUMBER (IF ANY) _____ DATE OF BIRTH (MM-DD-YYYY) _____ TAXPAYER ID NUMBER (IF ANY) _____

NAME (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____

MOTHER'S MAIDEN NAME (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____

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

(BARANGAY/DISTRICT/LOCALITY) _____ (CITY/MUNICIPALITY) _____ (PROVINCE) _____ POSTAL CODE _____

TELEPHONE NUMBER (AREA CODE+TEL. NO.) _____ MOBILE/CELLPHONE NUMBER _____ E-MAIL ADDRESS _____

If the telephone number, mobile/cellphone number or email address belongs to the pensioner's immediate family member/relative, please indicate the following. **AS CONSENT:**

PRINTED NAME OF IMMEDIATE FAMILY MEMBER/RELATIVE _____ SIGNATURE _____ RELATIONSHIP _____

FOREIGN ADDRESS (IF RESIDING ABROAD) _____ COUNTRY _____ POSTAL CODE _____

C. GUARDIAN'S DATA

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

ADDRESS _____ POSTAL CODE _____

Is the dependent (minor/incapacitated) child under your care and custody already married, deceased or employed/self-employed?

Yes, please fill out the applicable data No

DATE OF MARRIAGE (MM-DD-YYYY)	DATE OF DEATH (MM-DD-YYYY)	DATE OF EMPLOYMENT/ SELF-EMPLOYMENT (MM-DD-YYYY)	SS NUMBER (IF EMPLOYED/SELF-EMPLOYED)

D. QUESTIONNAIRE (FOR PENSIONER ONLY)

1. For retiree (residing abroad)/permanent total disability pensioner, have you been re-employed/have you resumed self-employment?

Yes, please indicate the following: No

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

2. For survivor pensioner, have you re-married or currently cohabiting or engaged in a live-in relationship with another person?

Yes, please indicate the following: No, please fill out Item E

NAME OF SPOUSE/PARTNER	DATE OF RE-MARRIAGE OR COHABITATION (MM-DD-YYYY)

3. For retiree (residing abroad)/permanent total disability/survivor pensioner, is/are there any dependent (minor/incapacitated) child/ren under your care and custody?

Yes, please fill out the applicable data below: No

NAME OF DEPENDENT (MINOR/INCAPACITATED) CHILD/REN	SS NUMBER	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.				

E. SELF-DECLARATION FORM OF SURVIVOR PENSIONER ON NON-REMARRIAGE/NON-COHABITATION
(to be filled out by SURVIVOR PENSIONER ONLY)

I do hereby declare that I have not remarried, cohabitated with another person, or otherwise engaged in a common-law relationship since the death of my spouse.

I understand that if said declaration as given by me is proven to be false, my entitlement to the death benefit of my spouse from the Social Security System (SSS) shall be automatically cancelled/stopped.

I also acknowledge that once I remarry, cohabit with any person, or engage in a common-law relationship, I shall report the same to the SSS, and applicable SSS policy shall be implemented.

I undertake to return to the SSS, without need of demand or judicial action, all undue pension benefits that I may have received after my entitlement thereto has been cancelled as stated above.

I further acknowledge that any misrepresentation, concealment and inaccurate or untruthful statement on my part shall be a ground for criminal and civil action against me.

PRINTED NAME OF SURVIVOR PENSIONER

SIGNATURE

DATE

F. CERTIFICATION AND DATA PRIVACY NOTICE & AGREEMENT

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

I agree that the information collected through this form shall be used and retained by the SSS for the processing and continuous payment of pension, for the establishment, exercise or defense of SSS' legal claims and reestablish or continue the operations of the SSS in the event of disaster. I may get a copy of this form and correct or revise any information therein.

Furthermore, I understand that I, as an SSS pensioner, shall be subject to other verification processes as required by the SSS to ensure my eligibility to receive the SSS pension benefit; that the result of the verification processes shall require me to appear personally to any SSS branch. Provided, further, that SSS shall conduct a home visit if I fail to report upon the request of SSS.

I understand that pursuant to Sec. 24 (c), SS Act of 2018 [Republic Act (R.A) No. 11199] and the Data Privacy Act of 2012 (R.A. No. 10173), the SSS shall keep confidential and secure all the information using organizational, physical and technical measures and procedures. I also understand that SSS will not divulge my personal data to any person unless I authorize the same or required through a subpoena/order issued by the courts or quasi-judicial bodies. However, I agree for the SSS to share my information with other government agencies like, the PhilHealth, Pag-IBIG, Philippine Statistics Authority, Department of Social Welfare and Development and Commission on Audit, through a data sharing agreement or by contract with partner private companies like, banks, collecting agents, insurance companies or IT solutions contractors, for the provision of an effective and efficient service, and for the attainment of SSS' mandate to provide social security.

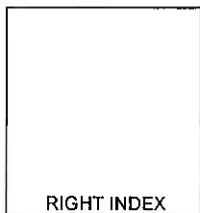
PRINTED NAME OF PENSIONER/GUARDIAN

SIGNATURE

DATE

If pensioner/guardian cannot sign, affix fingerprints.

Witnesses to fingerprinting [To be accomplished by SSS personnel/authorized representative (if filed thru representative)]:



RIGHT THUMB

RIGHT INDEX

PRINTED NAME

SIGNATURE

DATE

POSITION/RELATIONSHIP

SSS BRANCH/AUTHORIZED REPRESENTATIVE'S ADDRESS

PART II - TO BE FILLED OUT BY SSS

A. MANNER OF COMPLIANCE

- PERSONAL APPEARANCE THRU AUTHORIZED REPRESENTATIVE THRU MAIL THRU E-MAIL THRU DROPBOX

B. SCREENING RESULTS

- Identity of pensioner/filer-representative established Deceased Pensioner Others _____
 For data capture Date of Death _____
 For further interview

INTERVIEWED AND/OR SCREENED BY

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE & TIME

C. RECOMMENDATION

- | | |
|--|---|
| <input type="checkbox"/> Continue | <input type="checkbox"/> Pending (For further evaluation) |
| <input type="checkbox"/> Return ACOP form (Reason/s) _____ | <input type="checkbox"/> X-ray/ECG for reading/other medical records |
| <input type="checkbox"/> Suspend (Reason/s) _____ | <input type="checkbox"/> For Medical Fieldwork Services/Fact of Pensioner's Existence |
| <input type="checkbox"/> Cancel (Reason/s) _____ | <input type="checkbox"/> For referral to other Branch/Unit |
| <input type="checkbox"/> Re-adjudicate (Reason/s) _____ | <input type="checkbox"/> Others (Reason/s) _____ |

REVIEWED AND RECOMMENDED BY

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE & TIME

APPROVED BY

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE & TIME

INSTRUCTIONS

1. All retirees (residing abroad), permanent total disability pensioners, survivor pensioners, dependent (minor/incapacitated) child/ren and their guardian shall be required to report for the Annual Confirmation of Pensioners Program (ACOP), as follows:

Type of Pensioner	Schedule of Compliance	Where to Comply
Retiree (residing abroad)	Month of birth of the pensioner	Member Services Section of any SSS Branch/Service/Foreign Office/ OFW-Contact Service Section
Permanent Total Disability	Month of birth of the pensioner	Medical Evaluation Section of any SSS Branch Office
Survivor	Month of birth of the deceased member	Member Services Section of any SSS Branch/Service/Foreign Office/ OFW-Contact Service Section
Dependent (minor/incapacitated) with the guardian	Month of birth of the member/deceased member	Member Services Section of any SSS Branch/Service/Foreign Office/ OFW-Contact Service Section

2. Fill out this form in one (1) copy. If receiving two (2) or more types of pension, fill out one (1) ACOP form for each type of pension. (e.g. If the pensioner is receiving both retirement and survivor pensions, the pensioner shall fill out two (2) ACOP forms). If guardian of two (2) or more dependent (minor/incapacitated) children, fill out one (1) ACOP form for each dependent (minor/incapacitated) child.

3. Always affix initials on all erasures/alterations on this form.

4. Always indicate the following **mandatory** information:

- Pensioner/Guardian's date of birth
- Mobile/Cellphone number
 - * if pensioner/guardian cannot provide the required mobile/cellphone number, indicate the pensioner's immediate family member/relative's relationship and mobile/cellphone number where SSS can communicate with the pensioner. (Page 1 - Item Part I-B)
- Email address
 - * if pensioner/guardian cannot provide the required email address, indicate the pensioner's immediate family member/relative's relationship and email address where SSS can communicate with the pensioner. (Page 1 - Item Part I-B)
- Postal Code

5. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.

6. Write "Nothing Follows" immediately after the last dependent (minor/incapacitated) child. (Page 1 - Item Part I-D Table)

7. Submit this form together with the complete identification and documentary requirements based on the **Identification and Documentary Requirements Guide**.

IDENTIFICATION AND DOCUMENTARY REQUIREMENTS GUIDE


I. CHECKLIST OF IDENTIFICATION REQUIREMENTS

ID CARDS/DOCUMENTS	TYPE OF FILER	MANNER OF COMPLIANCE OF PENSIONER	IDENTIFICATION REQUIREMENTS (SSS receiving personnel to check the appropriate box of each ID presented/submitted and write any remarks, if necessary)
A. Primary ID document (Any one (1) of the following): 1. Unified Multi-Purpose ID Card 2. Social Security Card 3. Philippine Identification Card 4. Alien Certificate of Registration 5. Driver's License 6. Firearm Registration 7. License to Own and Possess Firearms 8. National Bureau of Investigation (NBI) Clearance 9. Passport 10. Permit to Carry Firearms Outside of Residence 11. Postal Identity Card 12. Seafarer's Identification & Record Book (Seaman's Book) 13. Voter's ID Card	1. Pensioner	a. Thru personal appearance	Present original copy of any of the following: (Please specify) <input type="checkbox"/> One (1) Primary ID card/document of the Pensioner <input type="checkbox"/> Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the Pensioner
		b. Thru e-mail c. Thru mail d. Thru dropbox of SSS Branch/Service Office	Submit scanned copy/photocopy of any of the following: (Please specify) <input type="checkbox"/> One (1) Primary ID card/document of the Pensioner <input type="checkbox"/> Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the Pensioner
B. Any two (2) other ID cards/ documents, both with signature and at least one (1) with photo (In absence of a primary card)	2. Authorized Representative	e. Thru Authorized Representative	Present original copy and submit photocopy of the following: (Please specify) a. <input type="checkbox"/> One (1) Primary ID card/document of the Pensioner OR <input type="checkbox"/> Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the Pensioner b. <input type="checkbox"/> One (1) Primary ID card/document of the Authorized Representative OR <input type="checkbox"/> Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the Authorized Representative c. Any of the following authorization document: <input type="checkbox"/> Special Power of Attorney (SPA) <input type="checkbox"/> Letter of Authority (LOA)

II. CHECKLIST OF DOCUMENTARY REQUIREMENTS

Please refer to Page 4 for the Checklist of Documentary Requirements depending on the type and manner of compliance of pensioner.

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 Republic of the Philippines SOCIAL SECURITY SYSTEM ANNUAL CONFIRMATION OF PENSIONERS ACKNOWLEDGEMENT STUB					
SS NO./COMMON REFERENCE NO. (IF ANY)	NAME OF PENSIONER	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
Please report for your Annual Confirmation on _____ . Otherwise, your pension will be suspended.					
ISSUED BY					
PRINTED NAME	SIGNATURE	POSITION TITLE	DATE & TIME		

II. CHECKLIST OF DOCUMENTARY REQUIREMENTS

TYPE OF PENSIONER	MANNER OF COMPLIANCE OF PENSIONER	DOCUMENTARY REQUIREMENTS
		(SSS receiving personnel to check the appropriate box of each document submitted and write any remarks, if necessary)
1. Pensioners residing in the Philippines		
a. Survivor b. Dependent (minor/incapacitated) b.1 with the guardian	a. Thru e-mail b. Thru mail c. Thru dropbox of SSS Branch/ Service Office	Submit original copy of any of the following additional documents, whichever is applicable: <input type="checkbox"/> Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ticker on the TV showing the current news headline and date. Note: The date of the newspaper/news crawler or ticker on the TV must be the same with the date of submission of the ACOP compliance thru e-mail or must be within the same month on the date of submission of ACOP compliance thru mail/dropbox. <u>If pensioner is confined in an institution</u> <input type="checkbox"/> Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc.
	a. Thru dropbox of SSS Branch/ Service Office b. Home visit	Submit the following: <input type="checkbox"/> Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ticker on the TV showing the current news headline and date. <input type="checkbox"/> Recent Medical Certificate issued by his/her attending physician or by any government physician indicating complete physical examination findings and current medical status/condition <input type="checkbox"/> Certified true copy of result of laboratory procedure done within one (1) year from birth month (if any)
c. Permanent Total Disability		Submit the following: <input type="checkbox"/> Written request from the pensioner/representative thru e-mail of Medical Services Section/dropbox/mail of the nearest SSS Branch Office <input type="checkbox"/> Sketch of residence of pensioner
2. Pensioners residing abroad		
a. Retirement b. Survivor c. Dependent (minor/incapacitated) c.1 with the guardian	a. Thru e-mail b. Thru mail	Submit original copy of any of the following additional documents, whichever is applicable: <input type="checkbox"/> Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ticker on the TV showing the current news headline and date. Note: The date of the newspaper/news crawler or ticker on the TV must be the same with the date of submission of the ACOP compliance thru e-mail or must be within the same month on the date of submission of ACOP compliance thru mail. <u>If pensioner is confined in an institution</u> <input type="checkbox"/> Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc.
	- Thru mail	Submit the following: <input type="checkbox"/> Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ticker on the TV showing the current news headline and date. <input type="checkbox"/> Recent Medical Certificate issued by his/her attending physician or by any government physician indicating complete physical examination findings and current medical status/condition <input type="checkbox"/> Certified true copy of result of laboratory procedure done within one (1) year from birth month (if any)
d. Permanent Total Disability		

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS FORM SHALL BE CRIMINALLY LIABLE UNDER SECTION 28 OF R.A. 1161, AS AMENDED BY R.A. 11199 AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626