# ANNUAL CONFIRMATION OF PENSIONERS

**PENSIONER’S REPLY**

**Republic of the Philippines**

**SOCIAL SECURITY SYSTEM**

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THROUGH THE SSS WEBSITE AT [WWW.SSS.GOV.PH](http://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

### A. DECEASED-MEMBER INFORMATION (FOR DEATH PENSIONER)

<table>
<thead>
<tr>
<th>SS NUMBER</th>
<th>NAME</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

### B. PENSIONER INFORMATION

<table>
<thead>
<tr>
<th>SS NUMBER (IF ANY)</th>
<th>COMMON REFERENCE NUMBER (IF ANY)</th>
<th>DATE OF BIRTH (MD/YYYY)</th>
<th>TAXPAYER ID NUMBER (IF ANY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MOTHER’S MAIDEN NAME</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOCAL ADDRESS</th>
<th>RM, FL, UNIT NO. &amp; BLDG. NAME</th>
<th>HOUSE, LOT &amp; BLK. NO.</th>
<th>STREET NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(SUBDIVISION)</th>
<th>(BARANGAY/DISTRICT/LOCALITY)</th>
<th>(CITY/MUNICIPALITY)</th>
<th>(PROVINCE)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE NUMBER (AREA CODE + TEL. NO.)</th>
<th>MOBILE/CELLPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FOREIGN ADDRESS (IF RESIDING ABROAD)</th>
<th>COUNTRY</th>
<th>ZIP CODE</th>
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</thead>
</table>

### C. GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>SS NUMBER (IF ANY)</th>
<th>NAME</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

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

- ☐ Yes (Fill out the applicable data)
- ☐ No

Date of Marriage/Employment/Self-Employment/Death:

SS Number (if employed/self-employed): 

### D. QUESTIONNAIRE

1. For retiree/total disability pensioner, have you been re-employed/resumed self-employment?
   - ☐ Yes
   - ☐ No
   
   If yes, indicate the following:
   
   Name and address of present employer:

   Date re-employed or resumed self-employment:

2. For survivor pensioner, have you been re-married or are you currently cohabiting with another person?
   - ☐ Yes
   - ☐ No

   If yes, indicate name of spouse/partner:

   Date of marriage/cohabitation:

3. For retiree/total disability/survivor pensioner, is/are there any dependent (minor/incapacitated) child/ren under your care and custody?
   - ☐ Yes (Fill out the applicable data below)
   - ☐ No

<table>
<thead>
<tr>
<th>NAME OF DEPENDENT (MINOR/INCAPACITATED)</th>
<th>DATE OF MARRIAGE</th>
<th>EMPLOYMENT/SELF-EMPLOYMENT DATE</th>
<th>SS NUMBER</th>
<th>DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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</tr>
</tbody>
</table>

Perforate Here:

Republic of the Philippines

**SOCIAL SECURITY SYSTEM**

**ANNUAL CONFIRMATION OF PENSIONERS**

**ACKNOWLEDGEMENT STUB & NOTICE OF SCHEDULE**

<table>
<thead>
<tr>
<th>SS NO./COMMON REFERENCE NO. (IF ANY)</th>
<th>NAME OF PENSIONER</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

Please report for your Annual Confirmation on _______________. Otherwise, your pension will be suspended.

**ISSUED BY**

(MONTH AND YEAR)

**SIGNATURE OVER PRINTED NAME OF SSS/BANK PERSONNEL**

**POSITION TITLE**

**DATE & TIME**
E. CERTIFICATION

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

PRINTED NAME OF PENSIONER/GUARDIAN

SIGNATURE

DATE

If pensioner cannot sign, affix fingerprints. Please read instruction no. 5 in the attached Instructions for Annual Confirmation of Pensioners (Pensioner's Reply).

Below are the witnesses to fingerprinting:

1) PRINTED NAME

SIGNATURE

DATE

ADDRESS & CONTACT NUMBER

FOR PENSIONER WHO CANNOT SIGN

RIGHT THUMB

RIGHT INDEX

2) PRINTED NAME

SIGNATURE

DATE

ADDRESS & CONTACT NUMBER

PART II - TO BE FILLED OUT BY THE BANK MANAGER

(FOR RETIREE AND DEATH PENSIONERS COMPLYING WITH ACOP THROUGH THE BANK)

CERTIFICATION

This is to certify that Mr./Mrs./Ms. ____________________________, a depositor of ____________________________, personally appeared before the undersigned on ____________________________ as compliance with the Annual Confirmation of Pensioners (ACOP) Program being conducted by the Social Security System.

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE & TIME

PART III - TO BE FILLED OUT BY SSS

A. MANNER OF COMPLIANCE

☐ PERSONAL ☐ THRU BANK ☐ THRU REPRESENTATIVE ☐ THRU MAIL ☐ THRU E-MAIL

REMARKS

☐ Identity of pensioner 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

B. RECOMMENDATION

☐ Continue ☐ Pending (For further evaluation)

☐ Suspend (Reason) ☐ X-ray/ECG for reading

☐ Cancel (Reason) ☐ For Medical Fieldwork Services (MFS)/Fact of Pensioner's Existence (FPE)

☐ Re-adjudicate (Reason) ☐ For referral to other Branch/Unit

☐ Returned ACOP form (Reason) ☐ Others (Reason)

REVIEWED AND RECOMMENDED BY

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE & TIME

APPROVED BY

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE & TIME

WARNING

ANYONE WHO FALSIFIES ESSENTIAL INFORMATION REQUESTED BY THIS OR 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 NO. 626).