



BEN-01318 (04-2017)

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

THIS FORM MAYBE 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
[] RETIREMENT [] SS TOTAL DISABILITY [] EC TOTAL DISABILITY [] SS DEATH [] EC DEATH

A. DECEASED-MEMBER INFORMATION (FOR DEATH PENSIONER)

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

B. PENSIONER INFORMATION

SS NUMBER (IF ANY) COMMON REFERENCE NUMBER (IF ANY) DATE OF BIRTH (MMDDYYYY) 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) ZIP CODE

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

FOREIGN ADDRESS (IF RESIDING ABROAD) COUNTRY ZIP CODE

C. GUARDIAN INFORMATION

SS NUMBER (IF ANY) NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

ADDRESS ZIP CODE

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?
2. For survivor pensioner, have you been re-married or are you currently cohabiting with another person?
3. For retiree/total disability/survivor pensioner, is/are there any dependent (minor/incapacitated) child/ren under your care and custody?

Table with 4 columns: NAME OF DEPENDENT (MINOR/INCAPACITATED), DATE OF MARRIAGE, EMPLOYMENT/SELF-EMPLOYMENT (DATE, SS NUMBER), DATE OF DEATH. Rows 1-5.

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Republic of the Philippines
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ACKNOWLEDGEMENT STUB & NOTICE OF SCHEDULE

SS NO./COMMON REFERENCE NO. (IF ANY) NAME OF PENSIONER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

Please report for your Annual Confirmation on (MONTH AND YEAR). Otherwise, your pension will be suspended. ISSUED BY

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

FOR PENSIONER WHO CANNOT SIGN

ADDRESS & CONTACT NUMBER



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.

(BANK AND BRANCH NAME)

(DATE)

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.