



DDR-1
Rev. 03-99

Republic of the Philippines
SOCIAL SECURITY SYSTEM

DEATH, DISABILITY AND RETIREMENT CLAIM

(Please read instructions at the back. Print all information in capital letters & use black ink only.)

SS NUMBER		NAME OF MEMBER (SURNAME)		(GIVEN NAME)		(MIDDLE NAME)		
ADDRESS (NUMBER & STREET)		(BARANGAY)		(TOWN/DISTRICT)		(CITY/PROVINCE)		POSTAL CODE
DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH (TOWN/DISTRICT)		(CITY/PROVINCE)		CIVIL STATUS		
						<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW		
CLAIM TYPE		<input type="checkbox"/> SS <input type="checkbox"/> EC		Date of Death (MM/DD/YYYY)		TELEPHONE NO.		
<input type="checkbox"/> Disability		<input type="checkbox"/> Retirement		<input type="checkbox"/> Death				
<input type="checkbox"/> Opt to receive first 18 monthly pension in lump sum.				<input type="checkbox"/> Death of a retiree or a total disability pensioner				
EMPLOYMENT HISTORY								
NAME OF EMPLOYER			ADDRESS			PERIOD OF EMPLOYMENT		
						FROM TO		
1.								
2.								
3.								
4.								
5.								
DEPENDENT CHILDREN (BEGINNING FROM THE YOUNGEST)		DATE OF BIRTH (MM/DD/YYYY)		Check Applicable Column		ADDRESS		
				Legitimate Illegitimate				
1.								
2.								
3.								
4.								
5.								
NAME OF BANK/BRANCH		BANK ADDRESS		ACCOUNT NUMBER		BRSTN		
I CERTIFY: 1. That the above-mentioned children are under my care and custody; 2. That I am competent to receive in behalf of the said children the amount due them as dependents of the subject member of the SSS; 3. That I have not abandoned, neglected or refused to support said children, nor caused them to commit offenses against the law; 4. That none of the aforesaid children are married or employed; 5. That I will immediately notify the SSS should any of the above listed children die, marry or become employed, and; 6. That all information stated herein are true.								
NAME OF CLAIMANT (SURNAME)		(GIVEN NAME)		(MI)		Photo 1 x 1		
DATE OF BIRTH (MM/DD/YYYY)		RELATIONSHIP TO MEMBER						
CERTIFICATION								
Signature						Date		
WITNESSES TO THUMBPRINT (If claimant cannot sign)								
1.		Signature Over Printed Name		Date				
2.		Signature Over Printed Name		Date		Right Thumbprint Right Index		
CERTIFICATION OF SEPARATION FROM LAST EMPLOYER								
EMPLOYER ID NUMBER		NAME OF EMPLOYER		ADDRESS				
I certify that the employee named herein was separated from our employ on _____.								
SIGNATURE OVER PRINTED NAME OF EMPLOYER/ AUTHORIZED REPRESENTATIVE				DATE		OFFICIAL DESIGNATION		
FOR SSS USE								
<input type="checkbox"/> NO OTHER CLAIM FILED		CLEARED / DATE:		RECEIVED / DATE:				
REMARKS:								
		Signature Over Printed Name		Signature Over Printed Name				

GENERAL INSTRUCTIONS

1. Accomplish this form in one copy without erasures or alterations.
2. Submit photocopies together with the original or certified true copy of birth/baptismal/marriage/death certificate for authentication.
3. Submit photocopy together with the original single savings account passbook.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THIS CLAIM SHALL BE CRIMINALLY LIABLE FOR FALSIFICATION OF PUBLIC DOCUMENTS.

CHECKLIST OF REQUIRED DOCUMENTS

SPECIFIC INSTRUCTIONS

DEATH

Primary Beneficiaries

- ☐ Death Certificate of member
- ☐ Filer's Affidavit
- ☐ Marriage Certificate
- ☐ Birth/Baptismal Certificates of minors
- ☐ Medical Certificate of incapacitated child, if any
- ☐ Death Certificate of spouse
- ☐ Application for Representative Payee (CLD-15)
- ☐ Guaranteed Bond Form (BPN-107)
- ☐ Accident Report/Report of Death (BPN-105)
- ☐ Proof of relationship such as record of birth, a statement before a court of record of any authentic writing/document

- Should be duly registered with Local Civil Registry Office.
- To be accomplished by the person actually filing the application.
- Should be duly registered with Local Civil Registry Office/Parish/Church.
- Should be duly registered with Local Civil Registry Office/Parish/Church.
- To be accomplished by the child's attending physician.
- To be submitted if spouse is deceased.
- To be accomplished by the guardian of the minor children other than the parent.
- To be accomplished by a guarantor, if minor children are under a guardian.
- To be secured from the employer.
- To be submitted for illegitimate children.

Secondary Beneficiaries

If Claimant is Parent:

- ☐ Death Certificate of member
- ☐ Filer's Affidavit
- ☐ Affidavit for Death Benefit Claim (CLD-1.3A)
- ☐ Birth Certificate of Deceased member
- ☐ Marriage Certificate of parents
- ☐ Accident Report/Report of Death (BPN-105)

- Should be duly registered with Local Civil Registry Office.
- To be accomplished by the person actually filing the application.
- To be executed by the claimant.
- Should be duly registered with Local Civil Registry Office/Parish/Church.
- Should be duly registered with Local Civil Registry Office/Parish/Church.
- To be secured from the employer.

If Claimant is other than Parents:

- ☐ Joint Affidavit (CLD-1.3)
- ☐ Death Certificate of parents
- ☐ Birth Certificate of the deceased brother/sister
- ☐ Birth Certificate of minor beneficiaries
- ☐ Application for Representative Payee (CLD-15)
- ☐ Guaranteed Bond Form (BPN-107)

- To be executed by two persons of legal age and preferably close relatives of the deceased.
- To be submitted if parents are deceased.
- To be submitted to prove claimant's relationship with the deceased.
- Should be duly registered with Local Civil Registry Office/Parish/Church.
- To be accomplished by the guardian of the minor children other than the parent.
- To be accomplished by a guarantor, if minor children are under a guardian.

DISABILITY

- ☐ Medical Certificate (MMD-102)
- ☐ Operating Room Record
- ☐ Accident Report (B-309)
- ☐ Affidavit of Guardianship
- ☐ Other medical records that may be requested by the Medical Services, QC Branch/Medical Benefits
- ☐ Medical Certificate of incapacitated child, if any

- To be accomplished by the claimant's attending physician.
- To be secured if claimant has been operated on.
- To be secured from the employer.
- To be accomplished by the guardian of incapacitated member.
- To be accomplished by the child's attending physician.

RETIREMENT

- ☐ Marriage Contract
- ☐ Birth/Baptismal Certificate of Dependent minor children
- ☐ Medical Certificate of incapacitated child, if any
- ☐ Birth Certificate of member
- ☐ Proof of business closure
- ☐ Affidavit of separation (Form E-47)

- To be submitted if with children below 21 years old and incapacitated.
- Should be duly registered with Local Civil Registry Office/Parish/Church.
- To be accomplished by the child's attending physician.
- To be submitted if with discrepancy in the date of birth.
- To be submitted if self-employed member is below 65 years old.
- To be submitted if last employer has closed business operation.