



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SICKNESS BENEFIT REIMBURSEMENT APPLICATION

SIC - 01253 (12-2015)

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 INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER	COMMON REFERENCE NO.	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
LOCAL ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/LOT/ & BLK NO.)	(STREET NAME)	
(BARANGAY/DISTRICT/LOCALITY)	(SUBDIVISION)	(CITY/MUNICIPALITY)	(PROVINCE)
TELEPHONE NO. (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NO.	E-MAIL ADDRESS	
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE	

B. CERTIFICATION

I CERTIFY THAT:

- a) The information provided are true and correct; and
b) I actually received the amount of benefit due as indicated in Part II of this form. (Do not sign if the amount is not actually advanced)

PRINTED NAME

SIGNATURE

DATE

If member cannot sign, affix fingerprints. Please read instruction No. 6 at the back of the form.

Below are the witnesses to fingerprinting:

1) PRINTED NAME

SIGNATURE

DATE

ADDRESS & CONTACT NUMBER

2) PRINTED NAME

SIGNATURE

DATE

ADDRESS & CONTACT NUMBER

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY THE EMPLOYER

A. EMPLOYER DATA

SICKNESS BENEFIT TYPE	☐ SOCIAL SECURITY (SS)	☐ EMPLOYEES' COMPENSATION (EC)
EMPLOYER NUMBER	TAX IDENTIFICATION NUMBER	TYPE OF EMPLOYER
0 3 9 0 6 6 7 3 3 1 0 0 0	005-128-662	☒ Business ☐ Household
EMPLOYER NAME		
ALL NATION SECURITY & INVESTIGATION SERVICES, INC.		
EMPLOYER ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLOCK NO.)	(STREET)
5TH FLOOR DRB BUILDING AGUINALDO HIGHWAY		
(RM/FLR/UNIT NO. & BLDG. NAME)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)
PALICO IV IMUS CAVITE		ZIP CODE
4 1 0 3		
TELEPHONE NO. (AREA CODE + TEL. NO.)	E-MAIL ADDRESS	WEBSITE (for business employer)
0 4 6 - 9 7 0 3 6 7 2	allnation_1996@yahoo.com	allnationsec.com
APPROVED CONFINEMENT PERIOD	TOTAL NO. OF DAYS	CHECK APPLICABLE BOX:
START (MMDDYYYY)	END (MMDDYYYY)	☐ Employee returned to work on _____
		☐ Employee still on leave/not yet reporting
COMPANY SICKLEAVE (Mark Applicable Box)		
☐ Employee has exhausted all current company sickleave with pay; ☐ Employee still has _____ company sick leave (SL) with pay for the current year (no. of days)		

B. COMPUTATION OF SICKNESS BENEFIT

SOCIAL SECURITY (SS)

EMPLOYEES' COMPENSATION (EC)

Total Monthly Salary Credit (TMSC)	_____	Total Monthly Salary Credit (TMSC)	_____
Divided by 180	_____	Divided by 180	_____
Average Daily Salary Credit (ADSC)	_____	Average Daily Salary Credit (ADSC)	_____
Multiplied by 90%	_____	Multiplied by 90%	_____
Daily Sickness Allowance (DSA)	_____	Daily Sickness Allowance (DSA)	_____
Multiplied by approved no. of days (less SL, if any)	_____	Multiplied by approved no. of days	_____
Amount of Benefit due the Member	P _____	Amount of Benefit due the Member	P _____

C. EMPLOYER'S CERTIFICATION

THIS IS TO CERTIFY THAT :

- a) The information provided are true and correct;
b) The qualifying contributions of member were paid prior to the date of sickness/injury; and
c) The amount of benefit due as indicated above was advanced to the employee.

SIGNATURE OVER PRINTED NAME
EMPLOYER/AUTHORIZED REPRESENTATIVE

OFFICIAL DESIGNATION

DATE

Perforate Here



SOCIAL SECURITY SYSTEM
SICKNESS BENEFIT REIMBURSEMENT APPLICATION
ACKNOWLEDGEMENT STUB

SS NUMBER/CRN (IF ANY)	NAME OF MEMBER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
START OF SICKNESS (MMDDYYYY)	RECEIVED BY			
	SIGNATURE OVER PRINTED NAME	DATE & TIME	SSS BRANCH	

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS

Sickness 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 5. 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 5. 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 9. 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 Bureau 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 26. 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 31. 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 (<i>not available at the time of filing</i>) 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.
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