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) ZIP CODE

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
		☐ Business ☐ Household

EMPLOYER NAME

EMPLOYER ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLOCK NO.) (STREET)

(RM/FLR/UNIT NO. & BLDG. NAME) (BARANGAY/DISTRICTLOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

TELEPHONE NO.(AREA CODE + TEL. NO.)	E-MAIL ADDRESS	WEBSITE *(for business employer)*

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

PART III - TO BE FILLED OUT BY SSS

A. BRANCH OFFICE

SCREENING AND RECEIVING RESULTS

ID's Presented by filer: ☐ ACR Card ☐ Co. authorization letter and company ID
☐ SS Card ☐ Valid ID/s ☐ None

Form Accomplishment: ☐ Complete ☐ Incomplete (see remarks)

Documents Submitted: ☐ Complete ☐ Incomplete (see remarks)

Eligibility Result: ☐ Qualified ☐ Not Qualified/Denied/With discrepancy/ies (see remarks)

SCREENED AND RECEIVED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____ TIME _____

Remarks _____

DATE RETURNED _____

SCREENING AND RECEIVING RESULTS FOR RE-FILED CLAIMS

☐ Claim accepted

☐ Claim not accepted (see remarks)

SCREENED AND RECEIVED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____ TIME _____

Remarks _____

DATE RETURNED _____

B. PROCESSING CENTER

FOR INITIAL FILING

RECEIVED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

PROCESSING RESULT _____

PROCESSED AND ENCODED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

REVIEW RESULT

☐ Approved

☐ Rejected _____

☐ Denied _____

REVIEWED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

CONCURRED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

FOR RE-FILED CLAIM

RECEIVED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

PROCESSING RESULT _____

PROCESSED AND ENCODED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

REVIEW RESULT

☐ Approved

☐ Rejected _____

☐ Denied _____

REVIEWED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

CONCURRED BY

SIGNATURE OVER PRINTED NAME _____ DATE _____

INSTRUCTIONS AND REMINDERS

1. Fill out this form in one (1) copy. If member is entitled to SS and EC sickness benefit, fill out Part II B of this form for the computation of both benefits.
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Write SS number and name of member in all documents for submission.
4. Attach original copy of approved Sicknesss Notification to the Sickness Benefit Reimbursement Application.
5. Present valid identification cards/documents. Refer to attached "List of Filer's Valid Identification (ID) Cards/Documents.
6. If member cannot sign, there should be two (2) witnesses to fingerprinting. One (1) witness is the employer representative/company representative and the other one (1) could be any person.
7. The employer shall advance the amount of benefit due the member upon receipt of the approved sickness notification from SSS.
8. Any alteration must be initialed by the member or the employer/authorized company representative.
9. This form can also be downloaded thru the SSS website (www.sss.gov.ph).

Qualifying Conditions	Social Security (SS)	Employees' Compensation (EC)
Minimum number of days for hospital or home confinement	At least 4 days	1 day
Qualifying contributions	Paid at least 3 monthly contributions within the 12-month period immediately preceding the semester of sickness/injury	1st day of employment is covered for work-related sickness/injury
Company sick leave (SL) with pay	Exhaust all company SL for the current year	Need not exhaust company SL with pay
Prescriptive period of filing reimbursement	For home confinement, the claim for reimbursement by the employer must be filed within one (1) year immediately after the start of illness. For hospital confinement, it must be filed within one (1) year from the last day of confinement in such hospital.	Three (3) years from the date of sickness/injury

WARNING!

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SEC. 28 OF RA 8282 OF THE SS LAW OR UNDER PERTINENT PROVISIONS OF REVISED PENAL CODE AND ART. 207 (B) CHAPTER IX OF PD # 626 as Amended).

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 *(not available at the time of filing)* 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.