



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
ADDRESS & CONTACT NUMBER

SIGNATURE

DATE

2) PRINTED NAME
ADDRESS & CONTACT NUMBER

SIGNATURE

DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY THE EMPLOYER

A. EMPLOYER DATA

SICKNESS BENEFIT TYPE	<input type="checkbox"/> SOCIAL SECURITY (SS)	<input type="checkbox"/> EMPLOYEES' COMPENSATION (EC)
EMPLOYER NUMBER	TAX IDENTIFICATION NUMBER	TYPE OF EMPLOYER
		<input type="checkbox"/> Business <input type="checkbox"/> Household
EMPLOYER NAME		
EMPLOYER ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLOCK NO.)	(STREET)
(RM/FLR/UNIT NO. & BLDG. NAME)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)
		(PROVINCE)
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)	<input type="checkbox"/> Employee returned to work on _____
		<input type="checkbox"/> Employee still on leave/not yet reporting
COMPANY SICKLEAVE (Mark Applicable Box)		
<input type="checkbox"/> Employee has exhausted all current company sickleave with pay;		<input type="checkbox"/> Employee still has _____ company sick leave (SL) with pay for the current year
<i>(no. of days)</i>		

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

OFFICIAL DESIGNATION

DATE

EMPLOYER/AUTHORIZED REPRESENTATIVE

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: <input type="checkbox"/> ACR Card <input type="checkbox"/> Co. authorization letter and company ID <input type="checkbox"/> SS Card <input type="checkbox"/> Valid ID/s <input type="checkbox"/> None Form Accomplishment: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete (see remarks) Documents Submitted: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete (see remarks) Eligibility Result: <input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified/Denied/With discrepancy/ies (see remarks)	Remarks _____ _____ _____ _____ _____
SCREENED AND RECEIVED BY _____ SIGNATURE OVER PRINTED NAME DATE TIME	_____ DATE RETURNED

SCREENING AND RECEIVING RESULTS FOR RE-FILED CLAIMS <input type="checkbox"/> Claim accepted <input type="checkbox"/> Claim not accepted (see remarks)	Remarks _____ _____ _____ _____
SCREENED AND RECEIVED BY _____ SIGNATURE OVER PRINTED NAME DATE TIME	_____ 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
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REVIEW RESULT <input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ <input type="checkbox"/> Denied _____ REVIEWED BY _____ SIGNATURE OVER PRINTED NAME DATE	CONCURRED BY _____ SIGNATURE OVER PRINTED NAME DATE
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FOR RE-FILED CLAIM RECEIVED BY _____ SIGNATURE OVER PRINTED NAME DATE	PROCESSING RESULT _____ PROCESSED AND ENCODED BY _____ SIGNATURE OVER PRINTED NAME DATE
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REVIEW RESULT <input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ <input type="checkbox"/> Denied _____ REVIEWED BY _____ SIGNATURE OVER PRINTED NAME DATE	CONCURRED BY _____ SIGNATURE OVER PRINTED NAME DATE
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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 Sickness 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 <u>home confinement</u> , the claim for reimbursement by the employer must be filed within one (1) year immediately after the start of illness. For <u>hospital confinement</u> , 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

<p>A. Primary ID Cards/Documents</p> <ol style="list-style-type: none"> 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) <p>B. Secondary ID Cards/Documents</p> <ol style="list-style-type: none"> 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 	<p>1. Filed by Employer (Business/Household)</p> <p>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.</p> <p>2. Filed by Company Representative</p> <p>Present the Authorized Company Representative (ACR) Card or if without ACR Card (<i>not available at the time of filing</i>) present the following:</p> <ol style="list-style-type: none"> 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. <p>3. Filed by Employer Representative</p> <ol style="list-style-type: none"> 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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