



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

PEN-01405 (04-2019)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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 PERMANENT TOTAL DISABILITY     EC PERMANENT TOTAL DISABILITY     SS DEATH     EC DEATH

**A. DECEASED MEMBER DATA (FOR DEATH PENSIONER)**

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

**B. PENSIONER DATA**

**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) **POSTAL CODE**

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

**FOREIGN ADDRESS (IF RESIDING ABROAD)**    **COUNTRY**    **POSTAL CODE**

**C. GUARDIAN DATA**

**SS NUMBER (IF ANY)**    **DATE OF BIRTH (MMDDYYYY)**    **NAME** (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

**ADDRESS**    **POSTAL 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 with the format MM-DD-YYYY)     No

DATE OF MARRIAGE	DATE OF EMPLOYMENT/ SELF-EMPLOYMENT	SS NUMBER (IF EMPLOYED/SELF-EMPLOYED)	DATE OF DEATH

**D. QUESTIONNAIRE**

1. For retiree (residing abroad)/permanent total disability pensioner, have you been re-employed/resumed self-employment?

Yes, indicate the following:     No

NAME OF EMPLOYER/BUSINESS	ADDRESS OF EMPLOYER/BUSINESS	DATE OF RE-EMPLOYMENT/ RESUMED SELF-EMPLOYMENT

2. For survivor pensioner, have you been re-married or currently cohabiting with another person?

Yes, indicate the following:     No

NAME OF SPOUSE/PARTNER	DATE OF RE-MARRIAGE/COHABITATION

3. For retiree (residing abroad)/permanent total disability/survivor pensioner, is/are there any dependent (minor/incapacitated) child/ren under your care and custody?

Yes (Fill out the applicable data below)     No

NAME OF DEPENDENT (MINOR/INCAPACITATED) CHILD/REN	SS NUMBER	DATE OF MARRIAGE	DATE OF EMPLOYMENT/ SELF-EMPLOYMENT	DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

Perforate Here



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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 \_\_\_\_\_. Otherwise, your pension will automatically be suspended.

ISSUED BY

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
POSITION TITLE

\_\_\_\_\_  
DATE & TIME



**E. CERTIFICATION AND DATA PRIVACY NOTICE & AGREEMENT**

I certify that the information provided in this form are true and correct.

I agree that the information collected through this form shall be used and retained by the SSS for the processing and continuous payment of pension, for the establishment, exercise or defense of SSS' legal claims and reestablish or continue the operations of the SSS in the event of disaster. I may get a copy of this form and correct or revise any information therein.

Furthermore, I understand that I, as an SSS pensioner, shall be subject to other verification processes as required by the SSS to ensure my eligibility to receive the SSS pension benefit; that the result of the verification processes shall require me to appear personally to any SSS branch. Provided, further, that SSS shall conduct a home visit if I fail to report upon the request of SSS.

\_\_\_\_\_  
PRINTED NAME OF PENSIONER/GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

If pensioner/guardian cannot sign, affix fingerprints.



RIGHT THUMB

RIGHT INDEX

Witness to fingerprinting [To be accomplished by SSS personnel/bank receiving personnel/authorized representative (if filed thru representative)]:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSITION/RELATIONSHIP

\_\_\_\_\_  
SSS BRANCH/BANK BRANCH/AUTHORIZED REPRESENTATIVE'S ADDRESS

**PART II - TO BE FILLED OUT BY THE BANK MANAGER  
(FOR RETIREE RESIDING ABROAD AND DEATH PENSIONERS COMPLYING WITH ACOP THRU THE BANK)**

**A. CERTIFICATION**

This is to certify that Mr./Ms. \_\_\_\_\_, a depositor of \_\_\_\_\_  
(BANK AND BRANCH NAME)

personally appeared before the undersigned on \_\_\_\_\_ as compliance with the Annual Confirmation of Pensioners Program  
(DATE)  
(ACOP) being conducted by the SSS.

\_\_\_\_\_  
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

**B. SCREENING RESULTS**

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

**C. RECOMMENDATION**

Continue       Pending (For further evaluation)  
 Suspend (Reason) \_\_\_\_\_       X-ray/ECG for reading  
 Cancel (Reason) \_\_\_\_\_       For Medical Fieldwork Services/Fact of Pensioner's Existence  
 Re-adjudicate (Reason) \_\_\_\_\_       For referral to other Branch/Unit  
 Return 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**

**ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS FORM SHALL BE CRIMINALLY LIABLE UNDER SECTION 28 OF R.A. 1161, AS AMENDED BY R.A. 11199 AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626**



**INSTRUCTIONS**

1. All retirees (residing abroad), permanent total disability pensioners, survivor pensioners, dependent (minor/incapacitated) child/ren and their guardian shall be required to report for the Annual Confirmation of Pensioners Program (ACOP), as follows:

Type of Pensioner	Schedule of Compliance	Where to Comply
Retiree (residing abroad)	Month of birth of the pensioner	<ul style="list-style-type: none"> <li>Member Services Section of any SSS branch/service/foreign office; or</li> <li>Depository bank</li> </ul>
Permanent Total Disability	Month of birth of the pensioner	<ul style="list-style-type: none"> <li>Medical Evaluation Section of any SSS branch office</li> </ul>
Survivor	Month of birth of the deceased member	<ul style="list-style-type: none"> <li>Member Services Section of any SSS branch/service/foreign office; or</li> <li>Depository bank</li> </ul>
Dependent (minor/incapacitated) with the guardian	Month of birth of the member/deceased member	<ul style="list-style-type: none"> <li>Member Services Section of any SSS branch/service/foreign office; or</li> <li>Depository bank</li> </ul>

- Fill out this form in one (1) copy. If receiving two (2) or more types of pension, fill out one (1) ACOP form for each type of pension. (e.g. If the pensioner is receiving both retirement and survivor pensions, the pensioner shall fill out two (2) ACOP forms). If guardian of two (2) or more dependent (minor/incapacitated) children, fill out one (1) ACOP form for each dependent (minor/incapacitated) child.
- Always affix initials on all erasures/alterations on this form.
- Always indicate the following **mandatory** information:
  - Pensioner/Guardian's date of birth
  - Mobile/Cellphone number\*
    - if pensioner/guardian cannot provide the required contact information, indicate the pensioner's immediate family member's contact information where SSS can communicate with the pensioner.
  - Email address (for pensioners residing abroad)
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Write "**Nothing Follows**" immediately after the last dependent (minor/incapacitated) child. (Item Part I-D Table)
- Submit this form together with the following identification documents and documentary requirements based on the checklist below:

I. CHECKLIST FOR IDENTIFICATION REQUIREMENTS  (SSS/Bank receiving personnel to check the appropriate box of each ID submitted/presented and write any remarks, if necessary)	TYPE OF FILER	
	PENSIONER (Present original)	AUTHORIZED REPRESENTATIVE (Present original and submit photocopy)
<b>A. Primary ID card/document (Any one (1) of the following):</b>		
1. Unified Multi-Purpose ID Card	<input type="checkbox"/>	<input type="checkbox"/>
2. Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
3. Alien Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
4. Driver's License	<input type="checkbox"/>	<input type="checkbox"/>
5. Firearm Registration	<input type="checkbox"/>	<input type="checkbox"/>
6. License to Own and Possess Firearms	<input type="checkbox"/>	<input type="checkbox"/>
7. National Bureau of Investigation (NBI) Clearance	<input type="checkbox"/>	<input type="checkbox"/>
8. Passport	<input type="checkbox"/>	<input type="checkbox"/>
9. Permit to Carry Firearms Outside of Residence	<input type="checkbox"/>	<input type="checkbox"/>
10. Postal Identity Card	<input type="checkbox"/>	<input type="checkbox"/>
11. Seafarer's Identification & Record Book (Seaman's Book)	<input type="checkbox"/>	<input type="checkbox"/>
12. Voter's ID Card	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary ID card/document). Please specify.</b>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____
	_____	_____
<b>C. Letter of Authority/Special Power of Attorney</b>	<input type="checkbox"/>	<input type="checkbox"/>

II. CHECKLIST FOR DOCUMENTARY REQUIREMENTS
<b>A. For pensioners residing in the Philippines (If unable to report personally), submit original copy of the following documents:</b>
<b>1. Permanent Total Disability Pensioner</b>
<u>If confined at home</u>
<input type="checkbox"/> Sketch of residence of pensioner
<u>If confined in an institution</u>
<input type="checkbox"/> Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc.
<b>2. Survivor Pensioner and Dependent (Minor/Incapacitated) Children</b>
<u>If confined at home</u>
<input type="checkbox"/> Sketch of residence of pensioner;
<input type="checkbox"/> Certification of pensioner's existence from Barangay Chairman; and
<input type="checkbox"/> Medical certificate on examination done within three (3) months of date of compliance and certified by a physician indicating his license number and clinic address. (e.g. if pensioner complied in June, medical certificate on examination done should be within April, May and June); and
<u>If confined in an institution</u>
<input type="checkbox"/> Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc.
<i>Note:</i>
<i>Submission thru mail (photocopy of identification requirements and original copy of documentary requirements) shall be addressed to the branch head of any SSS branch office.</i>
<b>B. For pensioners residing abroad, submit original copy of the following documents:</b>
<b>1. Total Permanent Disability Pensioner</b>
<input type="checkbox"/> Complete physical examination report done within three (3) months of date of compliance and certified by a physician indicating his license number and clinic address (e.g. if pensioner complied in June, medical certificate on examination done should be within April, May and June); and
<input type="checkbox"/> Laboratory or other diagnostics examination results applicable to disability.
<b>2. Retiree, Survivor Pensioner and Dependent (Minor/Incapacitated) Children</b>
<u>If confined in an institution</u>
<input type="checkbox"/> Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc.
<i>Note:</i>
<i>Submission thru mail shall be sent to OFW-Contact Services Section, International Operations Group, 2nd Floor, SSS Main Office, East Avenue, Diliman, Quezon City, Philippines 1100 or e-mail at ofw.relations@sss.gov.ph.</i>