



(02-2013)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONER'S FORM

PENSIONER'S REPLY

THIS FORM IS NOT FOR SALE

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 - MEMBER'S / PENSIONER'S INFORMATION

SS NUMBER OF PENSIONER				COMMON REFERENCE NO. (IF APPLICABLE)												DATE OF BIRTH (MMDDYYYY)						TIN (IF SELF-EMPLOYED/EMPLOYED)									
<div></div>				<div></div>												<div></div>						<div></div>									
NAME (SURNAME)				NAME (GIVEN NAME)												NAME (MIDDLE NAME)						NAME (SUFFIX)									
LOCAL ADDRESS (RM/FLR/ UNIT NO. & BLDG. NAME)																				(HOUSE/LOT/& BLOCK NO.)						(STREET NAME)					
(BARANGAY/DISTRICT/LOCALITY)						(SUBDIVISION)						(CITY/MUNICIPALITY)						(PROVINCE)						ZIP CODE							
TELEPHONE NO. (AREA CODE + TEL. NO.)						MOBILE/CELLPHONE NO.												E-MAIL ADDRESS													
<div></div>						<div></div>												<div></div>													
FOREIGN ADDRESS (IF APPLICABLE)																															

												COUNTRY				ZIP CODE			
TYPE/S OF PENSION/S BEING RECEIVED. CHECK THE APPROPRIATE BOX/ES.																			
<input type="checkbox"/> Retirement				<input type="checkbox"/> SS Total Disability				<input type="checkbox"/> EC Total Disability				<input type="checkbox"/> SS Death				<input type="checkbox"/> EC Death			
IF RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER												SS NO. OF DECEASED MEMBER							
(SURNAME)				(GIVEN NAME)				(MIDDLE NAME)				(SUFFIX)				<div></div>			
IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER												SS NO. OF MEMBER							
(SURNAME)				(GIVEN NAME)				(MIDDLE NAME)				(SUFFIX)				<div></div>			

PART II - QUESTIONNAIRE

1. For total disability/retirement pensioner, have you been re-employed/resumed self-employment ? ☐ Yes ☐ No
If yes, name and address of present employer : _____
Date re-employed or resumed self-employment : _____

2. For death pensioner, have you re-married or currently cohabiting with another person ? ☐ Yes ☐ No
If yes, name of spouse/partner: _____ Date of marriage/cohabitation: _____

3. Are you under the care and custody of a guardian? ☐ Yes ☐ No
If yes, name and address of guardian: _____

4. Is there any dependent child who already got married, employed or died ? ☐ Yes ☐ No If yes, fill out the data below:

NAME OF DEPENDENT CHILDREN	NAME OF GUARDIAN, IF APPLICABLE	DATE OF MARRIAGE	DATE OF EMPLOYMENT	SS NO.	DATE OF DEATH
1					
2					
3					
4					
5					

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

<div></div>		<div></div>		<div></div>	
SIGNATURE OVER PRINTED NAME OF PENSIONER		DATE		RIGHT THUMB	
				RIGHT INDEX	

(If unable to sign, affix fingerprints with the signature of two witnesses and submit photocopy of one valid ID with photo and signature of each witness)

Witnesses to fingerprints:

1)	<div></div>	<div></div>	2)	<div></div>	<div></div>
	SIGNATURE OVER PRINTED NAME	DATE		SIGNATURE OVER PRINTED NAME	DATE

PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN
(For Retiree and Survivor Pensioners)

Check the appropriate box (one only): ☐ Bank Manager ☐ Barangay Chairman

This is to certify that Mr./Ms. _____, a depositor/bonafide resident of _____ personally appeared before the undersigned on _____ as compliance to the annual confirmation of pensioners being conducted by the Social Security System.

NOTICE: Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Sec. 28 (a) of the Social Security Law and Art.207 (b) Chapter IX of PD # 626).

PART IV - DOCUMENTS SUBMITTED

Type of Compliance : ☐ Personal ☐ Thru Bank ☐ Thru Representative ☐ Thru Mail

☐ Abroad
☐ Incapacitated
☐ Barangay Official
☐ Institution

PENSIONER IS LIVING ABROAD

☐ Signed letter
☐ Accomplished ACOP Form
☐ Photocopy of valid passport
☐ Photocopy of SS Card
☐ Photocopy of valid ID issued by host country governmental unit/ agency (Pls. specify) _____
☐ Photocopy of two (2) valid IDs (Pls. Specify)
1) _____
2) _____
☐ Medical Certificate
☐ Death Certificate _____
☐ Complete physical examination report
☐ Relevant laboratory or other diagnostic exam results
☐ Certification issued by (Pls. specify) _____

PENSIONER IS A LOCAL RESIDENT

☐ Signed letter
☐ Accomplished ACOP Form
☐ Sketch of residence
☐ Certification from

☐ Barangay
☐ Institution
☐ Bank

☐ Medical Certificate
☐ Death Certificate _____
☐ Complete physical examination report
☐ Relevant laboratory or diagnostic result
☐ SS Card
☐ Two (2) valid IDs (Pls. specify) 1) _____
2) _____

ACTION TAKEN/REMARKS

☐ Identity of pensioner established
☐ For data capture
☐ For interview (Lacks valid IDs for the issuance of SS No./Data Capture, etc.)
☐ Deceased Pensioner _____ (Date of Death)
☐ Others _____

INTERVIEWED & SCREENED BY

SIGNATURE OVER PRINTED NAMEDESIGNATIONDATE

PART V - RECOMMENDATION

☐ Continue
☐ Suspend (Reason) _____
☐ Cancel (Reason) _____
☐ Re-adjudicate (Reason) _____
☐ Returned (Reason) _____
☐ Pending (For further evaluation)


☐ X-ray/ECG for reading
☐ For Medical Fieldwork Services (MFS)
☐ For Fact of Pensioner's Existence (FPE)
☐ For referral to other branch/unit
☐ Others _____

REVIEWED &/OR RECOMMENDED BY

SIGNATURE OVER PRINTED NAMEDESIGNATIONDATE

APPROVED BY

SIGNATURE OVER PRINTED NAMEDESIGNATIONDATE



This is your guide to accomplish the ACOP Form

For Survivor Pensioner, fill out nos. 1 & 2

1

2

3

For Retiree or Total Disability Pensioner, fill out no. 1

For Pensioner under a Guardian, fill out nos. 1 & 3

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COMMON REFERENCE NO. (IF APPLICABLE)

DATE OF BIRTH (MMDDYYYY)

TIN (IF SELF EMPLOYED/EMPLOYED)

NAME (SURNAME)

(GIVEN NAME)

(MIDDLE NAME)

(SUFFIX)

LOCAL ADDRESS (RM/FLR/ UNIT NO. & BLDG. NAME)

(HOUSE/LOT/& BLOCK NO.)

(BARANGAY/DISTRICT/LOCALITY)

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FOREIGN ADDRESS (IF APPLICABLE)

COUNTRY

ZIP CODE

TYPE/S OF PENSION'S BEING RECEIVED. CHECK THE APPROPRIATE BOX/ES.

☐ Retirement

☐ SS Total Disability

☐ EC Total Disability

☐ SS Death

☐ EC Death

IF RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER

(SURNAME)

(GIVEN NAME)

(MIDDLE NAME)

(SUFFIX)

SS NO. OF DECEASED MEMBER

IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER

(SURNAME)

(GIVEN NAME)

(MIDDLE NAME)

(SUFFIX)

SS NO. OF MEMBER

.....

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