Republic of the Philippines
SOCIAL SECURITY SYSTEM

SPECIMEN SIGNATURE CARD

SSS Form L - 501 (07-94)

Registered Employer Name (Print in full)	I.D. No.
Address (Print in full)	Tel. No.

Authority to certify or sign documents on all social security matters is hereby delegated to the following officials of the company.

Printed Name	Official Designation	Initial	Signature

Name and official capacity of person granting authority: (Please sign over printed name.)	Date authority granted:

Internet Edition (7/2000)

Cut along the dotted line.

Please read reminders on page 2 of this form.

Republic of the Philippines
SOCIAL SECURITY SYSTEM

SPECIMEN SIGNATURE CARD

SSS Form L - 501 (07-94)

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Internet Edition (7/2000)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

SSS WEB REGISTRATION FOR EMPLOYER

Employer ID: | | | | | | | | | | | Branch Code: | | | |

Employer Name: _____

Date of Coverage: _____

Business Address: _____

Postal Code: _____

Landline Number: _____

Mobile Number: _____

Company Email Address: _____

EMPLOYER AUTHORIZED SIGNATORY

SSS Number: _____

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

EMPLOYER LOG-IN DETAILS

Preferred User ID: _____

Note: *Your User ID must be properly patterned after the Business Name. Length must be 8-20 characters. First characters must be alphabetic. No special characters except underscore. (Ex. LordoftheWebInc_12).*

_____
Signature over printed name of the
Employer Authorized Signatory in Form L-501

Date Signed: _____
Position Title: _____
SS Number: _____
Contact Number: _____
Email Address: _____

_____
Signature over printed name of the
Person Granting Authority in Form L-501

Date Signed: _____
Position Title: _____
SS Number: _____
Contact Number: _____
Email Address: _____

R-1

COV - 01228 (12-2015)

Republic of the Philippines

SOCIAL SECURITY SYSTEM
EMPLOYER REGISTRATION

EMPLOYER ID NUMBER

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 THE 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 THE EMPLOYER

TYPE OF EMPLOYER ☐ Business ☐ Household

A. FOR BUSINESS EMPLOYER

BUSINESS NAME | TAX IDENTIFICATION NUMBER

BUSINESS ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) | ZIP CODE

FOREIGN ADDRESS (IF APPLICABLE) | COUNTRY

TELEPHONE NUMBER (AREA CODE+TEL. NO.) | E-MAIL ADDRESS | WEBSITE (IF ANY)

START OF OPERATION (MMDDYYYY) | NUMBER OF EMPLOYEES | NATURE OF BUSINESS | LEGAL PERSONALITY ☐ Single Proprietorship ☐ Partnership ☐ Corporation ☐ Cooperative

NAME OF OWNER/MANAGING PARTNER/PRESIDENT/CHAIRMAN/CORPORATE SECRETARY (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | POSITION TITLE

WITH PARENT COMPANY? ☐ YES, Indicate Name of Parent Company and ER ID No. _____ ☐ NO

B. FOR HOUSEHOLD EMPLOYER of FAMILY DRIVER/S

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) | ZIP CODE | E-MAIL ADDRESS

TELEPHONE NUMBER (AREA CODE+TEL. NO.) | MOBILE/CELLPHONE NUMBER | NUMBER OF EMPLOYEES | TAX IDENTIFICATION NUMBER

C. CERTIFICATION (FOR BUSINESS/HOUSEHOLD EMPLOYER)

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

PRINTED NAME | SIGNATURE | POSITION TITLE (FOR BUSINESS EMPLOYER) | DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE | SCREENED/RECEIVED/PROCESSED BY | REVIEWED/DATA CONTROLLED BY

SIGNATURE OVER PRINTED NAME | DATE & TIME | SIGNATURE OVER PRINTED NAME | DATE & TIME

R-1

COV - 01228 (12-2015)

Republic of the Philippines

SOCIAL SECURITY SYSTEM
EMPLOYER REGISTRATION

EMPLOYER ID NUMBER

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(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) | ZIP CODE

FOREIGN ADDRESS (IF APPLICABLE) | COUNTRY

TELEPHONE NUMBER (AREA CODE+TEL. NO.) | E-MAIL ADDRESS | WEBSITE (IF ANY)

START OF OPERATION (MMDDYYYY) | NUMBER OF EMPLOYEES | NATURE OF BUSINESS | LEGAL PERSONALITY ☐ Single Proprietorship ☐ Partnership ☐ Corporation ☐ Cooperative

NAME OF OWNER/MANAGING PARTNER/PRESIDENT/CHAIRMAN/CORPORATE SECRETARY (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | POSITION TITLE

WITH PARENT COMPANY? ☐ YES, Indicate Name of Parent Company and ER ID No. _____ ☐ NO

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(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) | ZIP CODE | E-MAIL ADDRESS

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SIGNATURE OVER PRINTED NAME | DATE & TIME | SIGNATURE OVER PRINTED NAME | DATE & TIME

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COV - 01228 (12-2015)

Republic of the Philippines

SOCIAL SECURITY SYSTEM
EMPLOYER REGISTRATION

EMPLOYER ID NUMBER

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ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) | ZIP CODE | E-MAIL ADDRESS

TELEPHONE NUMBER (AREA CODE+TEL. NO.) | MOBILE/CELLPHONE NUMBER | NUMBER OF EMPLOYEES | TAX IDENTIFICATION NUMBER

C. CERTIFICATION (FOR BUSINESS/HOUSEHOLD EMPLOYER)

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

PRINTED NAME | SIGNATURE | POSITION TITLE (FOR BUSINESS EMPLOYER) | DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE

SCREENED/RECEIVED/PROCESSED BY

SIGNATURE OVER PRINTED NAME | DATE & TIME

REVIEWED/DATA CONTROLLED BY

SIGNATURE OVER PRINTED NAME | DATE & TIME

INSTRUCTIONS

1. Fill out this form in two (2) copies and accomplish appropriate parts as follows:
   For Business Employer - **Part I-A**
   For Household Employer of family driver/s - **Part I-B**
2. In filling out the box for Tax Identification Number (TIN) in Part I-A of the form, please fill out as follows:
   - Business TIN, if business employer
   - Personal TIN, if household employer
3. For the "Start of Operation" and "Number of Employees" boxes, fill out the required data, as follows:
   Start of Operation - exact date of start of business operation/date of employment of family driver
   Number of Employees - actual number of employees upon registration with SSS, if any
4. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
5. Always affix initials on all erasures/alterations on this form.
6. Present valid identification cards/documents. Refer to attached "List of Filer's Valid Identification (ID) Cards/Documents".
7. Write the Employer ID Number and Employer Name in all pages of all identification cards/documents.
8. Submit this form to the nearest SSS branch office with the supporting documents. Refer to the attached List of Documentary Requirements.
9. This form shall be signed by the following authorized signatories:
   9.1 For Business Employer 9.2 For Household Employer of Family Driver/s

LEGAL PERSONALITY	AUTHORIZED SIGNATORY	SUPPORTING DOCUMENT/S
A. Single Proprietorship	- Owner or, in his/her absence, any representative with valid Special Power of Attorney (SPA)	Any of the following: 1. Certificate of Registration of Business Name from the Department of Trade and Industry (DTI) 2. Business Permit from the Municipal Office
B. Partnership	- Managing Partner	Approved Articles of Partnership from Incorporation from Securities and Exchange Commission (SEC)
C. Corporation Including non-stock/non-profit corporations	- President, Chairman or Corporate Secretary	Approved Articles of Incorporation from SEC
Foreign-owned corporation	- The designated Philippine representative as shown in the SEC registration	1. Approved Articles of Incorporation from SEC; and 2. License to Transact Business in the Philippines from SEC
Manning agency with foreign principal	- President, Chairman or Corporate Secretary	1. Approved Articles of Incorporation from SEC; and 2. Agency Agreement between the manning agency and foreign principal
D. Cooperative	- Chairman or Corporate Secretary	Approved Articles of Cooperation from the Cooperative Development Authority (CDA)
Manpower service cooperative	- Chairman or Corporate Secretary	1. Approved Articles of Cooperation from CDA; and 2. Accreditation from the Department of Labor and Employment (DOLE)

10. Report all your employees for SS coverage within thirty (30) days from the date of their employment by submitting an accomplished "Employment Report" (SS Form R-1A) to the nearest SSS branch office. Please be reminded that failure to report your employee/s within the prescribed period shall render you liable for damages equivalent to the benefits to which said employee/s would have been entitled in case of any contingency had the employee/s been reported on time. (Sec. 24 of R.A. 8282).
11. Separation of your employee/s should be reported by submitting an accomplished "Employment Report" form.

REMINDERS

1. Always use your correct Employer Number in all your transactions with SSS.
2. Notify the nearest SSS branch office using the "Employer Data Change Request" (SS Form R-8) to update your data/records with the SSS. This will expedite your transactions with SSS and avoid the possibility of being billed of unpaid contributions in case of temporary suspension or cessation of business operation.
4. Verification of status may be made thru the SSS website at *www.sss.gov.ph* or contact our Call Center at 920-6446 up to 55 or 917-7777.

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS
EMPLOYER REGISTRATION FORM (SS FORM R-1)

IDENTIFICATION REQUIREMENTS	FILED BY	
	BUSINESS EMPLOYER	BUSINESS/HOUSEHOLD EMPLOYER'S REPRESENTATIVE
1. **One (1) Primary** ID card/document of the authorized signatory of the SS Form R-1; OR **Two (2) Secondary** ID cards/documents of the authorized signatory of the SS Form R-1. [both with signature and at least one (1) with photo]	✓ (Present the original.)	✓ (Present the original & submit the photocopy.)
2. **One (1) Primary** ID card/document of the representative of the authorized signatory of the registration form; OR **Two (2) Secondary** ID cards/documents of representative of the authorized signatory of the SS Form R-1.		✓ (Present the original & submit the photocopy.)
3. **Authorization Letter**		✓ Submit the original.

Note: If filed personally by the Household Employer, no ID card/document is required.

A. Primary ID Cards/Documents

1. Driver's License
2. Passport
3. Professional Regulation Commission (PRC) Card
4. Seaman's Book (Seafarer's Identification & Record Book)
5. Social Security (SS) Card
6. Unified Multi-Purpose ID (UMID) Card

B. Secondary ID Cards/Documents

1. Alien Certificate of Registration
2. Certificate from any of the following, whichever is applicable:
   > National Commission on Indigenous Peoples
   > National Commission on Muslim Filipinos
3. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
4. Company ID Card
5. Credit Card
6. Firearm License Card issued by Philippine National Police (PNP)
7. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
8. Government Service Insurance System (GSIS) Card/Member's Record/Certificate of Membership
9. Health or Medical Card
10. Homeowners Association ID Card
11. ID Card issued by Local Government Units (LGUs) (e.g., Barangay/Municipality/City)
12. ID Card issued by professional association recognized by PRC
13. Marriage Contract/Marriage Certificate
14. Overseas Worker Welfare Administration (OWWA) Card
15. Pag-IBIG Member's Data Form or Transaction Card
16. Philippine Health Insurance Corporation (PHIC) ID Card/ Member's Data Record
17. Police Clearance
18. Postal ID Card
19. School ID Card
20. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
21. Senior Citizen Card
22. Student Permit issued by Land Transportation Office (LTO)
23. Taxpayer's Identification Number (TIN) Card
24. Voter's Identification Card/Affidavit/Certificate of Registration

Republic of the Philippines
SOCIAL SECURITY SYSTEM

COV-02083 (05-2026)

DATA PRIVACY CONSENT

Updating of Contact Information of SSS Members including Prior Registrants Based Abroad through the OFW Contact Services Section

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TO BE FILLED OUT BY THE FILER

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

I consent to the collection, use, storage, sharing, and processing of my personal data by the Social Security System (SSS) in accordance with the Data Privacy Act (DPA) and its Implementing Rules and Regulations (IRR). I affirm my rights as a data subject, including the rights to be informed, object, access, correct or dispute inaccuracies, suspend or withdraw my data, data portability, and to be indemnified for damages. I also understand my right to file a complaint with the National Privacy Commission (NPC) for any violation of my data privacy rights.

☐ **Agree** ☐ **Disagree**

SIGNATURE OVER PRINTED NAME
(FIRST NAME MI. LAST NAME)

DATE
(MM/DD/YYYY)

R-1A

Republic of the Philippines
SOCIAL SECURITY SYSTEM
EMPLOYMENT REPORT

COV - 01229 (12-2015)

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PART I - TO BE FILLED OUT BY THE EMPLOYER

EMPLOYER ID NUMBER	EMPLOYER NAME	TYPE OF EMPLOYER	TYPE OF REPORT
		☐ Business ☐ Household	☐ Initial ☐ Subsequent

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

FOREIGN ADDRESS (IF APPLICABLE) COUNTRY

TELEPHONE NO. (AREA CODE+TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS	WEBSITE (IF ANY)	TAX IDENTIFICATION NUMBER

SS NUMBER	NAME OF EMPLOYEE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	DATE OF BIRTH (MMDDYYYY)	DATE OF EMPLOYMENT (MMDDYYYY)	DATE OF SEPARATION (MMDDYYYY)	MONTHLY COMPENSATION	POSITION/ NATURE OF WORK	FOR SSS USE
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	11.						
	12.						
	13.						
	14.						
	15.						

TOTAL NUMBER OF REPORTED EMPLOYEES

NAME OF OWNER/MANAGING PARTNER/ PRESIDENT/CHAIRMAN/CORPORATE SECRETARY

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

PRINTED NAME | SIGNATURE | POSITION TITLE | DATE

PAGE ___ OF ___

LEGEND

NO SSN	No SS Number	DOE FD	Date of Employment is a Future Date
NO NAME	No EE Name	MC LESS 1K	Monthly Compensation is Less than P1,000
NO DOB	No Date of Birth	NOT COV	Not coverable by SSS as an employee
NO DOE	No Date of Employment	NAME DNM	Name does not match SSS database
NO MC	No Monthly Compensation	DOB DNM	Date of birth does not match SSS database
NO PNW	No Position/Nature of Work	SSN BTAP	SS Number Belongs to Another Person
DOB INT DOE	Date of Birth Interchanged with Date of Employment	SSN CNCLD	Cancelled SS Number
DOB = DOE	Same Date of Birth & Date of Employment	EE OVRGE	Employee is Overage
INV DOB	Invalid Date of Birth	EE WITH FC	Employee is tagged with Final Claim
INV DOE	Invalid Date of Employment		
INV SSN	Invalid SS Number		
DOB FD	Date of Birth is a Future Date		

PART II - TO BE FILLED OUT BY SSS

BATCH NUMBER

NO. OF OUTPUT (ER/EE)

SCREENING & RECEIVING RESULTS

☐ Correct authorized signatory per SS Form L-501

☐ Unauthorized signatory per SS Form L-501

☐ Others:_____

SCREENED & RECEIVED BY

SIGNATURE OVER PRINTED NAME | BRANCH | DATE & TIME

PROCESSED BY

SIGNATURE OVER PRINTED NAME | DATE

REVIEWED BY

SIGNATURE OVER PRINTED NAME | DATE

R-1A

Republic of the Philippines
SOCIAL SECURITY SYSTEM
EMPLOYMENT REPORT

COV - 01229 (12-2015)

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	1.						
	2.						
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	9.						
	10.						
	11.						
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TOTAL NUMBER OF REPORTED EMPLOYEES ☐

NAME OF OWNER/MANAGING PARTNER/ PRESIDENT/CHAIRMAN/CORPORATE SECRETARY

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

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PAGE ___ OF ___

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PROCESSED BY

SIGNATURE OVER PRINTED NAME | DATE

REVIEWED BY

SIGNATURE OVER PRINTED NAME | DATE

LEGEND

NO SSN	No SS Number	DOE FD	Date of Employment is a Future Date
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R-1A

Republic of the Philippines
SOCIAL SECURITY SYSTEM
EMPLOYMENT REPORT

COV - 01229 (12-2015)

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TOTAL NUMBER OF REPORTED EMPLOYEES ☐

NAME OF OWNER/MANAGING PARTNER/ PRESIDENT/CHAIRMAN/CORPORATE SECRETARY

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

PRINTED NAME | SIGNATURE | POSITION TITLE | DATE

PAGE ___ OF ___

PART II - TO BE FILLED OUT BY SSS

BATCH NUMBER

NO. OF OUTPUT (ER/EE)

SCREENING & RECEIVING RESULTS

☐ Correct authorized signatory per SS Form L-501

☐ Unauthorized signatory per SS Form L-501

☐ Others:_____

SCREENED & RECEIVED BY

SIGNATURE OVER PRINTED NAME | BRANCH | DATE & TIME

PROCESSED BY

SIGNATURE OVER PRINTED NAME | DATE

REVIEWED BY

SIGNATURE OVER PRINTED NAME | DATE

LEGEND

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INV DOE	Invalid Date of Employment		
INV SSN	Invalid SS Number		
DOB FD	Date of Birth is a Future Date		

INSTRUCTIONS

1. Fill out this form in two (2) copies.
2. Fill out the appropriate boxes for the Type of Employer, as follows:
   a. For business employer
      - correct employer ID number, business name, business address (local and foreign, if applicable), telephone number, mobile/cellphone number, e-mail address, website, and business TIN as registered with the SSS in Employer Registration Form (SS Form R-1)
   b. For household employer
      - correct household employer ID number, household employer name, home address, telephone number, mobile/cellphone number, e-mail address, and personal TIN, if any, as registered with the SSS in Employer Registration Form (SS Form R-1)
3. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
4. Always affix initials on erasures on this form.
5. Write "**Nothing Follows**" immediately after the last entry on reported employee.
6. The owner of a single proprietorship business is disqualified to be reported as an employee thereof. However, the owner may register as a self-employed member, provided, he/she is not over sixty (60) years old.
7. The signatory in this form should be one of the authorized signatories in the current SS Form L-501.

WARNING

MISREPRESENTATION OF THE TRUE DATE OF EMPLOYMENT, MONTHLY EARNINGS, OR OTHER DATA OF EMPLOYEES IS PUNISHABLE UNDER THE PENAL PROVISION OF THE SS LAW.