



RS-5
REV. 06-98

Republic of the Philippines
SOCIAL SECURITY SYSTEM
**CONTRIBUTIONS
PAYMENT RETURN**
(TO BE SUBMITTED IN TRIPPLICATE)

SBR NO. POST MARK/SBR DATE TELLER'S INITIAL

AMOUNT

DATE

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

MEMBER'S SS NUMBER (MUST BE 10 DIGITS)

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MEMBER'S NAME
(SURNAME)

(GIVEN NAME)

(MIDDLE NAME)

ADDRESS (NO. & STREET)

(BARANGAY)

POSTAL CODE

(TOWN/DISTRICT)

(CITY/PROVINCE)

TEL. NO.

INSTRUCTIONS

1. CHECK THE BOX TO INDICATE THE TYPE OF PAYOR:

- SELF-EMPLOYED
- VOLUNTARY
- OVERSEAS FILIPINO WORKER
- NON-WORKING SPOUSE
- OTHERS (PLEASE SPECIFY) _____

2. INDICATE THE YEAR FOR WHICH PAYMENT IS APPLICABLE.

3. REMIT YOUR CONTRIBUTIONS ON OR BEFORE THE 5TH DAY OF THE MONTH FOLLOWING THE APPLICABLE MONTH. RETROACTIVE PAYMENT IS NOT ALLOWED. ADVANCE PAYMENTS SHALL BE POSTED AS THEY FALL DUE.

4. REMIT YOUR PAYMENT EITHER:

- a) THROUGH SSS ACCREDITED BANK; OR
- b) BY REGISTERED MAIL

5. MAKE ALL CHECKS AND POSTAL MONEY ORDERS PAYABLE TO SSS.

6. SUBMIT PROOF OF EARNINGS IF YOU HAVE CHANGES IN YOUR MONTHLY CONTRIBUTIONS.

APPLICABLE PERIOD

MONTH	YEAR	SOCIAL SECURITY CONTRIBUTION
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

FORM OF PAYMENT

AMOUNT

- CASH P _____
- CHECK P _____

BANK NAME : _____

CHECK NO. : _____

DATE : _____

TOTAL P _____

TOTAL REMITTANCE

P

TOTAL AMOUNT IN WORDS:

CERTIFIED CORRECT:

SIGNATURE OVER PRINTED NAME