

INSTRUCTIONS

- 1) Accomplish one (1) copy of this form without erasure and alterations.
- 2) Affix fingerprint in the presence of an SSS personnel.
- 3) Open a Single Savings Account (SSA) only upon instruction of an SSS personnel. Submit to this office the original and photocopy of either the passbook or ATM card with a deposit slip stamped received by the bank.

REQUIREMENTS

- | | |
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| 1) Disability Claim Application | - To be accomplished by member |
| 2) Medical Certificate | - To be accomplished by attending physician |
| 3) Employment Data, for member applying for Employee's Compensation | - To be accomplished by employer |
| 4) SS Card or E-6 Acknowledgement Stub with 2 valid IDs | |
| 5) Supporting documents | |
| a. Operating Room Record, if operated | - To be secured from hospital |
| b. Clinical/Hospital Abstract, if confined | |
| c. Laboratory/Diagnostic Results | - To be secured from hospital/ diagnostic center |
| • Xray of affected area | |
| • ECG | |
| • Ultrasound | |
| • MRI/CT scan | |
| • Blood chemistry results | |

WARNING

Pursuant to Sec. 28 of the SOCIAL SECURITY LAW as amended, anyone who resorts to misrepresentation or concealment of a material fact or who is a party thereto, for the purpose of causing any payment of fraudulent claim or benefit under the said law, shall suffer the penalties of fine or imprisonment or both.

FOR SSS USE ONLY

SCREENING RESULTS	PRE-EVALUATION RESULTS
ID PRESENTED: <input type="checkbox"/> SS CARD <input type="checkbox"/> E6 ACK. STUB <input type="checkbox"/> NONE FORM ACCOMPLISHMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> SEE REMARKS ON-LINE INQUIRY: <input type="checkbox"/> WITH FINDINGS <input type="checkbox"/> NO FINDINGS	SUPP. DOCS.: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PLEASE SUBMIT (see Remarks) ERASURES/ALTERATIONS: <input type="checkbox"/> NONE <input type="checkbox"/> SEE ENCIRCLED ITEMS PHYSICIAN DATABASE MODULE (PDM) <input type="checkbox"/> NO DISCREPANCY <input type="checkbox"/> BELONGS TO ANOTHER <input type="checkbox"/> NOT IN PDM
REMARKS: _____ _____ _____	REMARKS: _____ _____ _____
SCREENED BY _____ _____ SIGNATURE OVER PRINTED NAME DATE	PRE-EVALUATED BY _____ _____ SIGNATURE OVER PRINTED NAME DATE

Note:
 RE-COMPUTATION OR ADJUSTMENT AND FILING OF PETITION ASSAILING SETTLED CLAIMS SHALL NOT BE ALLOWED AFTER TEN (10) YEARS FROM THE DATE OF INITIAL SETTLEMENT OF CLAIM.