



SIC - 01244 (12-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM

EMPLOYER TRANSMITTAL LIST
MATERNITY BENEFIT REIMBURSEMENT APPLICATION

Date: _____

Batch Number: _____

Name of Employer: _____

(To be filled out by SSS)

| No of Claims | PRINTED NAME OF MEMBER (Last Name, First Name, MI) | SS NUMBER | DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE | REMARKS <i>(To be filled out by SSS)</i> |
|--------------|---|-----------|--|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |

Note: Please submit three (3) copies of TL upon filing of claims.

PREPARED BY:

Signature over printed name
Authorized Company Representative

TO BE FILLED OUT BY SSS

RECEIVED BY

Signature over printed name
Jr./Sr. Member Service Representative

Date

Time

Branch

NOTED BY

Signature over printed name
SSO III/CEO II

Date

Time

Branch

RECEIVED BY PROCESSING CENTER

Signature over printed name
Receiving Personnel

Date

Time