



SIC - 01245 (12-2015)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**TRANSMITTAL LIST**  
**MATERNITY BENEFIT APPLICATION**

Date: \_\_\_\_\_

Batch Number: \_\_\_\_\_

No. of Claims	PRINTED NAME OF MEMBER (Last Name, First Name, MI)	SS NUMBER	DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE	REMARKS
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<b>PREPARED BY</b>			
_____	_____	_____	_____
Signature over printed name Jr./Sr. Member Service Representative	Date	Time	Branch
<b>NOTED BY</b>			
_____	_____	_____	_____
Signature over printed name SSO III/CEO II	Date	Time	Branch
<b>RECEIVED BY PROCESSING CENTER</b>			
_____	_____	_____	
Signature over printed name Receiving Personnel	Date	Time	