



For SSS Use Only

PART IV - RECOMMENDATION		
<input type="checkbox"/> Continue <input type="checkbox"/> Suspend (Reason) _____ <input type="checkbox"/> Cancel (Reason) _____ <input type="checkbox"/> Re-adjudicate (Reason) _____ <input type="checkbox"/> Returned (Reason) _____ <input type="checkbox"/> Pending (For further evaluation) <ul style="list-style-type: none"> <li><input type="checkbox"/> X-ray/ECG for reading</li> <li><input type="checkbox"/> For Medical Fieldwork Services (MFS)</li> <li><input type="checkbox"/> For Fact of Pensioner's Existence (FPE)</li> <li><input type="checkbox"/> For referral to other branch/unit</li> <li><input type="checkbox"/> Others _____</li> </ul>		
<b>REVIEWED &amp;/OR RECOMMENDED BY</b>		
_____	_____	_____
SIGNATURE OVER PRINTED NAME	DESIGNATION	DATE
<b>APPROVED BY</b>		
_____	_____	_____
SIGNATURE OVER PRINTED NAME	DESIGNATION	DATE



This is your guide to accomplish the  
**ACOP Form**

**For Survivor Pensioner, fill out nos. 1 & 2**

1

2

3

Republic of the Philippines <b>SOCIAL SECURITY SYSTEM</b> ANNUAL CONFIRMATION OF PENSIONER'S FORM <small>CERTIFIED BY SSS OFFICIAL/REGULAR EMPLOYEE</small>			
(02-2013) <b>THIS FORM IS NOT FOR SALE</b> <small>PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.</small>			
PART I - MEMBER'S / PENSIONER'S INFORMATION			
SS NUMBER OF PENSIONER	COMMON REFERENCE NO. (IF APPLICABLE)	DATE OF BIRTH (MMDDYYYY)	TIN (IF SELF EMPLOYED/EMPLOYED)
NAME (SURNAME)	(GIVEN NAME)	(MIDDLE NAME)	(SUFFIX)
LOCAL ADDRESS (RM/FLR/ UNIT NO. & BLDG. NAME)		(HOUSE/LOT/ & BLOCK NO.)	(STREET NAME)
(BARANGAY/DISTRICT/LOCALITY)		(SUBDIVISION)	(CITY/MUNICIPALITY) (PROVINCE) ZIP CODE
TELEPHONE NO. (AREA CODE + TEL. NO.)		MOBILE/CELLPHONE NO.	E-MAIL ADDRESS
FOREIGN ADDRESS (IF APPLICABLE)			
COUNTRY ZIP CODE			
TYPE/S OF PENSION/S BEING RECEIVED. CHECK THE APPROPRIATE BOXES. <input type="checkbox"/> Retirement <input type="checkbox"/> SS Total Disability <input type="checkbox"/> EC Total Disability <input type="checkbox"/> SS Death <input type="checkbox"/> EC Death			
IF RECEIVING PENSION UNDER DEATH, INDICATE NAME/SS NO. OF DECEASED MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)			SS NO. OF DECEASED MEMBER
IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME/SS NO. OF MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)			SS NO. OF MEMBER

**For Retiree or Total Disability Pensioner, fill out no. 1**

**For Pensioner under a Guardian, fill out nos. 1 & 3**

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**ACKNOWLEDGEMENT RECEIPT**

<b>SS NUMBER OF PENSIONER</b> 	<b>NAME OF PENSIONER</b> (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)
<b>SS NUMBER OF MEMBER</b> 	<b>NAME OF MEMBER</b> (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX)

Please report for your Annual Confirmation anytime within your or member's birth month ; otherwise your pension will be suspended.

**ISSUED BY:**

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
OF SSS /BANK PERSONNEL

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
DATE

