



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**MATERNITY NOTIFICATION**

SMD-0002 (01-2009)

Please read instructions and reminders below before filling up this form. Print all information in black ink only.

PART I - MEMBER'S INFORMATION				
SS NUMBER <input checked="" type="checkbox"/>	NAME OF MEMBER <small>(SURNAME) (GIVEN NAME) (MIDDLE NAME)</small>			
ADDRESS (NUMBER, STREET AND SUBDIVISION)	<small>(BARANGAY)</small>	<small>(TOWN/DISTRICT)</small>	<small>(CITY/PROVINCE)</small>	POSTAL CODE
DATE OF BIRTH (MMDDYYYY) <input checked="" type="checkbox"/>	TIN <input checked="" type="checkbox"/>	TELEPHONE/MOBILE NUMBER	E-MAIL ADDRESS (if any)	
MEMBER'S CERTIFICATION				
<p>I certify that this is my _____ pregnancy and my expected date of delivery is on _____.</p> <p>I certify that the above information is true and correct.</p>				
<p>_____ SIGNATURE OVER PRINTED NAME</p> <p><small>(If member cannot sign, fingerprints should be witnessed by two persons)</small></p>			<p>_____ DATE</p>	
<p style="text-align: center;"><b>WITNESSES TO FINGERPRINTS</b></p> <p style="text-align: center;"><small>Please affix signature over printed name and indicate date</small></p>				
1) _____	_____	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p style="text-align: center; font-size: 8px;">RIGHT THUMB</p>	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p style="text-align: center; font-size: 8px;">RIGHT INDEX</p>	
2) _____	_____			
PART II - EMPLOYER'S INFORMATION (FOR EMPLOYED)				
EMPLOYER NUMBER	NAME OF EMPLOYER/REGISTERED BUSINESS NAME			
0   3   9   0   0   7   9   7   6   7   0   0   0	ALARM SECURITY AND INVESTIGATION SERVICES, INC.			
ADDRESS <small>(NUMBER, STREET AND SUBDIVISION)</small>	<small>(BARANGAY)</small>			POSTAL CODE
Unit 203 2nd Floor The Link Centre Condominium #2 Gen. Atienza St. San Antonio Village Brgy. San Antonio, Pasig City	<small>(TOWN/DISTRICT) (CITY/PROVINCE)</small>			1   6   0   4
<small>(TOWN/DISTRICT) (CITY/PROVINCE)</small>			TELEPHONE/MOBILE NUMBER	
			6   3   2   5   7   1   5   4   8   7	
EMPLOYER'S CERTIFICATION				
<p>I certify that the above-member is pregnant and expected to give birth on the date stated above.</p> <p>I certify that the above information is true and correct.</p>				
<p>_____ DANITA N. APARIS SIGNATURE OVER PRINTED NAME OF EMPLOYER/AUTHORIZED REPRESENTATIVE</p>		<p>_____ VP FINANCE OFFICIAL DESIGNATION</p>		<p>_____ DATE</p>
PART III - FOR SSS USE				
PROCESSED BY:			<input type="checkbox"/> Ds presented <input type="checkbox"/> SS Card <input type="checkbox"/> Two (2) valid IDs <input type="checkbox"/> No ID presented	
_____ SIGNATURE OVER PRINTED NAME	_____ DATE	_____ RECEIVING BRANCH		

**INSTRUCTIONS AND REMINDERS**

1. A member shall submit the Maternity Notification to her employer, if employed, or to the SSS branch nearest her residence, if separated from employment/self-employed/voluntary/OFW/non-working spouse, at least sixty (60) days from the date of conception but not later than the date of delivery.
2. The employer in turn, shall submit the Maternity Notification form to its servicing branch immediately after the receipt of notification from the employee.
3. Receipt of Maternity Notification form does not guarantee payment of the Maternity Benefit. Payment of benefit will be based on existing policies and guidelines.
4. Upon filing of the Maternity Benefit Application, the duly stamped "Received" Maternity Notification form shall be attached to the maternity benefit application form
5. If employed, full payment of the Maternity Benefit shall be advanced by the employer within thirty (30) days from the filing of maternity leave application.