



Republic of the Philippines
SOCIAL SECURITY SYSTEM/GOVERNMENT SERVICE INSURANCE SYSTEM
CERTIFICATION OF CONTRIBUTION/CREDITABLE YEARS
OF SERVICE UNDER THE PORTABILITY LAW



(Please Use Black Ink Only)

NAME OF MEMBER:		Last Name	First Name	Middle Name
SS NUMBER:	GSIS MEMBERSHIP NUMBER:	CLAIM TYPE: <input type="checkbox"/> Medicare <input type="checkbox"/> Disability <input type="checkbox"/> Death/Survivorship <input type="checkbox"/> Sickness <input type="checkbox"/> Old Age/Retirement		
SSS / GSIS Certification				
This is to certify that the above-member has: _____ total number of contributions from _____ to _____ _____ total number of creditable years of service Others: _____			Printed Name and Signature of Certifying Official Position/Title	