



MEL-01368 (03-2018)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
LOAN RESTRUCTURING APPLICATION

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

PLEASE READ THE INSTRUCTIONS AND REMINDER AT THE BACK AND THE ATTACHED TERMS AND CONDITIONS BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE FILER			
A. MEMBER-BORROWER DATA			
SS NUMBER	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
HOME ADDRESS (LOCAL OR FOREIGN)		(RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT & BLK NO.)	(STREET NAME) (SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)	(PROVINCE) (COUNTRY) POSTAL CODE
MAILING ADDRESS			POSTAL CODE
TELEPHONE NO. (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NO.	E-MAIL ADDRESS	
EMPLOYER NAME			
EMPLOYER ADDRESS			POSTAL CODE
PAYMENT TERM <input type="checkbox"/> Full Payment <input type="checkbox"/> Installment (Refer to the attached Statement of Loan Balances for Loan Restructuring Program)			
B. FILER DATA (FOR DEATH BENEFIT CLAIM)			
SS NUMBER (IF ANY)	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)		
C. CERTIFICATION AND UNDERTAKING			
I declare that:			
<input type="checkbox"/> 1. My address (home/work) was at _____ with postal code _____ when _____ (name of calamity/disaster) happened;			
<input type="checkbox"/> 2. My capacity to pay the loan/s stated in the attached Statement of Loan Balances for Loan Restructuring Program has been impaired by the calamity/disaster that occurred in my area which resulted to incurrence of interests and penalties of the said loan/s;			
<input type="checkbox"/> 3. In case it is proven that I have given false information or misrepresentation in this form or in any other documents submitted in connection with my Loan Restructuring Application, I undertake to pay the outstanding balance including the condoned penalty;			
<input type="checkbox"/> 4. I agree that the information collected through this form shall be used and retained by the SSS for the processing of my Loan Restructuring Application and for the establishment, exercise or defense of SSS' legal claims against me in the event of non-payment of my Restructured Loan;			
<input type="checkbox"/> 5. I unconditionally agree to the TERMS AND CONDITIONS of the Loan Restructuring Program attached to this application; and			
<input type="checkbox"/> 6. I attest that the information and statements provided in this form and in the attached Statement of Loan Balances for Loan Restructuring Program, which is an integral part of this application, are true and correct.			
FILER'S PRINTED NAME		FILER'S SIGNATURE	DATE
SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____, at _____.			
SIGNATURE OVER PRINTED NAME ADMINISTERING SSS OFFICER			

PART II - TO BE FILLED OUT BY SSS			
FOR FILER WITH DDR CLAIM ONLY			
DDR Claim Filing Date _____		Contingency Date _____	
RECEIVED AND ENCODED BY		REVIEWED BY	
SIGNATURE OVER PRINTED NAME	DATE & TIME	SIGNATURE OVER PRINTED NAME	DATE & TIME
POSITION TITLE	SSS BRANCH	POSITION TITLE	SSS BRANCH

----- Perforate Here -----

Republic of the Philippines SOCIAL SECURITY SYSTEM LOAN RESTRUCTURING APPLICATION ACKNOWLEDGEMENT STUB			
SS NUMBER/COMMON REFERENCE NO. (IF ANY)	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)		
RECEIVED BY			
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME	SSS BRANCH

INSTRUCTIONS

1. Secure updated Statement of Loan Balances for Loan Restructuring Program (2 copies) from the nearest SSS branch or foreign office prior to submission of this form.
2. Fill out this form in one (1) copy.
3. Fill out and check the applicable items of **Part I.C. Certification and Undertaking**. Items 1 and 2 are not applicable to filers with death benefit claim.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Always affix initials on all erasures/alterations on this form.
6. Secure copy of Notice of Approval of the Loan Restructuring Application prior to payment.
7. Submit this form to the nearest SSS branch or foreign office with the following required documents (use the table **Documentary Requirements Guide**).

DOCUMENTARY REQUIREMENTS GUIDE			
DOCUMENTARY REQUIREMENTS	TYPE OF FILER		
	MEMBER-BORROWER	CLAIMANT FOR DEATH BENEFIT	AUTHORIZED REPRESENTATIVE
A. One (1) Primary ID card/document of the <u>member borrower/ claimant for death benefit</u> OR Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the <u>member borrower/claimant for death benefit</u>	✓ (Present the original)	✓ (Present the original)	✓ (Present the original)
B. One (1) Primary ID card/document of the <u>authorized representative</u> OR Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] of the <u>authorized representative</u>			✓ (Present the original)
C. Statement of Loan Balances for Loan Restructuring Program	✓ (Submit the original)	✓ (Submit the original)	✓ (Submit the original)
D. Letter of Authority			✓ (Submit the original)
E. DDR Claim Application Acknowledgement Letter (For Filer with DDR Claim only)	✓ (Present the original)	✓ (Present the original)	✓ (Present the original)

CHECKLIST FOR IDENTIFICATION AND OTHER REQUIREMENTS

(SSS Receiving Officer to check the appropriate box of each ID card/document submitted/presented and write any remarks, as necessary)

Member-Borrower	Claimant for Death Benefit	Authorized Representative	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Primary ID Cards/Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Social Security (SS) Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Unified Multi-Purpose ID (UMID) Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Driver's License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Passport
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Professional Regulation Commission (PRC) card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Seaman's Book (Seafarer's Identification & Record Book)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Secondary ID Cards/Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alien Certificate of Registration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Certificate of Muslim Filipino Tribal Affiliation issued by National Commission on Muslim Filipinos
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Company ID Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Firearm License card issued by Philippine National Police (PNP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Health or Medical card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Home Development Mutual Fund (Pag-IBIG) Member's Data Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. ID card issued by Local Government Units (LGUs) (e.g., Barangay/ Municipality/City)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. ID card issued by professional association recognized by PRC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Marriage Contract/Marriage Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Overseas Worker Welfare Administration (OWWA) card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Philippine Health Insurance Corporation (PHIC) ID card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Police Clearance or NBI Clearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Postal ID card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. School ID card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Senior Citizen card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Taxpayer's Identification Number (TIN) card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Voter's Identification card or Voter's Affidavit/Certificate of Registration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Statement of Loan Balances for Loan Restructuring Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Letter of Authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. DDR Claim Application Acknowledgement Letter

R.A.3765, OTHERWISE KNOWN AS "TRUTH IN LENDING ACT"

A DISCLOSURE STATEMENT ON LOAN TRANSACTION SHALL BE ISSUED BY SSS TO THE FILER UPON APPROVAL OF HIS/HER LOAN RESTRUCTURING APPLICATION.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THE APPLICATION FOR LOAN RESTRUCTURING PROGRAM SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF R.A. 1161, AS AMENDED BY R.A. 8282, AND/OR UNDER PERTINENT PROVISION OF THE REVISED PENAL CODE.

REMINDER

Verification of status may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 920-6446 up to 55 or 917-7777.

TERMS & CONDITIONS OF THE LOAN RESTRUCTURING PROGRAM

(SSC Resolution Nos. 424-s.2015 dated 29 May 2015, 795-s.2015 dated 4 November 2015, 217-s.2016 dated 4 April 2016, 258-s.2016 dated 18 April 2016, 297-s.2016 dated 4 May 2016, 298-s.2016 dated 4 May 2016, 299-s.2016 dated 4 May 2016 270-s.2017 dated 5 April 2017, 547-s.2017 dated 25 July 2017, 863-s.2017 dated 6 December 2017 and 214-s.2018 dated 7 March 2018)

A. ELIGIBILITY REQUIREMENTS

- All member-borrowers with any of the following past due short-term loans are eligible for the program.
 - Calamity Loan
 - Emergency Loan
 - Vocational/Technical Course Loans
 - Salary Loan Early Renewal Program (SLERP)
 - Educational Loan (old)
 - Y2K Loans
 - Salary Loan
 - Study Now Pay Later Plan
 - Investments Incentive Loan
- For past due short-term loans, except Calamity Loan and SLERP, member-borrower must have previously lived/worked in a calamity/disaster stricken area as declared by the National Disaster Risk Reduction and Management Council (NDRRMC) or the National Government.
- The outstanding short-term loan/s must be past due for a period of at least six (6) months as of the first day of availment period.
- The member-borrower:
 - Must be living or working in calamity/disaster declared area as of disaster date. "Living" shall refer to the home address of the member-borrower.
 - Must be under 65 years old at the end of the installment term.
 - Has not been granted any final benefit, i.e. permanent total disability or retirement.
 - Has not been disqualified due to fraud committed against the SSS.
- Member-borrowers with final benefit claim application (Death, Permanent Total Disability, Retirement) whose contingency date is on or before the last day of the availment period of the Loan Restructuring Program. Said final benefit claim must be filed within the availment period of the Loan Restructuring Program.

B. AREAS COVERED

Covered areas are those declared by NDRRMC or the National Government as under the state of calamity due to the following calamities/disasters:

- | | | | |
|-----------------------------|--|--------------------|--|
| 1. Ondoy (2009) | 7. Santi (2013) | 13. Mario (2014) | 19. Nina (2016) |
| 2. Sendong (2011) | 8. Armed Conflict in Zamboanga City (2013) | 14. Ruby (2014) | 20. Earthquake in Surigao del Norte (2017) |
| 3. Pedring and Quiel (2012) | 9. Earthquake in Bohol and Cebu (2013) | 15. Seniang (2015) | 21. Earthquake in Leyte (2017) |
| 4. Pablo (2012) | 10. Yolanda (2013) | 16. Lando (2015) | 22. Armed Conflict in Marawi City (2017) |
| 5. Labuyo (2013) | 11. Agaton (2013) | 17. Nona (2015) | 23. Urduja/Vinta (2017) |
| 6. Maring (2013) | 12. Glenda (2014) | 18. Lawin (2016) | 24. Mayon Volcano Phreatic Eruption (2018) |

C. AVAILMENT PERIOD

Loan Restructuring Program may be availed for six (6) months from April 2, 2018 to October 1, 2018.

D. RESTRUCTURED LOAN AMOUNT AND PAYMENT TERM

The principal and interests of all past due short-term loans of the member-borrower shall be consolidated into one Restructured Loan (RL1) payable either in full or installment payment.

- Full payment - payable within 30 days from the approval of loan restructuring application.
- Installment payment - payable in equal monthly amortization over number of months to pay based on RL1 range below.

RL1 RANGE (Sum of Principal & Interest)	NUMBER OF MONTHS TO PAY
P 2,000.00 to P 18,000.00	12 months
P 18,000.01 to P 36,000.00	24 months
P 36,000.01 to P 54,000.00	36 months
P 54,000.01 to P 72,000.00	48 months
More than P 72,000.00	60 months

E. INTEREST RATE AND PENALTY

- For installment term, RL1 shall be subject to an interest rate of 3% per annum computed on a diminishing principal balance over the number of months to pay.
- A penalty of 0.5% per month shall be charged against the amortization due for every month unpaid during the approved term .

F. CONDITIONAL CONDONATION AND INTEREST RATE AFTER TERM EXPIRY

Penalties shall be condoned after full payment of RL1 within its approved term. The balance of RL1 should be zero at the end of the term. Otherwise, the unpaid principal of RL1 and the proportionate balance of condonable penalty shall become part of a new principal under Restructured Loan 2 (RL2) and shall henceforth be charged a 10% interest per annum until fully paid. The unpaid interests and penalties of RL1 shall likewise be transferred to RL2.

G. DUE DATES AND MANNER OF PAYMENT

- Monthly installment shall be due for payment every 10th day of the month following the amortization month. Amortization shall start on the month immediately following the approval date of the Restructured Loan.

Example: > *Restructured Loan Approval Month: APRIL*
> *1st amortization month: MAY*
> *1st installment amortization is due on JUNE 10*

- Payment shall be made through any SSS branch with tellering facilities or authorized collection agent of the SSS.

H. OTHER CONDITIONS

- While the restructured loan is existing or outstanding, the member-borrower cannot avail of other SSS short-term loan programs including Educational Assistance Loan Program.
- The member-borrower may avail of other SSS short-term loan programs after six (6) months from the date of full payment of the Restructured Loan.
- The member-borrower cannot avail of any future condonation/restructuring programs of SSS once this Loan Restructuring Application is approved.
- During the term of the restructured loan, the member-borrower shall notify the nearest SSS branch of his/her updated contact information thru accomplishment of Member Data Change Request (SS Form E4).
- In case of member-borrower's death, permanent total disability, or retirement, the total loan obligation or any unpaid amount of the loan as well as the interest and penalty thereon, if any, shall be deducted from the final benefits.