

CERTIFICATION OF NON-ADVANCEMENT OF MATERNITY BENEFIT

This is to certify that <Employee Name> who was employed by our company <Company Name> with the office address of <Company Address> from <Employment Start> to <Employment End>, did not receive any advance payment of her Social Security System (SSS) Maternity Benefit from this firm.

This certification is issued upon her request for the processing of her maternity benefit claim with the SSS.

Issued this day of **<Date Issued>**

<<Signature Of Authorized Company Representative>

<Authorized Company Representative>>

<<Designation