


R-1A
(03-2008)

Republic of the Philippines
**SOCIAL SECURITY SYSTEM
EMPLOYMENT REPORT**

(Please read instructions/reminders at the back. Print all information in black ink.)

EMPLOYER/SS NUMBER 		NAME OF BUSINESS/EMPLOYER					TYPE OF EMPLOYER <input type="checkbox"/> Regular <input type="checkbox"/> Household (HR)		TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent	
AREA CODE TELEPHONE NUMBER 		BUSINESS ADDRESS						POSTAL CODE 		
SS NUMBER	NAME OF EMPLOYEE (Surname) (Given Name) (Middle Name)			DATE OF BIRTH (MM/DD/YYYY)	DATE OF EMPLOYMENT (MM/DD/YYYY)	MONTHLY EARNINGS	POSITION	RELATIONSHIP WITH OWNER/HR	For SSS Use	
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										
11)										
12)										
13)										
14)										
15)										
TOTAL NO. OF REPORTED EMPLOYEE/S  <input type="text"/>		NAME OF OWNER/MANAGING PARTNER/PRESIDENT/CHAIRMAN:		RECEIVED/L-501 VERIFIED BY/DATE:		ENCODED BY/DATE:		EVALUATED BY/DATE:		
Page ___ of ___ Page/s		I CERTIFY TO THE CORRECTNESS OF ABOVE INFORMATION.								
		Signature Over Printed Name Official Designation Date		Signature Over Printed Name		Signature Over Printed Name		Signature Over Printed Name		

INSTRUCTIONS/REMINDERS

1. Submit in two (2) copies and indicate the types of employer and report by putting checkmarks on the applicable boxes.
2. Employers are required to report within thirty (30) days to the SSS all its employees, who are subject to compulsory coverage. Should such employee die, becomes sick or disabled or reaches the age of sixty (60) without being reported by his employer, the latter shall pay to the SSS damages equivalent to the benefits due had he been reported on time.
3. Misrepresentation of the true date of employment, monthly earnings or other data of employees is punishable under the penal provision of the SSS Law.

A. FOR REGULAR EMPLOYERS

A.1 IF INITIAL REPORT

- A.1.1 Submit with the Employer Registration Form (SS Form R-1A) and the required supporting documents.
- A.1.2 The owner of a single proprietorship business is disqualified to be reported as an employee thereof. However, he may register as a self-employed member, provided he is not over 60 years old.
- A.1.3 Indicate the relationship to the owner, if a single proprietorship business reporting the owner's spouse, parent or unmarried minor child.

A.2 IF SUBSEQUENT REPORT

- A.2.1 Submit with the unexpired Specimen Signature Card (SS Form L-501) signed by any of the authorized signatories in the SS Form L-501.
 - A.2.2 Indicate your correct business name, 13-digit ER Number and business address as registered with the SSS.
 - A.2.3 The owner of a single proprietorship business is disqualified to be reported as an employee thereof. However, he may register as a self-employed member, provided he is not over 60 years old.
 - A.2.4 Indicate the relationship to the owner, if a single proprietorship business reporting the owner's spouse, parent or unmarried minor child.
- A.3 Notify SSS of any changes in data and the status of the employer's business operations to avoid being billed for period/s when no contributions are due. Fill up and submit Employer Data Change Request Form (SS Form R-8) supported by the required document/s, in any of the following cases:
- Temporary suspension, permanent cessation or merger/consolidation of business operations; and
 - Changes in the employer's data such as business name, address, ownership, legal personality and other relevant information

B. FOR HOUSEHOLD EMPLOYERS

- B.1 Indicate your correct name and SS number.
 - B.2 The following family members of the Household Employer are not qualified for coverage as househelpers:
 - Parents
 - Spouse
 - Legitimate or illegitimate children/brother/sister/grandchildren/great grandchildren
 - Parents/sisters/brothers-in-law
4. Write "Nothing Follows" immediately after the last reported employee.