



Please read instructions on page 2 before accomplishing this form and fill up all items except those for SSS use.

DATE FILED _____
(MO - DA - YR)

SSS Form B-304 (6/88)

1 EMPLOYER (Print Registered Name)	2 EMPLOYER ID NO. (10 digits)
------------------------------------	-------------------------------

3 ADDRESS (Print in Full)	3A POSTAL CODE
---------------------------	----------------

4 EMPLOYEE (Surname, First Name, M.I.)	5 EMPLOYEE SS NO. (10 digits)
--	-------------------------------

6 ADDRESS (Print in Full)	7 DATE OF COVERAGE
---------------------------	--------------------

FOR SSS USE S H (MAIL CODE)	CITY CODE
-----------------------------------	-----------

8 DATE WHEN (Exact Dates: MO - DA - YR) (a) EMPLOYEE became sick or injured and stopped working	(b) EMPLOYEE returned to work
--	-------------------------------

9 CONFINEMENT AS APPROVED BY MEDICAL DEPARTMENT (CLD-9N)		
(a) Started on (MO - DA - YR)	(b) Up To - Last Day (MO -DA - YR)	(c) Number of Days

10 COMPANY SICK LEAVES PAID DURING CONFINEMENT (CURRENT SICK LEAVE WITH FULL PAY ONLY)		
(a) Started on (MO - DA - YR)	(b) Lasted Up To (MO - DA - YR)	(c) Number of Days

11 SIX HIGHEST MONTHLY SALARY CREDITS (See Letter B, C, & D at the back) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:35%;">Applicable Month</th> <th style="width:50%;">Salary Credit</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Year	Applicable Month	Salary Credit	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	12 COMPUTATION (a) TOTAL MSC _____ (b) DIVIDED BY 180 = _____ (c) AVERAGE DAILY SALARY CREDIT _____ (d) MULTIPLIED BY 90% _____ (e) DAILY SICKNESS ALLOWANCE _____ (f) MULTIPLIED BY NO. OF DAYS _____ (g) COMPENSATION DUE _____ * Number of days should be actual number of confinement days (after deducting company sick leave) or number of approved confinement days, whichever is less.
Year	Applicable Month	Salary Credit																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
_____	_____	_____																																
TOTAL MONTHLY SALARY CREDITS P _____																																		

13 CERTIFICATION

This is to certify that

(a) This employer has actually paid the corresponding premium contributions for the above months.

(b) This employer has actually paid this employee sickness benefits for above confinement in the amount of _____ (P _____) on _____, 19 _____

PRINTED NAME	SIGNATURE OF EMPLOYEE
SIGNATURE OF EMPLOYER REPRESENTATIVE	(DO NOT SIGN IF AMOUNT IS NOT ACTUALLY ADVANCED)
OFFICIAL DESIGNATION	DATE ACCOMPLISHED
	FOR SSS USE Processed by: _____ Date: _____

TO BE FILLED BY EMPLOYER-CLAIMANT	ACKNOWLEDGMENT RECEIPT	
EMPLOYER	EMPLOYEE	SS NO.
ADDRESS	PERIOD APPLIED FOR From _____ To _____	
OTHER DOCUMENTS SUBMITTED	DO NOT FILL	Date Filed
<input type="checkbox"/> SSS Form CLD-9N <input type="checkbox"/> SSS Form EC-N <input type="checkbox"/> Others		Received By _____

INSTRUCTIONS IN ACCOMPLISHING THIS FORM:

1. Answer properly items 1 to 13 of the Sickness Benefit Reimbursement Application (SSS Form B-304) including the Acknowledgment Receipt.
2. Submit only one copy.
3. Approved sickness notification (SSS Form CLD-9N) should always be attached to the Sickness Benefit Reimbursement Application.
4. Alterations should always be initialed by the employer or his authorized representative.

REMINDER:

1. Employers should file their application for reimbursement within one year from the last day of confinement, if member is confined in a hospital. Otherwise, the reckoning date is from the start of confinement if member is confined at home.

2. Minimum benefits --	Maximum benefits --
SSS - P30.00/day	SSS - P360.00/day
EC - P10.00/day	EC - P200.00/day

HOW TO COMPUTE SICKNESS BENEFITS:

1. Exclude the semester of sickness (contingency).
2. Select the six highest monthly salary credits (MSC) within the last 12-month period preceding the semester of sickness (contingency). Get the total of the selected MSC.
3. Divide the total MSC by 180 days to arrive at the average daily salary credit (ADSC).
4. Multiply the ADSC by 90%.

EXAMPLE: 1. Contingency -- July 2, 1998 to August 30, 1998 (29 days)

- a) April 1998 to September 1998 would be the semester of contingency.
- b) April 1997 to March 1998 would be the 12-month period prior to the semester of contingency.
- c) P60,000 would be the total MSC within the 12-month period if the MSC is P10,000 for every month (P10,000 x 6).
- d) P333.33 would be the ADSC (P60,000/180).
- e) The daily sickness allowance would be 90% of P299.99 or P300.
- f) Compensation due is arrived at by multiplying P300 by 29 days or P8,700.

FOR EC CLAIMS ONLY

HOW TO COMPUTE SICKNESS BENEFITS OF A MEMBER COVERED FOR LESS THAN 12 MONTHS

1. Exclude the month of sickness or injury.
2. Add all the monthly salary credits from coverage to month immediately preceding the month of sickness or injury.
3. Divide the sum of all the MSC (in item 12) by 30 times the number of coverage excluding the month of sickness and multiply the quotient by 90%.

HOW TO COMPUTE SICKNESS BENEFITS WHEN CONFINEMENT OCCURRED WITHIN THE MONTH OF COVERAGE

1. Add all the earnings from the first day of employment up to the day immediately preceding the initial date of confinement and convert the total earnings into salary credit.
2. Divide the monthly salary credits by 30 and multiply the quotient by 90%.