



Philippine  
Overseas  
Employment  
Administration

Republic of the Philippines  
Department of Labor and Employment  
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**MEMORANDUM CIRCULAR No. 24**  
**Series of 2020**

**TO :** All Concerned

**SUBJECT :** Issuance of Certification of POEA Offices to Implement the Unemployment Insurance Benefit of Qualified Overseas Filipino Workers under the Social Security Act of 2018

Pursuant to *Republic Act No. 11199, otherwise known as the Social Security Act of 2018*, and in line with the *Department of Labor and Employment (DOLE) Department Circular No. 01, Series of 2019*, the following guidelines are issued by this Administration to facilitate the implementation of unemployment insurance or involuntary separation benefit for qualified landbased and seabased overseas Filipino workers (OFWs) of the Social Security System (SSS).

**I. Coverage.** The Guidelines provided in this Memorandum Circular specifically covers and implements Section 14-B of the Social Security act of 2018, as follows:

Sec. 14-B. *Unemployment Insurance or Involuntary Separation Benefits.* – A member who is not over sixty (60) years of age who has paid at least thirty-six (36) months contribution twelve (12) months of which should be in the eighteen-month period immediately preceding the involuntary unemployment or separation shall be paid benefits in the form of monthly cash payments equivalent to fifty percent (50%) of the average monthly salary credit for a maximum of two (2) months: *Provided*, That an employee who is involuntarily unemployed can only claim unemployment benefits once every three (3) years: *Provided*, further, That in case of concurrence of two or more compensable contingencies, only the highest benefit shall be paid, subject to the rules and regulations that the Commission may prescribe.

**II. Definition.** For purposes of implementing this Memorandum Circular, *involuntary unemployment or involuntary separation from work* shall refer to the situation where an OFW became unemployed due to: (1) economic downturn, (2) natural or human-induced calamities/disasters, (3) authorized causes of termination including termination due to installation of labor-saving devices, redundancy, retrenchment or downsizing, and closure or cessation of operations, and (4) other analogous cases as may be determined by the DOLE.

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**III. Functions of Focal Points at the POEA.** In line with DOLE Department Circular No. 01 Series of 2019, the main function of the POEA shall be to complement the efforts of the DOLE and other authorized agencies under it in the issuance of DOLE Certification for OFWs applying for the benefit defined herein.

The Welfare and Employment Office (WEO) shall serve as the central coordinating, monitoring, and supervising unit for the issuance of DOLE/POEA Certification.

**IV. Requirements and Arrangements for the Issuance of DOLE/POEA Certification**

1. ***Venue for Filing of Application for Certification.*** Qualified OFWs may file their application for DOLE/POEA certification at the POEA Central Office, any One-Stop Service Center for OFWs (OSSCO), POEA Regional Center, POEA Satellite Office (RSO) or Regional Extension Unit (REU).

The application for certification shall be subject to the existing appointment system, if applicable, in the respective venues for the filing of such application.

2. ***Requirements for Application for Certification.*** Applicants shall be required to bring:

- a. at least one (1) valid I.D. and
- b. copy of the Notice of Termination issued by the employer indicating any of the causes of involuntary unemployment mentioned in item II or a duly notarized Affidavit of Termination of Employment in the absence of Notice of Termination. The Affidavit of Termination should be supported by proof of the OFW's arrival to the Philippines such as stamp of arrival by the Bureau of Immigration in the OFWs passport, or other similar documents.

3. ***Authority to Sign and Issue Certification.*** The following officials are hereby authorized to sign and issue the POEA Certification required for the application of OFWS for unemployment insurance or involuntary separation benefit:

- a. For the POEA Main Office:
  - a.1 Director, Welfare and Employment Office (WEO)
  - a.2 Director, Welfare Services Branch (WSB)
- b. For Luzon: Head, POEA Regional Center for Luzon (RCL) or officers duly delegated by the Administration

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- c. For Visayas: Head, POEA Regional Center for Visayas (RCV) or officers duly delegated by the Administration
  - d. For Mindanao: Head, POEA Regional Center for Mindanao (RCM) or officers duly delegated by the Administration
4. **Endorsements and Reporting.** OSCCOs, RSOs or REUs without authorized signatories that have received applications for certification shall endorse such applications to their respective Regional Centers for approval. To facilitate such endorsements, arrangements for electronic submissions between concerned offices shall be established and operationalized.

All certifications issued and signed by authorized regional offices within a given month shall be duly reported to the Director of POEA-WEO on or before the 5th working day of the following month.

**V. Forms.** Attached to this Memorandum Circular for ready reference are the following forms:

- 1. For Landbased OFWs:
  - 1.a Affidavit of Termination of Employment for Landbased OFWs
  - 1.b POEA Certification for Landbased OFWs
- 2. For Seabased OFWs:
  - 2.a Affidavit of Termination of Employment for Seabased OFWs
  - 2.b POEA Certification for Seabased OFWs

**VI. Application for unemployment insurance or involuntary separation benefit at SSS.** Upon issuance of the DOLE/POEA certification by the concerned POEA office, the OFW may proceed to the designated SSS Office for application of the unemployment insurance or involuntary separation benefit.

**VII. Effectivity and Amendments.** This Circular shall take effect immediately and may be subject to further amendments.

For strict compliance.

  
**BERNARD P. OLALIA**  
*Administrator*

\_\_\_ October 2020

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\_\_\_\_\_, S.S

x-----x

**AFFIDAVIT OF TERMINATION OF EMPLOYMENT**

I, \_\_\_\_\_, Filipino, of legal age, single/married, with residence/postal address at \_\_\_\_\_, after having been sworn in accordance with law, hereby depose and state that:

1. I am a *bona fide* member of the Social Security System (SSS) with assigned SSS Number \_\_\_\_\_;
2. I am a landbased overseas Filipino worker (OFW) as defined under RA 11199 otherwise known as the Social Security Act of 2018;
3. I was deployed by [name of Philippine recruitment / manning agency] : \_\_\_\_\_ with office address at \_\_\_\_\_ to work overseas for its accredited employer/principal [name of accredited employer/ principal] with office address at \_\_\_\_\_ employment contract from \_\_\_\_\_ with a signed \_\_\_\_\_ to \_\_\_\_\_;
4. I was terminated from employment effective \_\_\_\_\_ due to \_\_\_\_\_;
5. I cannot secure a Notice of Termination from employer; and
6. I am executing this affidavit to attest to the truth and veracity of the foregoing statements and to support my application for unemployment insurance or involuntary separation benefit.

**IN WITNESS WHEREOF**, I hereby set my hand and affix my signature this \_\_\_\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**AFFIANT**  
(Signature over Printed Name)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ at \_\_\_\_\_  
Affiant exhibiting to me his/her valid government ID \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_ and valid until \_\_\_\_\_.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of 20 \_\_\_\_\_

# Letterhead of Issuing Office

## CERTIFICATION

This is to certify that based on the records of this Administration, Mr./ Ms. \_\_\_\_\_ is a landbased overseas Filipino worker (OFW) deployed by [*name of Philippine licensed recruitment agency*]: \_\_\_\_\_ with office address at \_\_\_\_\_ for its accredited employer/principal [*name of accredited employer/principal*] with office address at \_\_\_\_\_, with a signed employment contract from \_\_\_\_\_ to \_\_\_\_\_.

This certification is being issued as a requirement for the application of unemployment insurance or involuntary separation benefit of said OFW.

\_\_\_\_\_, Philippines. \_\_\_\_\_ 2020.

\_\_\_\_\_  
POEA Director/Head, Regional Center

\_\_\_\_\_-2020-09-30-001-POEA  
(Region-Year- Month- Date-Number of Certification-POEA)

\_\_\_\_\_, S.S

X-----X

**AFFIDAVIT OF TERMINATION OF EMPLOYMENT**

I, \_\_\_\_\_, Filipino, of legal age, single/married, with residence/postal address at \_\_\_\_\_, after having been sworn in accordance with law, hereby depose and state that:

1. I am a *bona fide* member of the Social Security System (SSS) with assigned SSS Number \_\_\_\_\_;
2. I am a seabased overseas Filipino worker (OFW) as defined under RA 11199 otherwise known as the Social Security Act of 2018;
3. I was deployed by [name of Philippine licensed manning agency] : \_\_\_\_\_ with office address at \_\_\_\_\_ for its accredited employer/principal [name of accredited employer/principal] with office address at \_\_\_\_\_, and was assigned to the vessel [name of vessel] \_\_\_\_\_ with a signed employment contract from \_\_\_\_\_ to \_\_\_\_\_;
4. I was terminated from employment effective \_\_\_\_\_ due to \_\_\_\_\_;
5. I cannot secure a Notice of Termination from employer; and
6. I am executing this affidavit to attest to the truth and veracity of the foregoing statements and to support my application for unemployment insurance or involuntary separation benefit.

**IN WITNESS WHEREOF**, I hereby set my hand and affix my signature this \_\_\_\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**AFFIANT**  
(Signature over Printed Name)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ at \_\_\_\_\_  
Affiant exhibiting to me his/her valid government ID \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_ and valid until \_\_\_\_\_.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of 20 \_\_\_\_\_

# Letterhead of Issuing Office

## CERTIFICATION

This is to certify that based on the records of this Administration, Mr./ Ms. \_\_\_\_\_ is a seabased overseas Filipino worker (OFW) deployed by [*name of Philippine licensed manning agency*]: \_\_\_\_\_ with office address at \_\_\_\_\_ for its accredited employer/principal [*name of accredited employer/principal*] with office address at \_\_\_\_\_, and was assigned to the vessel [*name of vessel*] \_\_\_\_\_ with a signed employment contract from \_\_\_\_\_ to \_\_\_\_\_.

This certification is being issued as a requirement for the application of unemployment insurance or involuntary separation benefit of said OFW.

\_\_\_\_\_, Philippines. \_\_\_\_\_ 2020.

\_\_\_\_\_  
POEA Director/Head, Regional Center

\_\_\_\_\_-2020-09-30-001-POEA

(Region-Year- Month - Date - Number of Certification-POEA)