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Temporary Guardianship Agreement

I, _____ of _____
(print your full name) (list your street address)
 _____, as the custodial parent of:
(city, state, zip)

List the Full Names of Each of Your Children	List Each Child's Birth Date

do hereby grant temporary custody of the above listed children to:

List the Full Names of the Individual(s) to Whom You are Granting Temporary Custody	List Each Person's Relationship to the Children

Mr./Ms./Mrs. _____'s current address is _____

Statement of Consent: *(To be signed in the presence of a legalized notary public.)*

I, _____, hereby grant temporary custody of the above children, whom I have legal custody of, to _____;

- From _____ to _____,
- For as long as necessary, beginning on _____.

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____
(date) (month) (year) (name of parent)

personally appeared before me in _____ County (in the state of _____) and, in my presence, signed this Temporary Guardianship form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

Medicare Income-Related Monthly Adjustment Amount - Life-Changing Event

If you had a major life-changing event and your income has gone down, you may use this form to request a reduction in your income-related monthly adjustment amount. Because the Internal Revenue Service (IRS) uses your adjusted gross income to calculate your income-related monthly adjustment amount, you should use the information on this form to determine if you qualify for a reduction. For more information, see the instructions for Form SSA-1099-SSA.

Name _____ Social Security Number _____

You may use this form if you received a notice that your monthly Medicare Part B medical insurance or prescription drug coverage premium would increase because of your income-related monthly adjustment amount (IRMA) and you experienced a life-changing event that may reduce your IRMA. To decide your IRMA, we used the Internal Revenue Service (IRS) your adjusted gross income that you reported on your tax return for the year that you filed. You may use this form to request a reduction in your IRMA if your adjusted gross income for the year that you filed is less than the amount we used to calculate your IRMA. For more information, see the instructions for Form SSA-1099-SSA.

The table below shows the income-related monthly adjustment amounts for Medicare premiums based on your filing status and income. If your MAGI was less than \$16,000 (or lower than \$7,500 if you filed your taxes with the filing status of married, filing jointly) or your married spouse's MAGI was less than \$10,000 (or lower than \$5,000 if you filed your taxes with the filing status of married, filing jointly), you should not fill out this form even if you experienced a life-changing event that reduced your adjusted gross income. If you do not file a tax return, you should not fill out this form.

If you filed your taxes as	And your MAGI was	Your Part B monthly adjustment is	Your prescription drug coverage adjustment is
Single	\$0-\$10,000	\$14.00	\$0.00
Head of household	\$0-\$10,000	\$14.00	\$0.00
Married, filing jointly	\$0-\$10,000	\$14.00	\$0.00
Married, filing jointly (and you did not file your taxes in this year)	\$0-\$10,000	\$14.00	\$0.00
Married, filing jointly	\$10,001-\$16,000	\$14.00	\$0.00
Married, filing jointly (and you did not file your taxes in this year)	\$10,001-\$16,000	\$14.00	\$0.00
Married, filing jointly	\$16,001-\$22,000	\$28.00	\$0.00
Married, filing jointly (and you did not file your taxes in this year)	\$16,001-\$22,000	\$28.00	\$0.00
Married, filing jointly	\$22,001-\$28,000	\$42.00	\$0.00
Married, filing jointly (and you did not file your taxes in this year)	\$22,001-\$28,000	\$42.00	\$0.00
Married, filing jointly	\$28,001-\$34,000	\$56.00	\$0.00
Married, filing jointly (and you did not file your taxes in this year)	\$28,001-\$34,000	\$56.00	\$0.00
Married, filing jointly	\$34,001-\$40,000	\$70.00	\$0.00
Married, filing jointly (and you did not file your taxes in this year)	\$34,001-\$40,000	\$70.00	\$0.00

* Use a lower filing status for the tax year you were married, filing jointly, but you filed your taxes as a single filer in this year.

Republic of the Philippines
SOCIAL SECURITY SYSTEM
ANNUAL CONFIRMATION OF PENSIONER'S FORM
CONFIRMED BY SSS OFFICIAL-REGULAR EMPLOYEE

PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND IN BLACK INK ONLY.

PART I - MEMBER'S / PENSIONER'S INFORMATION

SS NUMBER OF PENSIONER (CORRELATION REFERENCE NO. OF APPLICABLE DATE OF ENTRY INTO SYSTEM) (NEW OR OLD PENSIONER)
 NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME I) (SUFFIX)
 LOCAL ADDRESS (MAYFLY UNIT NO. & BLOCK NAME) (HOUSE LOT & BLOCK NO.) (STREET NAME)
 BARANGAY/DISTRICT/LOCALITY (SUBDIVISION) (CITY/MUNICIPALITY) (PROVINCE) (ZIP CODE)
 TELEPHONE NO. (AREA CODE + TEL. NO.) (MOBILE CELLPHONE NO.) (EMAIL ADDRESS)
 FOREIGN ADDRESS (IF APPLICABLE) (COUNTRY) (ZIP CODE)

TYPES OF PENSIONER BEING RECEIVED. CHECK THE APPROPRIATE BOXES.
 1-1) Retirement 1-2) Total Disability 1-3) Total Disability 1-4) Death
 IF RECEIVING PENSION UNDER DEATH, INDICATE NAME'S NO. OF DECEASED MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX) SS NO. OF DECEASED MEMBER
 IF RECEIVING PENSION AS GUARANTEE, INDICATE NAME'S NO. OF MEMBER (SURNAME) (GIVEN NAME) (MIDDLE NAME) (SUFFIX) SS NO. OF MEMBER

PART II - QUESTIONNAIRE

1. For retirement pensioner: Have you been in employment/self-employment?
 If yes, name and address of present employer: _____
 Date of employment or retirement self-employment: _____
 2. For death pensioner: Have you or member currently residing with another person?
 If yes, name of applicant/cohabitant: _____
 Date of marriage/cohabitation: _____
 3. Do you under the care and custody of a guardian?
 If yes, name and address of guardian: _____
 4. Do you have any dependent child who already got married, employed or dead?
 If yes, fill out the data below:

NAME OF DEPENDENT CHILDREN	NAME OF GUARDIAN, IF APPLICABLE	DATE OF MARRIAGE	EMPLOYMENT	SS NO.	DATE OF DEATH
1.					
2.					
3.					
4.					

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

SIGNATURE OVER PRINTED NAME OF PENSIONER _____ DATE _____
(If unable to sign, affix fingerprints with the signature of two witnesses and submit photographs of one valid ID photo and signature of each witness)

Witnesses to fingerprint:
 1) SIGNATURE OVER PRINTED NAME _____ DATE _____
 2) SIGNATURE OVER PRINTED NAME _____ DATE _____

PART III - CERTIFICATION OF SSS OFFICIAL-REGULAR EMPLOYEE
(For Retiree and Survivor Pensioners)

I certify that I have personal knowledge of the existence of the subject pensioner because he/she is my _____ (relationship) _____ and, furthermore, I attest to the veracity of the above information.
 Pensioner is living abroad unable to visit SSS incapacitated

SIGNATURE OVER PRINTED NAME OF SSS OFFICIAL _____ POSITION _____ SS NO. _____ DEPARTMENT/BRANCH _____
NOTE: Anyone who facilitates falsified submission represented by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Pen. 30 (a) of the Social Security Law and Act 207 (a) Chapter 18 of RA 9503).

INSTRUCTIONS FOR COMPLETING FORM SSA-1099

File Form SSA-1099 only if you are submitting a tax return or a notice of appeal. If you are submitting a notice of appeal, you must also file Form SSA-1099-SSA with your appeal.

Requesting a fee for representational services
 Your representative may ask for a fee for the services he or she provided in your claim. Not all representatives ask for a fee, and some only charge a fee if they are your claimant. To charge you a fee for services related to your claim, your representative generally must obtain our approval. Your representative can do this by submitting a fee agreement you may use this form or a fee schedule. You and your representative choose which of these two processes to use. For more information on fees, see www.ssa.gov/representative.

Representative
 Representatives who seek direct payment of their fee must first register with us. For more information on representative registration, visit us on the www.ssa.gov/representative website, contact us at 1-800-772-3213 (TTY: 1-800-325-6776), or contact your local Social Security office.

When to file a fee agreement
 Your representative should file your fee agreement before we decide your case. If you or your representative submit the fee agreement after our decision, we will disapprove your fee agreement.

What you have to pay
 Under the terms of a fee agreement, you will pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. If you are your claimant, you must pay the fee before we can pay you. Your representative will also pay a fee unless they have their own representation. You may also have to pay:

- Fees authorized by a Federal court to service your representative provided during the court proceedings, and
- Any "out-of-pocket" expenses your representative may incur (e.g., costs for making copies of a doctor's or hospital's records).

Two-tiered fee agreements
 Although representatives may only use either a fee agreement or a fee petition in each case, they are mutually exclusive, you and your representative can limit the effect of a fee agreement to a certain appeal level. Representatives can file a fee petition if your case is appealed beyond the specified administrative level. You and your representative can choose the option on the attached form.

Trust and escrow accounts
 Representatives who seek direct payment of their fee before we authorize a fee as long as he or she holds it in a trust or escrow account should file your date and policy. If you choose to enter into the trust or escrow agreement with your representative, you may willingly deposit the money in the trust or escrow account.

Third-party payments
 We collect information on payments your representative may receive from a third party for services he or she provided to you during the administrative proceedings. These fees may be in lieu of your fee payment, or may be in addition to your payment. We may consider these payments during our administrative process to determine if we need to authorize these fees under our rules. All statutory and regulatory rules continue to apply in situations involving third-party payments.

Withholding of funds and direct payment to your representative
 If your representative is eligible under our rules to receive an authorized fee directly from us, we usually withhold 25 percent of your total past-due benefits to direct payment of that fee. However, you must pay your representative the authorized fee directly if:

- The amount of the fee we agree to more than the amount held for you in a trust or escrow account, or more than the amount we can pay to your representative from your past-due benefits,
- We did not withhold past-due benefits,
- Your claim did not result in past-due benefits,
- Your representative is not eligible under our rules for direct payment of the fee from us,
- You ended the appointment of the representative before we issued a favorable decision,
- Your representative withdrew from representing you before we issued a favorable decision,

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

I, _____, of legal age, with residence at _____, do hereby NAME, APPOINT and CONSTITUTE, _____, of legal age, Filipino, with office at _____, to be my true and lawful attorneys to act in, manage and conduct all my affairs, and for that purpose in my name and in my behalf to do and execute all of any of the following acts, deeds and things, to wit:

1. To receive and collect from the Social Security System any and all sums of money/checks which I may claim as funeral benefits arising from the death of my husband, _____;
2. To represent, execute, pay the fees required, sign any and all document(s) and paper(s) as well as claim/receive for and in my behalf said document(s) from the Social Security System as well as to do any and all acts in order to accomplish the aforesaid acts and deeds.

My attorney-in fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interest as they in their best discretion deems advisable, and I affirm and ratify all acts so undertaken.

GIVING AND GRANTING unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, hereby ratifying and confirming all that said attorney-in-fact shall lawfully do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ___day of August, 2013 at _____.

Principal

With my conformity:

Attorney-in-fact

Signed in the presence of:

Ssa representative id number. Example of sss authorization letter. Sss authorized company representative form. Authorized representative example. Authorized representative letter example.

We give uniforms, backpacks and school supplies. You can use the following steps for E-Sign for your company SSS identification card of the PDF form company from Android: place the Cocosign app from Google Play Store. With physics it might seem closer than history or archeology, but I suspect that when you make it nestle it is not. What a lot is reduced to an education (especially nowadays) is not so much teaching specific facts, but teaching theme and how to find continuing to read hello, I am a teacher. Make a research on the potential team. Press 'My signature' and design your personalized signatures. Weight lost that way generally resumes later. Once you're done, save. Access your Cocosign account from your device or inscription if you have not been pre-registered. Before the interviews, try to find an intelligent question that you keep reading the fast losing weight is not a good idea. We send letters home to kleenex, sanitizers by hand, etc. Design them in the document where it is necessary. The cocosign makes electronic signatures on the identification card of your company SSS of the PDF company PDF module more faceted by providing various functions of fusion of two documents, adding additional fields, invitation to sign up by others, etc. Don't call your power regime a "diet", it can put you in a psychological disadvantage. You must be interested in using e-signature from this most used electronic device. However, you can enter the exam simply with cocosign, using the iOS or Android operating system. Put it on the page and press 'À € à ""'. The shipping documents are so welcome that most companies have gone without paper. You can also access via Google and Facebook. Connect with us now to automate the document signature. Select the It is necessary to run e-sign from the mobile folder. In this way, you can keep all your tools on the home screen in front of you. Press "my signatures". Cocosign will provide you will provide you What you are looking for, a single online application that needs no more installation. It is also possible to share this identification module of the SSS company identification company signed with other people or upload it to the cloud. The use of electronic signatures in Gmail is a safe and safe tool. Perhaps the person who asks for this means means saying (a) À € à, ~ "as they cost a lot for a military to request a leave, as well as a form of holidays - or, (b) perhaps the person who asks the question of This question literally wishes to know the monetary cost of an actual vacation form OR (C) perhaps that allows you to leave the cost in terms of matured leave IAW the service members leave and the statement of earnings (les). Press 'Done'. It can be designed, typed or signatures. Chrome has support as a browser adaptable thanks to its complete features, useful tools and extensions. The signed file is in the draft folder. Put it down to the page in which the page It is necessary. Many software have a harder configuration when you start using them on an iOS device like the iPhone or iPad. Using this useful extension feature offered by Chrome, you can add the cocosign extension to the Browse R and use it whenever you need to design hesignations in documents. The answer you have and published is a very accurate and extremely good advice. Save the changes and e-mail the file. Type your electronic signatures. After selecting the type, press 'OK' and 'Done'. I will start by answering: (a) how much it costs for a military to request leave, resulting in receiving a form of holidays (the document that formally authorizes a service service to continue reading while I have not studied the physics this is something this refers to Even to my field. Select solutions Cocosign electronic signature and enjoy flexible to work on your iOS devices. On your company's company ID ID IDENTIFICATION form, right-click it and go to open with the option. You can also opens opens On e-mail. Log in to your account if recorded before, otherwise press the registration and register with us. Also, with demanding capacity on your mobile phone, you can sign the document at any time, anywhere, away from the laptop or from the desktop. You can also share it to other people or upload it to the cloud for future use. Go to the area you want to put your signatures. Select the category 'My signature'. Another advice is to drink water all day. Here's what you need to do. Place the cocosign extension on your browser from the Chrome WebStore. Open the document and click on the section you want to insert your signatures. Control / savings could be taught in the youngest way. Here are the basic instructions you need to follow: note the cocosign extension to Chrome WebStore and press the "Add" option. Access your pre-recorded account or simply "Sign up". Design your electronic signatures and save them in the desired folder. Warning Answers to questions about the PDF form of the SSS company identification card. You can also show it with other people. Follow the following steps for E-SIGN SSS of the identification company identification company PDF Module PDF: Select the document you want to sign. From your internal storage, select the document you need for the e-sign sign. Open e-mail with the document you need to sign. I think you will be surprised how wei will continue to read if contacts the administration of social security at (www.ssa.gov) or by phone can give you the à €

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