



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

P. O. Box 679 Koror, Republic of Palau, PW 96940

Phone: (680) 488-2457 or Fax: (680) 488-1470

E-mail: administration@ropssa.org

Date: _____

TO : SOCIAL SECURITY ADMINISTRATION

FROM : _____ **Phone:** _____

SUBJECT : REQUEST CHANGE OF ADDRESS/AUTHORIZED INSTITUTION PAYEE
 REQUEST CHANGE OF BENEFIT PAYEE

I would like to request that my monthly benefit be sent to the address/institution beginning with the month of _____.
Month / Year

Change from:

To:

Thank you,

Signature: _____

Check Recipient SSN: _____

RE / SP / DC / DI

Reason for Change:

Wage Earner's SSN: _____

Wage Earner's Name:

SSA USE ONLY

Required if Request was not received directly from the beneficiary.

Request received from: _____ Date: _____

Relationship to Beneficiary: _____

Phone Confirmation by: _____ Date: _____ Time: _____

Received By: _____ Date: _____ Entered By: _____ Date: _____