



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

Date Received/Logged: _____

Date Filed/Complete: _____

Telephone Number: _____

PART I

APPLICATION FOR LUMP SUM INSURANCE BENEFITS

I hereby apply for all insurance benefits payable to me under the Social Security Act, as amended.

1. Your Social Security Number: _____

2. Your Full Name: _____

First

Middle

Last

3. Name Used At Birth/Other Name Used: _____

4. Address: _____

Phone: _____

Current Residence: _____

City and State: _____

Zip: _____

5. Your Date of Birth: _____ 6. Male: Female: 7. Citizenship: _____

8. Relationship to Deceased: _____ (If you're the surviving spouse answer question 9.)

9. Have you remarried since the death of the deceased? Yes No

If yes, married to whom: _____ When: _____ Where: _____

10. I am making application for benefits payable under subsection () of the foregoing §758.

- a) To the spouse, or
- b) If there is no surviving spouse, to the children or to any guardian or trustees for the children, in equal shares; or
- c) If there is no surviving spouse or child, to the parents in equal shares; or
- d) If there is no surviving spouse, child or parent, to the duly appointed legal representative of the deceased; or
- e) If none of the preceding paragraphs apply, to the persons entitled to it under the laws and customs of the last domicile of the deceased.

11. I warrant that there is no person or persons entitled to the benefits for which I have applied on the death of the Contributors whose claim to such benefits under §758 is superior to mine and whose identity I have not disclosed to the Social Security Administration.

12. Upon benefit payment to me by the Social Security Administration under §758 on the death of the Contributor, I shall indemnify, defend, and hold harmless the Social Security Administration against all subsequent claims by other persons to such benefits. (Payment must be divided in equal shares to the deceased siblings or parent.)

LUMP SUM APPLICATION

Direct Deposit: If you want your payments sent to the bank, check here *If checked, please provide a copy of your bank account or a bank statement.*
Your Bank's Name & Address: _____
Your Bank's ABA Number: _____
Your Bank's Account Number: _____ Account Type: _____

Signature: *I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable by fine, imprisonment, or both. I acknowledge my agreement to the statements in No. 10, No. 11 & No. 12 and affirm that all information I have given in this document and any attachments are true*

SIGN HERE: _____ DATE: _____
(Note: This application must be notarized.)

Subscribed and sworn to before me this _____ day _____, 20____

Notary Public

OFFICIAL USE:

Lump Sum Benefit is applicable due to:
 Wage Earner was not: a) fully or, b) currently insured or, c) both
 No eligible surviving spouse, and/or
 No eligible surviving child(ren) to receive monthly benefits.

LUMP-SUM PAYMENT

this is a one-time benefit payment to survivors of the deceased worker who died fully or currently insured and all rights to a survivor insurance benefits with respect to him or her have been terminated. (or to the next of kin of the deceased worker who died with no eligible survivors to receive monthly benefits).

The claim will be paid in the following order:
1. Surviving Spouse
2. Children in equal shares
3. Parents in equal shares
4. Duly appointed legal representative of the deceased.
5. If none of the above, the person or persons entitled under laws and local customs of the last domicile of the deceased.

NOTE:

If you are the *spouse* of the deceased, attach with this application a copy of:

If you are **not the spouse** of the deceased, you must establish your right to the Lump-Sum Payment as the survivor, surviving heir, or estate. The following documents must accompany this application:

- 1. Your Marriage Certificate
- 2. Death Certificate
- 3. Your Birth Certificate
- 4. Your Identification document (i.e. passport, driver's license, etc.)

- 1. Death Certificate
- 2. Your Birth Certificate.
- 3. Your Picture Identification (i.e. passport, driver's license, etc.)
- 4. Court order/decreed appointing Administrator of the deceased's estate.

Please note that the application will not be processed without the submittal of the above documents depending on your relationship to the deceased wage earner.

PART II: DECEASED WAGE EARNER

APPLICATION FOR LUMP SUM INSURANCE BENEFIT

INSTRUCTIONS: Part II is about the **Deceased Wage Earner**. (Note: *Part II* always accompanies *Part I Lump Sum Application*).

1. Social Security Number:

First

Middle

Last

2. Full Name:

3. Sex: Male Female

4. Date of Birth:

5. Citizenship:

6. Date of Death:

7. Place of Death:

8. Enter Cause of Death:

Primary:

Secondary:

9. Was the deceased receiving Social Security Benefits at the time of death? Yes No

10. If yes, What kind of benefits? Disability Retirement Survivor

11. Enter the following information about each marriage of the deceased:

To Whom married: _____ When: _____ Where: _____

How marriage ended: _____ When: _____ Where: _____

12. Were the deceased and the surviving spouse living together at the time of death?

Yes No If no, state reason why not: _____

13. Was the deceased survived by any living Sons and Daughters? Yes No

If yes, enter the following information: Total Number of Children _____

Name

Date of Birth

Relationship to Deceased

Name	Date of Birth	Relationship to Deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Is there a surviving parent(s)? Yes No

If yes, enter Name of Mother: _____

Name of father: _____

Do they live in the same household? Yes No

If No, state reason why not: _____