DEPOSIT TO MEDICAL SAVINGS ACCOUNT

REPUBLIC OF PALAU
HCF
HEALTHCARE FUND

Healthcare Fund
SOCIAL SECURITY ADMINISTRATION
P.O. Box 679 Koror, Palau 96940
Tel: 488-2457 | Fax: 488-1470
administration@ropssa.org
www.ropssa.org

Date: _____

Account Holder's Name	**Social Security Number**	**Amount** *(Minimum of $10.00)*
1.		$
2.		$
3.		$

Total: | | | | | | | . | | |

Payer's Name (Print): _____ SSN: _____

Tel No. _____ Signature of Payer: _____

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE USE

ROPSSA 900 - 20 (12/10)

FOR OFFICE USE ONLY				
DATE PAID:	**AMOUNT PAID:**	**RECEIPT NO.:**	**RECEIVED BY:**	**VERIFIED BY:**