

November 14, 2014

Please complete this Annual Survey Form and return to Social Security office within 45 days from the date above. **Failure to do so will result in withholding all future payments 41 PNCA § 763.**

Thank you.



YOUR INFORMATION

PLEASE PRINT

US SS No. _____ - _____ - _____

SSA No. _____ - _____ - _____

First Name: _____

Middle Name: _____

Last Name: _____

Other Name Used: _____

Mailing Address: _____

Current Residence:
Hamlet/Town _____

State: _____

Telephone# _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Male Female

Single Married

Spouse Name: _____

Date of Marriage: _____

Place of Marriage: _____

Your marriage was performed by: Clergyman or authorized public official

Other: _____

RETIREMENT

DISABILITY

SURVIVING SPOUSE/GUARDIAN

Are you working or self-employed/own business?

Yes No

If yes, since when?

From: _____ To: _____

Company's Name: _____

Location: _____

Recovered from Disability? (Skip if not disabled)

Partially Completely

Do you have any children receiving SS Benefits?

Yes No

Child's Name: _____

If yes, answer a to d.

a. Married? Yes No

b. Working? Yes No

c. Adopted? Yes No

d. Death? Yes No

Wage Earner's Name: _____

(NOTARY: Only for person residing OUTSIDE of Palau. Person residing in Palau do not need to notarize.)

Under the penalty of perjury, I hereby certify that the information provided are true and correct.

Signature

Date

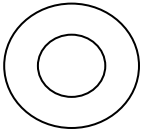
Authorized Representative

Relationship to Beneficiary



Notary Public

Republic of Palau
Social Security Administration
P.O. Box 679
Koror, Palau 96940



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>> ANNUAL SURVEY FORM <<

HANDLING INSTRUCTIONS

If you need help regarding the Annual Survey form, you can stop by the Social Security office or you can call or email. Representatives are here to assist you from Monday to Friday, 9:00 a.m. – 4:00 p.m.

*Please have his form **filled, signed and if YOU ARE RESIDING OUTSIDE PALAU, PLEASE HAVE IT NOTARIZED.***

To send this Survey form back, please refold so that the Social Security return address is showing. Print your name and address on the lines on the top left corner.

Please tape the edges so it does not open before mailing.

Social Security Administration would like to thank all beneficiaries for their continued support.

Republic of Palau
Social Security Administration
P.O.Box 679, Koror, Palau 96940
Tel (680) 488-2457 Fax (680) 488-1470
E-mail: administration@ropssa.org

Place Stamp Here

From:

To: Republic of Palau
Social Security Administration
P.O. Box 679
Koror, Palau 96940