



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: [Grid for SSN with labels First, Middle, Last]

2. Your Full Name: _____

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, to whom married: _____ 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 Contributor 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 parents.)

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 and correct.*

SIGN HERE: _____ DATE: _____

(Note: This application must be notarized.)

Subscribed and sworn to before me this _____ day of _____, 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 with less than the minimum required quarters of coverage for monthly benefits (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:

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

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 with this application:

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.

