

November 14, 2017

You are required to complete this Annual Survey Form and return to Social Security office within 45 days from November 14, 2017. **Failure to do so will result in withholding all future payments 41 PNCA § 763.**



Thank you!

YOUR INFORMATION

PLEASE PRINT

SSA No. _____ - _____ - _____

First Name: _____

Middle Name: _____

Last Name: _____

Other Name Used: _____

Current Mailing Address: _____

Current Residence: Hamlet/Town _____

State: _____ Zip Code _____

Telephone#: _____

Email: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

- Male Single
- Female Married/Remarried
- Widow/Widower

Spouse Name: _____

Date of Marriage: _____

Place of Marriage: _____

Your marriage was performed by:

- Clergyman
- Authorized Public Official
- Other: _____

- RETIREMENT
- SURVIVING SPOUSE/GUARDIAN
- Dependent Child
- Dependent Disabled Child

Are you working or self-employed/own business?
 Yes No

If you reside outside of Palau, enclose your latest W-2 form or Certified Statement of Earnings.

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 beneficiaries residing **OUTSIDE** of Palau. Beneficiaries residing in Palau do not need to notarize.)*

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

Signature _____ Date _____

Authorized Representative w/*POA _____

Relationship to Beneficiary _____

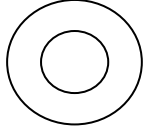
Subscribed and sworn to before me on this _____ day of _____ 20____.



***POA-Power of Attorney**

Republic of Palau
Prior Service Administration
P.O. Box 679
Koror, Palau 96940

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FIRST-CLASS



>>ANNUAL SURVEY FORM<< FISCAL YEAR 2018

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, 9:00a.m. – 4:00p.m.

This form is due at Social Security Administration Office by no later than January 15, 2018. Please have his form filled, signed and, IF YOU ARE RESIDING OUTSIDE OF PALAU, HAVE IT NOTARIZED BEFORE MAILING IT.

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
Prior Service Administration
P.O. Box 679
Koror, Palau 96940