

**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
- DISABILITY
- SURVIVING SPOUSE/GUARDIAN
- Dependent Child
- Dependent Disabled Child
- DUAL Beneficiary

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

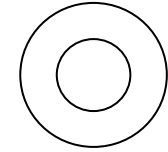
Relationship to Beneficiary

**Subscribed and sworn** to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



**\*POA-Power of Attorney**

Republic of Palau  
Social Security 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](mailto:administration@ropssa.org)

Place  
Stamp  
Here

From:


ROPSSA 600-11-B (Rev. 8/17)

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