



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

1 Civic Center Road, Medalaii
P.O. Box 679 Koror, Palau, PW 96940
Phone: (680) 488-2457 or Fax: (680) 488-1470
E-mail: administration@ropssa.org Website: www.ropssa.org

Date: _____

TO : SOCIAL SECURITY ADMINISTRATION

FROM : _____ **Phone:** _____
(Must be Benefit Payee)

SUBJECT : REQUEST CHANGE OF ADDRESS

I would like to request that my monthly benefit be sent to the address/institution beginning with the month of _____.
Month / Year

Change from:

To:

Thank you,

Signature: _____ *(Please have this form notarized if you are residing outside Palau.)*

Check Recipient SSN: _____
Retiree/ Survivor/ Disabled

Wage Earner SSN: _____

Wage Earner's Name: _____

Reason for Change:

