



*Republic of Palau*  
**SOCIAL SECURITY ADMINISTRATION**

Date Received/Logged: \_\_\_\_\_

Date Filed/Complete: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PART I**

**APPLICATION FOR RETIREMENT INSURANCE BENEFITS**

**I hereby apply for all insurance benefits payable to me under the Social Security Act, as amended.**

1. Your Social Security Number: \_\_\_\_\_

2. Your Full Name: \_\_\_\_\_  
First Middle Last

3. Names Used At Birth/Other Name Used: \_\_\_\_\_

4. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Residence: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

5. Male  Female  6. Birthplace: \_\_\_\_\_ 7. Citizenship: \_\_\_\_\_  
Month Day Year

8. Your Date of Birth: \_\_\_\_\_ 9. Your Present Age: \_\_\_\_\_

10. Marital Status:  Single  Divorced Date: \_\_\_\_\_  Widowed Date: \_\_\_\_\_

If Married answer question 11 to 15.  
First Middle Last

11. Spouse's Name: \_\_\_\_\_  
Month Day Year

12. Spouse's Date of Birth (or age if date of birth unknown): \_\_\_\_\_

13. Your marriage was performed by:  Clergyman  Authorized Public Official  Custom

14. Date of Marriage: \_\_\_\_\_ 15. Place of Marriage: \_\_\_\_\_

16. List names of your dependent children who are under age 18, between age 18 to 22, disabled before the age of 22:

Name	Age	Date of Birth	Relationship to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17 Are you working or Self-employed/own a business?  No, Date Stopped working: \_\_\_\_\_  
 If Yes, From \_\_\_\_\_ To \_\_\_\_\_

18 How your earnings affect your benefits: You may earn up to \$3,000.00 per quarter and still receive all your retirement benefits. If you earn over that amount, \$1.00 in benefits will be reduced for each \$3.00 of earnings over \$3,000.00 per quarter.

