Republic of Palau

SOCIAL SECURITY ADMINISTRATION

Date Received/Logged: _____
Date Filed/Complete: _____ **Telephone Number:** _____

APPLICATION FOR SURVIVOR DISABLED CHILD INSURANCE BENEFITS

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

1. Child's Social Security Number | | | | – | | | – | | | | |
   First Middle Last

2. Child's Full Name

3. Child's Date of Birth: *Month* _____/*Day* ____/*Year* _____ 4. Child's relationship to the deceased _____

5. Applicant's Full Name: _____ 6. Social Security Number_____ ____ _____

7. Address: Phone:

   Current Residence:

   City and State: Zip Code:

8. Applicant's Date of Birth *Month* _____/*Day* _____/*Year* _____ 9. Citizenship:_____

10. Your relationship to the child: _____

11. Did the child live with the deceased at the time of death? ☐ Yes ☐ No

12. Does the child live with you? ☐ Yes ☐ No If No, with whom does the child live?

13. Describe (in detail) the nature of the child's disability:

14. What month, day and year did you realize the child's disability condition?

15. I authorize any physician or hospital to disclose to Social Security any medical records or other information about the child's disability.

16. Does (did) the child have earnings? ☐ Yes, if yes when _____ Amount of Earnings $_____
    ☐ No

17. How your earnings affect your benefits: The child may earn up to $1,800.00 per quarter and still receive all his/her survivor benefits. If he/she earn over that amount, $1.00 in benefits will be reduced for each $3.00 of earnings over $1,800.00 per quarter.

DECEASED WAGE EARNER (question 18 to 26)

18. Social Security Number: ☐☐☐-☐☐-☐☐☐☐

First Middle Last

19. Full Name:

20. Sex: Male __ Female __ 21. Date of Birth *Month Day Year* _____/____/_____ 22. Citizenship:_____

23. Date of Death *Month Day Year* _____/_____/_____ 24. Place of Death

25. Cause of Death

(a) Primary: (b) Secondary:

26. Was the deceased wage earner ever entitled to Social Security Benefits? ☐ Yes ☐ No

27. If yes, what kind of benefits? ☐ Disability ☐ Retirement

28. I understand that all payments made to me on behalf of a child must be spent for the child's present needs, or, if not presently needed, saved for the child's future needs, and I do agree to use the benefits that way.

29. I agree to notify Social Security promptly if any of the following occur and to promptly return any benefit check I receive which is not due:

a. A Child is adopted or there is a change in custody/Guardianship
b. A disabled child's condition improves
c. A child goes to work, gets married, or dies
d. Change of Address
e. Change of Child's Citizenship

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. 15, No.28 & No.29 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 if not signed in the presence of a Social Security Administration Representative).

Direct Deposit: If you want your payments sent directly 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: _____

Witness: Required ONLY if this application has been signed by (X). Two witnesses to the signing who know the applicant must sign below, giving their full address.

Sign Here: _____ Sign Here: _____

(Print Name and Sign) (Print Name and Sign)

Address: _____ Address: _____

_____ _____

Note: This application will not be processed without the following documents:

1. **Death Certificate of Wage Earner**
2. **Birth Certificate of Child**
3. **Applicant Picture Identification**
4. **Proof for child dependency if not the natural child or not adopted through Court.**
5. **Proof of Guardianship if the applicant is living with someone other than the surviving spouse of the decedent.**