



Republic of Palau

SOCIAL SECURITY ADMINISTRATION

P.O. Box 679 Koror, Republic of Palau, PW 96940

Phone: (680) 488-2457 or Fax: (680) 488-1470

Email: administration@ropssa.pw Website: www.ropssa.pw

ANNUAL SURVEY~FY2024

Dear Social Security Beneficiaries:

It has been necessary to update our records regarding everyone receiving benefits under the Social Security Trust Fund Program. We ask that you complete this survey and submit it to our office as soon as possible. **Deadline for ALL annual surveys is June 30, 2024. Failure to complete this survey will result in withholding any and all future benefits until this information is received. 41 PNCA §763.**

Please complete all sections that apply to you:

SSN:

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Beneficiary Name: _____	Birthdate: _____
Mailing Address: _____	Place of Birth: _____
Current Residence: _____	Citizenship: _____
_____	Gender: [] Male [] Female
Hamlet/City/State	Marital Status: [] Single [] Married/Remarried
Telephone No.: _____	[] Widow/Widower
Email Address: _____	Spouse Name: _____

<input type="checkbox"/> RETIREMENT		<input type="checkbox"/> DISABILITY		<input type="checkbox"/> SURVIVING SPOUSE/ GUARDIAN		<input type="checkbox"/> PRIOR SERVICE	
1. Are you working, self-employed, or own business? () No () Yes		If yes, since when? Date: _____		Company Name: _____		Location: _____	
<i>(If you are working outside of the Republic of Palau, you must submit your latest W-2 Form or Certified Statement of Earnings.)</i>							
2. If you are disabled, have you recovered from your disability? () Partially () Completely		Date: _____					
3. Do have any children receiving SS Benefits? () No () Yes		Wage Earner's Name: _____		Child's Name (s): _____			
4. If you're a surviving spouse, have you remarried? () No () Yes		If yes, since when? Date: _____		Spouse's Name: _____			

I understand that any false statement(s) or misrepresentation(s) of any fact in maintaining a right for benefits is a crime punishable under the Social Security Act of the Republic of Palau.

Beneficiary's Signature: _____
Sign/ Date

NOTARY: Only for beneficiaries residing OUTSIDE of the Republic of Palau.

Authorized Representative: _____
with POA (Power of Attorney) Sign/Date

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

FOR SSA USE ONLY	
Remarks: _____	



Received Date/By: _____	Entered Date/By: _____
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