## 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 ~ FY2025**

## **Dear Social Security Beneficiaries:**

You are required to complete this Annual Survey Form and return it to Social Security Administration no later than <u>June 30, 2025</u>. 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:					
Beneficiary Name:	Birthdate:					
Mailing Address:	Place of Birth:					
Current Residence:	Citizenship:					
Hamlet:	Gender:	[]	Male	[ ] Fen	nale	
City/State/Zip:	Marital Status	: []	Single	[ ] Ma	rried/Re	emarried
Telephone No.:		[]	Widow/W	idower		
Email Address:	Spouse Name:					
[ ] RETIREMENT [ ] DISABILITY [	] SURVIVING SPOUSE/C	GUARD	OIAN	[ ] PRIC	R SER	VICE
1. Are you working, self-employed, or own business? [ ] No [ ] Y	Yes If yes, since who	en?	Date:			
Company Name:	Location:					
(If you are working outside of the Republic of Palau, you must su	bmit your latest W-2 Form	or Certi	ified State	ment of E	arnings	i.)
2. If you are disabled, have you recovered from your disability?	[ ] No [	] Yes				
If yo	es, [ ] Partially [	] Con	npletely	Date:		
	] Yes Wage Earner's	Name: _				
Child's Name (s):						
4. If you're a surviving spouse, have you remarried? [ ] No [	] Yes If yes, since w	es If yes, since when? Date:				
	Spouse's Nam	Spouse's Name:				
I understand that any false statement(s) or misrepresentation(s) of any fac Security Act of the Republic of Palau.	t in maintaining a right for be	nefits is	a crime pu	nishable u	nder the	Social
NOTARY: Only for beneficiaries residing outside of the Republi	lic of Palau.					
Under Penalty of Perjury, I hereby certify that the information provide	ed is true and correct.					
Beneficiary Name:						
Sign/Date						
Authorized Representative:						
with POA (Power of Attorney) Sign/Date		FO	R SSA USE	ONLY		
	Remarks:					
Subscribed and sworn to before me on this						
day of 20						
Notary Seal	Received Date/F	Ву:	E	ntered Da	te/By:	