



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:

Table with 4 columns: 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.

PART II

APPLICANT INFORMATION

19. How much were your total earnings at the end of last calendar year? _____

20. How much do you expect to earn this calendar year? _____

21. Have you ever filed an application for Social Security Benefits? Yes No

22. If yes to item 24, what kind of application did you file? Disability Survivor Lump Sum
Give Wage Earner's name and Social Security Number on which benefits are paid:

Name: _____ SSN: _____

23. I agree to notify Social Security if any of the following event(s) occur.
- a. If I go back to work or become a self-employed person.
 - b. If or when I change my address.
 - c. Any changes to my marital status (i.e. remarry, divorce or become widow/widower).
 - d. Change my Citizenship.

Signature: *I know that anyone who makes or causes to be made a false statement or representation of material 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. 26 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 to the bank, check here *If checked, please provide a*

Your Bank's Name & Address: _____ *copy of your bank account*

Your Bank's ABA Number: _____ *or a bank statement*

Your Bank's Account Number: _____ Account Type: _____

Witness: Required ONLY if this application has been signed by (X), two witnesses to the signing below, giving their full addresses.

Sign Here: _____
(Print Name and Sign)

Address: _____

Sign Here: _____
(Print Name and Sign)

Address: _____

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

1. **Certified** copy of your **Birth Certificate**.
2. At least two (2) of the following original documents that are at least 5 years old prior to the date of this application (i.e. **passport, driver's license, picture identification card, etc.**)
3. **Termination Action or Resignation Letter** (if below age 65).
4. If married, copy of Marriage Certificate.
5. If residing overseas, submit **Certified Statement of Earnings** (if below age 65 and working).
6. Copy of Savings or Checking Account: i.e Bank of Hawaii, Bank of Guam, Bank Pacific