



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

Date Received/Logged:
Date Filed/Complete:

Telephone Number:

PART I-A: SURVIVING SPOUSE

APPLICATION FOR SURVIVOR INSURANCE BENEFITS

INSTRUCTIONS: Please note that this application has 2 parts. Part IA is about the Surviving Spouse Claimant, Part IB is about Surviving Child(ren) Claimants(s). Part II is about the Deceased Wage Earner (Note: Part II always accompanies either Part IA or Part IB or both).

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

- 1. Your Social Security Number:
2. Print Your Full Name:
3. Name used At Birth/Other Name Used:
4. Address: Phone:
5. Male Female
6. Birthplace: 7. Citizenship:
8. Your Date of Birth: 9. Your Present Age:
10. Your marriage to the deceased was performed by:
11. Date of Marriage: 12. Place of Marriage:
13. Have you been married after the death of the deceased?
14. To whom married: When Where
15. Have you ever before filed an application for Social Security Benefits?
16. If yes, what kind of application did you file?
17. Are you working or a self employed/own business?
18. You may earn up to \$3,000.00 if you're below age 60 and still receive all your Social Security benefits.

19. 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. I go to work or become a self-employed person.
  - b. Any changes to my marital status (i.e. remarry).
  - c. If or when I change my address.
  - d. Change my 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. 22 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 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 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. Death Certificate
2. Marriage certificate (Proof of Marriage)
3. Your Birth Certificate
4. Your Picture Identification
5. Termination Action or Resignation Letter (if below age 65).
6. If residing overseas, submit **Certified Statement of Earnings** (if below age 65 and working).
7. Copy of Savings or Checking Account: i.e. Bank of Hawaii, Banko of Guam and Bank Pacific



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

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**PART I-B: SURVIVING CHILD(REN)**

**APPLICATION FOR SURVIVOR INSURANCE BENEFITS**

**INSTRUCTIONS:** Please note that this application has 2 parts. **Part IA** is about the **Surviving Spouse Claimant**, **Part IB** is about **Surviving Child(ren) Claimant(s)**. **Part II** is about the **Deceased Wage Earner** (*Note: Part II always accompanies either Part IA or Part IB or both*).

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

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

2. Claimant's Name: \_\_\_\_\_  
First Middle Last

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

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

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

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

5. Your Date of Birth: \_\_\_\_\_ 6. Citizenship: \_\_\_\_\_ 7. Relationship to child(ren): \_\_\_\_\_

8. List Name of Child(ren) below:

Name	Date of Birth	SSN	L	e	g	i	t	A	d	S	t	O	t	h	e	r	Child Relationship To Wage Earner
1																	
2																	
3																	
4																	
5																	
6																	

9. Were all the children named in item#8 living with the deceased at the time of death?  Yes  No  
 If "No", provide proof of support.

10. Does (did) the child have earnings?  Yes, if yes when \_\_\_\_\_ Amount of Earnings \_\_\_\_\_  
 No

11. How your earnings affect your benefits: The child may earn up to \$3,000.00 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 \$3,000.00 per quarter.

12. If an application for monthly Social Security benefits has ever been filed on behalf of any child listed in item #8, give the name of the child, and the wage earner on whose earnings record the claim was based.

Child's Name: \_\_\_\_\_

Wage Earner's Name: \_\_\_\_\_

13. 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 agree to use the benefits that way.

\_\_\_\_\_  
(Claimant's Initial)

14. 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. Any child goes to work, gets, married or dies.
- c. A student age 18 or over, stop attending school.
- d. A disabled child's condition improves.
- e. Change of Address.
- f. Change of child's citizenship.

\_\_\_\_\_  
(Claimant's Initial)

**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.13 & No. 14 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 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 below, giving their full addresses.

Sign Here: \_\_\_\_\_  
(Print Name and Sign)

Sign Here: \_\_\_\_\_  
(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 Children
3. Certification of School Attendance (for a child at age 18 to 21).
4. Applicant Picture Identification
5. Proof for child dependency if not the natural child or not adopted through Court.
6. Proof of Guardianship if the child(ren) is living with someone other than the surviving spouse of the decedent.
7. Copy of Savings or Checking Account: i.e. Bank of Hawaii, Bank of Guam and Bank Pacific

**PART II: DECEASED WAGE EARNER**

**APPLICATION FOR SURVIVOR INSURANCE BENEFIT**

**INSTRUCTIONS: Part II** is about the **Deceased Wage Earner**.

1. Social Security Number:

First

Middle

Last

2. Full Name:

3. Sex: Male  Female

4. Date of Birth:

5. Citizenship:

6. Date of Death:

7. Place of Death:

8. Enter Cause of Death:

Primary:

Secondary:

9. Was the deceased receiving Social Security Benefits at the time of death? Yes  No

10. If yes, What kind of benefits? Disability  Retirement  Survivor

11. Enter the following information about each marriage of the deceased:

To Whom married: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

How marriage ended: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

12. Were the deceased and the surviving spouse living together at the time of death?

Yes  No  If no, state reason why not: \_\_\_\_\_