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 ~ FY2026

Dear Social Security Beneficiaries:

You are required to complete this Annual Survey Form and return it to Social Security Administration no later than **June 30, 2026. 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 ☐ Female
City/State/Zip:		**Marital Status:**	☐ Single ☐ Married/Remarried ☐ Widow/Widower
Telephone No.:			
Email Address:		**Spouse Name:**	

☐ **RETIREMENT** ☐ **DISABILITY** ☐ **SURVIVING SPOUSE/GUARDIAN** ☐ **PRIOR SERVICE**

1. Are you working, self-employed, or own business? ☐ No ☐ Yes If yes, since when? Date: _____
   Company Name: _____ Location: _____
   (If you are working outside of the Republic of Palau, you must submit your latest W-2 Form or Certified Statement of Earnings.)
2. If you are disabled, have you recovered from your disability? ☐ No ☐ Yes
   If yes, ☐ 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.

NOTARY:* *Only for beneficiaries residing outside of the Republic of Palau.

Under Penalty of Perjury, I hereby certify that the information provided is true and correct.

Beneficiary Name: _____
Sign/Date

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

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

Notary Seal

FOR SSA USE ONLY	
Remarks:	
Received Date/By:	**Entered Date/By:**