



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

Date Received/Logged:
Date Filed/Complete:
Telephone Number:

PART I

APPLICATION FOR DISABILITY INSURANCE BENEFITS

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

1. Your Social Security Number: [Grid for SSN]
First Middle Last

2. Your Full Name:

3. Name Used At Birth/Other Name Used:

4. Address: Phone:
Current Residence:
City and State: Zip:

5. Parent's Name: Father Mother

6. Male: Female: 7. Birth Place: 8. Citizenship:
Month Day Year

9. Your Date of Birth: / / 10. Your Present Age:

11. Marital Status: Single Divorced: Date: Widowed: Date:
If Married answer question 12 to 17.

12. Spouse's Name:
Month Day Year

13. Spouse's Date of Birth (or age if date of birth unknown): / / Age:

14. Spouse's Social Security Number: [Grid for SSN]

15. Your marriage was performed by: Clergyman or authorized public official
Other, Explain:

16. Date of Marriage: 17. Place of Marriage:

18. Do you have any dependent children who are,
Under age 18
Between the age 18 and 22 presently attending school
Under a disability that began before age of 22
If yes indicate Number next to yes
Yes No
Yes No
Yes No

19. If yes to item 18 include the following information:
Name Age Date of Birth Relationship to You

PART II

DISABILITY APPLICANT INFORMATION

20. Are you working or self-employed/own business? No Date stopped working: _____
 If Yes, From _____ To _____

21. How your earnings affect your benefits: You may earn up to \$1,800.00 per quarter and still receive all your disability benefits. If you earn over that amount, \$1.00 in benefits will be reduced for each \$3.00 of earnings over \$1,800.00 per quarter.

22. How much have you earned so far this calendar year? \$ _____

23. Describe (in detail) the nature of your disability:

24. What month, day and year did you become unable to work because of your disability?
Month _____ Day _____ Year _____

25. Are you still disabled? Yes No
If no, enter the date you were able to return to work. Month _____ Year _____

26. I authorize any physician or hospital to disclose to Social Security any medical records or other information about my disability.

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

28. If yes, what kind of application did you file? Survivor Lump Sum
Give Wage Earner's Name and Social Security Number on which benefits are paid:
Name _____ SSN: _____

29. I agree to notify Social Security if any of the following event(s) occur:
a. My medical condition improves.
b. I go back to work or become a self-employed person.
c. I apply for or currently receive any kind of worker's compensation payment.
d. Any changes to my marital status (i.e. remarry, divorce or become widow/widower).
e. If or when I change my address.
f. 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. 26 & No.29 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).

DISABILITY APPLICANT INFORMATION

Remarks:

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. **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
4. If residing overseas, submit **Certified Statement of Earnings**.