



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: [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.

First Middle Last

12. Spouse's Name: _____

13. Spouse's Date of Birth (or age if date of birth unknown): ___/___/___ Age: _____
Month Day Year

14. Spouse's Social Security Number: [Grid for Spouse 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. Includes a box for 'If yes, indicate Number next to Yes' and Yes/No options.

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

PART II

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 retirement 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 were your total earnings at the end of last calendar year? _____

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

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

25. 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: _____

26. 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 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 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).

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)

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 residing overseas, submit **Certified Statement of Earnings** (if below age 65 and working).