



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 I-A is about the Surviving Spouse Claimant, Part I-B 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: [Grid for SSN]
First Middle Last

2. Your Full Name: _____
First Middle Last (Maiden)

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. Your marriage to the deceased was performed by: Clergyman or authorized public official _____
Other _____ Please Explain: _____

12. Date of Marriage: _____ 13. Place of Marriage: _____

14. Number of Children: _____ 15. Number of Children Under age 22 still in school: _____

16. Have you been married after the death of the deceased? [] Yes [] No
If yes, enter the following information about your current marriage:

17. To whom married: _____ When: _____ Where: _____

18. Have you ever before filed an application for Social Security Benefits? [] Yes [] No

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

Name: _____ SSN: _____

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

21. You may earn up to \$1500 if you're below age 60 and at age 60 to 65 then you may earn up to \$1800 per quarter and still receive all your Social Security benefits. If you earn over that amount, \$1.00 in benefits will be reduced for each \$3.00 of earnings over \$1500 or \$1800 depending on your age per quarter.

22. 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).

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 who know the applicant must sign 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**
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).



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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:

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First Middle Last

2. Print Your Full Name: _____

3. Name Used At Birth/Other Name Used: _____

4. Address: _____ Phone: _____

Current Residence: _____

City and State: _____ Zip: _____

Month Day Year

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	i	m	a	t	e	S	t	e	p	c	h	i	l	d	O	t	h	e	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 “**Yes**”, provide proof of support. If “**No**”, list each child not living with the deceased at the time of his death and state whether or not the child was being supported by the deceased.

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 \$1,800.00 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 \$1,800.00 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.

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 a child's 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.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).

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. Death Certificate of Wage Earner
2. Birth Certificates 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 applicant is living with someone other than the surviving spouse of the decedent.

