

REQUEST FOR MSA REFUND

Request Number: _____

Name: _____ SSN: _____ Date of Birth: ____/____/____

Employer Name: _____ Employer's EIN/SSN: _____

Employer's Tel. No.: _____ Date of Departure: ____/____/____ Air Carrier Name/Flight No.: _____

Permanent Mailing Address Outside of Palau: _____

Street

City/State

Country

Zip Code

Contact No. Outside of Palau: _____ Email Address: _____

OPTION: Direct Deposit or Wire Transfer

My bank is within the United States banking system. Deposit my refund directly to my FDIC-insured bank account.

My bank is outside of the United States banking system. I understand that a processing fee will be deducted from my refund amount for wire transfers.

Bank Name: _____ Bank Address: _____

Bank Account Type: _____ Bank Account Number: _____ Bank ABA Number: _____

To process direct deposits or wire transfers, a copy of your bank book or bank statement is required.

I understand and agree with the following:

1. No refund shall be made for an amount of less than five dollars (\$5.00).
2. If my request is approved and my Employer has transmitted all contributions in my name, my refund will be sent six months after my departure date. If my Employer's last, full payment is not received six months after my departure date, my refund will be sent only after my Employer's Return is paid in full.
3. The Palau Social Security Administration will hold my refund if I have a dependent still residing in Palau.
4. The Palau Social Security Administration will deduct any outstanding medical bill amounts from my refund.
5. My check will be mailed to my mailing address if it is unable to be deposited directly to my bank.

I further understand that any individual who knowingly submits a false claim for the purpose of misleading, defrauding, or cheating the Palau Social Security Administration in obtaining benefits under the National Healthcare Financing Act commits a crime punishable by imprisonment not exceeding five (5) years, or a fine of not more than five thousand dollars (\$5,000) or double the amount of money fraudulently obtained (whichever is greater), or both.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Evidence Submitted:

- Passport
- Departure Ticket
- Employment Clearance
- For Government Contract Employees:
Personnel Action

Comments: _____

Prepared By: _____ Reviewed By: _____

Recommendations:

- Deny
- Hold
- Approve

For Social Security Administrator:

- Deny Hold Approve

Social Security Administrator Date