# Republic of Palau
## SOCIAL SECURITY ADMINISTRATION

**Date Received/Logged:**

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**Telephone Number:**

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## PART I

### APPLICATION FOR LUMP SUM INSURANCE BENEFITS

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

1. **Your Social Security Number:**

2. **Your Full Name:**

   - First
   - Middle
   - Last

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

4. **Address:**

   - Current Residence:
   - Phone:

   - City and State:
   - Zip:

5. **Your Date of Birth:**

6. **Male:**

7. **Female:**

8. **Citizenship:**

9. **Relationship to Deceased:**
   
   (If you're the surviving spouse answer question 9.)

   - Yes
   - No

10. **Have you remarried since the death of the deceased?**

   - If yes, married to whom:
   - When:
   - Where:

11. I am making application for benefits payable under subsection ( ) of the foregoing §758.

   a) To the spouse, or
   b) If there is no surviving spouse, to the children or to any guardian or trustees for the children, in equal shares; or
   c) If there is no surviving spouse or child, to the parents in equal shares; or
   d) If there is no surviving spouse, child or parent, to the duly appointed legal representative of the deceased; or
   e) If none of the preceding paragraphs apply, to the persons entitled to it under the laws and customs of the last domicile of the deceased.

11. I warrant that there is no person or persons entitled to the benefits for which I have applied on the death of the Contributors whose claim to such benefits under §758 is superior to mine and whose identity I have not disclosed to the Social Security Administration.

12. Upon benefit payment to me by the Social Security Administration under §758 on the death of the Contributor, I shall indemnify, defend, and hold harmless the Social Security Administration against all subsequent claims by other persons to such benefits. (Payment must be divided in equal shares to the deceased siblings or parent.)
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: ________________

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. 10, No. 11 & No. 12 and affirm that all information I have given in this document and any attachments are true.

SIGN HERE: ______________________________ DATE: ________________

(Note: This application must be notarized.)

Subscribed and sworn to before me this __________________________ day, ________, 20__

OFFICIAL USE:

Lump Sum Benefit is applicable due to:

□ Wage Earner was not: a) fully or, b) currently insured or, c) both
□ No eligible surviving spouse, and/or
□ No eligible surviving child(ren) to receive monthly benefits.

LUMP-SUM PAYMENT

This is a one-time benefit payment to survivors of the deceased worker who died fully or currently insured and all rights to a survivor insurance benefits with respect to him or her have been terminated.

(Or to the next of kin of the deceased worker who died with no eligible survivors to receive monthly benefits).

The claim will be paid in the following order:

1. Surviving Spouse
2. Children in equal shares
3. Parents in equal shares
4. Duly appointed legal representative of the deceased.
5. If none of the above, the person or persons entitled under laws and local customs of the last domicile of the deceased.

NOTE:

If you are the spouse of the deceased, attach with this application a copy of:

1. Your Marriage Certificate
2. Death Certificate
3. Your Birth Certificate
4. Your Identification document (i.e. passport, driver's license, etc.)

If you are not the spouse of the deceased, you must establish your right to the Lump-Sum Payment as the survivor, surviving heir, or estate. The following documents must accompany this application:

1. Death Certificate
2. Your Birth Certificate
3. Your Picture Identification (i.e. passport, driver's license, etc.)
4. Court order/decree appointing Administrator of the deceased's estate.

Please not that the application will not be processed without the submittal of the above documents depending on your relationship to the deceased wage earner.
PART II: DECEASED WAGE EARNER

APPLICATION FOR LUMP SUM INSURANCE BENEFIT

INSTRUCTIONS: Part II is about the Deceased Wage Earner. (Note: Part II always accompanies Part I Lump Sum Application).

1. Social Security Number:  
   First  Middle  Last

2. Full Name:

3. Sex:  Male  Female  4. Date of Birth:  5. Citizenship:

6. Date of Death:  7. Place of Death:

8. Enter Cause of Death:
   Primary:  Secondary:

9. Was the deceased receiving Social Security Benefits at the time of death?  Yes  No

10. If yes, What kind of benefits?  Disability  Retirement  Survivor

11. Enter the following information about each marriage of the deceased:
   To Whom married:  When:  Where:
   How marriage ended:  When:  Where:

12. Were the deceased and the surviving spouse living together at the time of death?  Yes  No  If no, state reason why not:

13. Was the deceased survived by any living Sons and Daughters?  Yes  No
    If yes, enter the following information: Total Number of Children
    Name  Date of Birth  Relationship to Deceased

14. Is there a surviving parent(s)?  Yes  No
    If yes, enter Name of Mother:  Name of father:
    Do they live in the same household?  Yes  No
    If No, state reason why not: