



Republic of Palau

SOCIAL SECURITY ADMINISTRATION

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ANNUAL SURVEY

Dear Social Security Beneficiary:

It has been necessary to update our records regarding everyone receiving benefits under the Social Security Trust Fund Program. We ask that you complete this survey and submit it to our office as soon as possible. Failure to complete this information will result in withholding all future checks until this information is received. Thank you.

Please complete the applicable section that applies to you.

SSN:

SSN input fields: [][][] - [][][] - [][][][][]

Section selection: [] RETIREMENT [] DISABILITY [] SURVIVING SPOUSE/GUARDIAN

Survey questions: 1. Are you working or self-employed/ own business? 1. Are you working now? 1. Are you working now? 3. Are any of the children receiving SS Benefits

Personal information: Name (First, Middle, Last), Other Name Used, Date of Birth, Mailing Address, Current Residence, Telephone No., Place of Birth, Citizenship, Marital Status, Sex, Date of Marriage, Place of Marriage

I understand that any false statement(s) or misrepresentation(s) of any fact in maintaining a right for benefits is a crime punishable under the Social Security Act of the Republic of Palau. (Note: This form must be notarized if not signed in the presence of a(n) ROP Social Security Administration Representative).

Signature: _____ Date: _____

Authorized Representative: _____ Relationship to Beneficiary: _____

Use this Space for Additional Information

Remarks: _____ Interviewed By: _____ Date: _____ Signature: _____