

# November 14, 2014

Please complete this Annual Survey Form and return to Social Security office within 45 days from the date above. **Failure to do so will result in withholding all future payments 41 PNCA § 763.**

Thank you.



## YOUR INFORMATION

PLEASE PRINT

US SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSA No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Other Name Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Residence:  
Hamlet/Town \_\_\_\_\_

State: \_\_\_\_\_

Telephone# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_

Male                       Female

Single                       Married

Spouse Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Your marriage was performed by: Clergyman or authorized public official  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

RETIREMENT

DISABILITY

SURVIVING SPOUSE/GUARDIAN

Are you working or self-employed/own business?

Yes     No

If yes, since when?

From: \_\_\_\_\_ To: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Location: \_\_\_\_\_

Recovered from Disability? (Skip if not disabled)

Partially     Completely

Do you have any children receiving SS Benefits?

Yes     No

Child's Name: \_\_\_\_\_

If yes, answer a to d.

a. Married?  Yes     No

b. Working?  Yes     No

c. Adopted?  Yes     No

d. Death?  Yes     No

Wage Earner's Name: \_\_\_\_\_

***(NOTARY: Only for person residing OUTSIDE of Palau. Person residing in Palau do not need to notarize.)***

***Under the penalty of perjury, I hereby certify that the information provided are true and correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

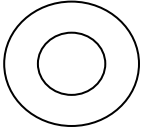
\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Relationship to Beneficiary



\_\_\_\_\_  
Notary Public

Republic of Palau  
Social Security Administration  
P.O. Box 679  
Koror, Palau 96940



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## >> ANNUAL SURVEY FORM <<

### HANDLING INSTRUCTIONS

*If you need help regarding the Annual Survey form, you can stop by the Social Security office or you can call or email. Representatives are here to assist you from Monday to Friday, 9:00 a.m. – 4:00 p.m.*

*Please have his form **filled, signed and if YOU ARE RESIDING OUTSIDE PALAU, PLEASE HAVE IT NOTARIZED.***

*To send this Survey form back, please refold so that the Social Security return address is showing. Print your name and address on the lines on the top left corner.*

*Please tape the edges so it does not open before mailing.*

*Social Security Administration would like to thank all beneficiaries for their continued support.*

Republic of Palau  
Social Security Administration  
P.O.Box 679, Koror, Palau 96940  
Tel (680) 488-2457 Fax (680) 488-1470  
E-mail: [administration@ropssa.org](mailto:administration@ropssa.org)

Place Stamp Here

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: Republic of Palau  
Social Security Administration  
P.O. Box 679  
Koror, Palau 96940