



**FSM Social Security Administration**  
 P.O. Box L  
 Kolonia, Pohnpei FM 96941  
 Tel. No. (691) 320-2708 Fax No. (691) 320-2607  
 E-Mail: [FSMSSA@mail.fm](mailto:FSMSSA@mail.fm)

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**NOTICE OF FAILURE TO RECEIVE MONTHLY BENEFIT CHECK**

TO: Social Security Administrator

FROM: \_\_\_\_\_

I would like to notify your office that the social security benefit check for the month of

\_\_\_\_\_ thru \_\_\_\_\_ (if applicable)  
 (Month/Year) (Month/Year)

- was not received
- was received, but misplaced
- was stolen or destroyed

I have verified with the following and the check was not found:

- Post Office
- Members of the family
- Representative payee
- Other

I hereby authorize to deduct the bank stop payment fee of \$20.00 out of my replacement check. In the event that I encashed my benefit check in question, I understand that my future benefit payment(s) will be adjusted accordingly.	Signature of Person Making the Report: _____ Address: _____ _____ SS Number (Retiree/Deceased): _____
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CLAIM DIVISION	ACCOUNTING DIVISION
<b>PAYMENT WAS MADE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe reasons:	<b>STATUS OF CHECK:</b> <div style="display: flex; justify-content: space-around;"> <span>OUTSTANDING</span> <span>CASHED</span> </div>
<input type="checkbox"/> Manual <input type="checkbox"/> Automated	Date Stop Payment Ordered: Date Replacement Check Issued:
Check No: _____ Name & Address on Check: _____	Verified by: _____
Check Dated: _____ Amount: \$ _____	_____

**Note: The Bank has increased its stop payment fee.**