



# PART II APPLICANT'S STATEMENT

I, THE CLAIMANT, FAILING TO MEET THE REQUIREMENTS FOR FULLY INSURED STATUS PURSUANT TO SECTION 1 OF PUBLIC LAW 14-86, ELECT TO RECEIVE A ONE-TIME LUMP SUM PAYMENT EQUAL TO FOUR PERCENT (4%) OF MY CUMULATIVE COVERED EARNINGS, SUBJECT TO ELIGIBILITY REQUIREMENTS AS SPECIFIED IN THE SAID LAW.

I FULLY UNDERSTAND THAT BY THIS ACTION, I SHALL LOSE CREDIT FOR ALL QUARTERS OF COVERAGE EARNED UP TO THIS POINT.

I CERTIFY THAT INFORMATION GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AS MAY BE NECESSARY IN DETERMINING A RIGHT TO BENEFIT PAYMENT.

UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**WITNESSES: AT LEAST TWO WITNESSES ARE REQUIRED IF APPLICANT SIGNED (X).**

_____ (PRINT NAME AND SIGN)	_____ (PRINT NAME AND SIGN)
_____ DATE	_____ DATE
ADDRESS: _____	ADDRESS: _____
_____	_____
_____	_____

**IF YOU QUALIFIED FOR BENEFITS, GIVE ADDRESS WHERE YOU WANT YOUR BENEFITS TO BE SENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF DIRECT DEPOSIT, GIVE YOUR BANK ACCOUNT NUMBER: \_\_\_\_\_)

## DOCUMENTS REQUIRED TO ACCOMPANY THIS APPLICATION:

- 1. Birth documents** - you must submit a document to support your date of birth. If the date of birth on the document provided differs from our records, we will require you to provide at least two documents proving the correct date of birth, which were executed at least five (5) years prior to your 60th birthday. This may include a passport, medical record, municipal village record, baptismal record, marriage record, child's birth certificate, driver's license, employment record, etc.

*Additional information or documents may be required of the applicant.*

**FSM SOCIAL SECURITY  
OFFICES**

**YAP BRANCH**  
P.O. Box 479  
Colonia, Yap FM 96943  
Phone No.: (691)350-2309  
Fax No.: (691)350-4290

**POHNPEI BRANCH**  
P.O. Box L  
Kolonia, Pohnpei FM 96941  
Phone No.: (691)320-2709/2181  
Fax No.: (691)320-8963

*Applicant should submit this application for benefits in his/her respective state. If applying from outside of the FSM, send your application to the state where you worked last.*

**CHUUK BRANCH**  
P.O. Box 397  
Weno, Chuuk FM 96942  
Phone No.: (691)330-2200  
Fax No.: (691) 330-2647

**KOSRAE BRANCH**  
P.O. Box 435  
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