



PRIOR SERVICE TRUST FUND

FSM

Headquarters: P.O. Box L
Kolonia, Pohnpei State FM 96941

PSR-010
Revised 4/2006

APPLICATION FOR PRIOR SERVICE BENEFITS

FOR OFFICE USE ONLY
PERSON TO CONTACT ABOUT YOUR CLAIM:
CLAIM NUMBER
DATE FILED (AT BRANCH)
DATE RECEIVED AT HQ
TELEPHONE NUMBER:

RETIREE

I HEARBY APPLY FOR ALL INSURANCE BENEFITS PAYABLE TO ME UNDER THE PRIOR SERVICE TRUST FUND SYSTEM.

1. PRINT FULL NAME FIRST NAME MIDDLE NAME LAST NAME
2. SEX MALE FEMALE 3. SS NUMBER 4. DATE OF BIRTH MONTH DAY YEAR
5. LIST ALL EMPLOYERS FOR WHOM YOU WORKED DURING THE LAST FIVE YEARS.
NAME AND ADDRESS OF EMPLOYER WORK BEGAN (MONTH/YEAR) WORK ENDED (MONTH/YEAR)
6. DID YOU WORK MORE THAN 5 YEARS FOR THE TRUST TERRITORY GOVERNMENT (INCLUDING NAVY TIME) BEFORE JULY 1, 1968?
7. INDICATE NUMBER OF YEARS, MONTHS, AND DAYS THE WORKER WORKED FOR THE TRUST TERRITORY GOVERNMENT PRIOR TO JULY 1, 1968; OR MONTHLY PAY RATE EFFECTIVE ON THE DATE OF TERMINATION PRIOR TO JULY 1, 1968:
8. DID YOU CONTRIBUTE TO ANY OTHER SOCIAL SECURITY SYSTEM?
9. ENTER THE FOLLOWING INFORMATION ABOUT EACH MARRIAGE YOU HAD:
TO WHOM MARRIED WHEN WHERE
HOW MARRIAGE ENDED WHEN WHERE

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 PRIOR SERVICE TRUST FUND SYSTEM COMMITS A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS TRUE.

SIGN HERE _____ DATE: _____

MAILING ADDRESS: _____ PHONE: _____

TOWN/VILLAGE/AND COUNTRY _____ ZIP CODE: _____

RESIDENCE: _____

DIRECT DEPOSIT:

IF YOU WANT YOUR PAYMENTS SENT DIRECTLY TO THE BANK, CHECK HERE

PLEASE ENTER YOUR BANK'S _____

NAME _____

YOUR ACCOUNT NUMBER _____

BANK ADDRESS _____

ZIP CODE _____

WITNESSES: REQUIRED ONLY IF THIS APPLICATION HAS BEN SIGNED BY (X). IF SIGNED BY MARK (X), TWO WITNESSES TO THE SIGNING WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

SIGN HERE _____
(PRINT NAME AND SIGN)

SIGN HERE _____
(PRINT NAME AND SIGN)

ADDRESS: _____

ADDRESS: _____

NOTE: YOU MUST SUBMIT THE FOLLOWING DOCUMENTS TO ACCOMPANY THIS APPLICATION:

- A. **BIRTH DOCUMENTS** - you must submit at least two (2) documents to support your 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.

FSM SOCIAL SECURITY OFFICES AND BRANCHES

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
Kolonja, Pohnpei FM 96941
Phone No.: (691)320-2709/2181
Fax No.: (691)320-8963

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
Tofol, Kosrae FM 96944
Phone No.: (691)370-3048
Fax No.: (691)370-3790

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.