



# PART II

## APPLICANT'S STATEMENT

I, THE CLAIMANT, BEING A FOREIGNER WISHING TO LEAVE THE FSM BEFORE MY RETIREMENT AGE, ELECT TO RECEIVE A ONE-TIME LUMP SUM PAYMENT PURSUANT TO SECTION 3 OF PUBLIC LAW 14-86, EQUAL TO ALL MY CONTRIBUTIONS INTO THE FSMSSA AS SPECIFIED IN 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.

I 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

*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.*

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