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

FSMSS-118
Sept. 2012

QUESTIONNAIRE

Dear Beneficiary:

Please complete this survey and submit it to our office as soon as possible. Failure to do so will result in benefit withholding. Thank you.

☐ **Retirement**	☐ **Disability**	☐ **Surviving Spouse or** ☐ **Guardian** (skip to item 4)
1. Are you working now? ☐ yes ☐ no If yes, since when? __________ **Date**	1. Are you working now? ☐ yes ☐ no If yes, since when? __________ **Date** 2. Has your condition improved? ☐ yes ☐ no	1. Are you working ? ☐ yes ☐ no If yes, since when? __________ **Date** 2. Have you remarried? ☐ yes ☐ no 3. Do you have children receiving social security benefits? ☐ yes ☐ no 4. Are any of the children receiving social security benefits **married?** ☐ yes ☐ no **working?** ☐ yes ☐ no **adopted?** ☐ yes ☐ no **no longer live with you?** ☐ yes ☐ no __________ __________ name of child ss number **died?** ☐ yes ☐ no __________ __________ name of child ss number __________ Wage Earner's Name

This section for all. Do not leave blank.

Retiree, disablility recipient, or surviving spouse died?
☐ yes ☐ no
Who died?

____
(print name)

__________ __________
(ss #) (when?)

IMPORTANT:

- This survey form must be notarized if not signed in the presence of a representative of the FSMSSA.
- If you are living abroad and employed, please submit along with this survey form copies of W-2 forms for all years you have been employed.

BENEFICIARY'S DECLARATION

I understand that any false statement or misrepresentation of any fact in maintaining a right for benefits is a crime punishable under Title 53 of the FSM Code.

Beneficiary's Printed Name: ____________________

Signature: ____________________

Authorized Representative: ____________________ (attach authorization slip)

Relationship to Beneficiary: ____________________

Signature: ____________________

Date: __________

Beneficiary Current Address: ____________________

How long have you been at this address? __________

Telephone No.: __________

Cell Phone No.: __________

Municipality: __________

Interviewer: __________