



QUESTIONNAIRE (Abroad SS Recipients)

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.

<input type="checkbox"/> Retirement 1. Are you working now? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, since when? _____ <p align="center">Date</p>	<input type="checkbox"/> Disability 1. Are you working now? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, since when? _____ <p align="center">Date</p> 2. Has your condition improved? <input type="checkbox"/> yes <input type="checkbox"/> no																
<input type="checkbox"/> Surviving Spouse or <input type="checkbox"/> Guardian (skip to item 4)																	
1. Are you working? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Have you remarried? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, since when? _____ <p align="center">Date</p> 3. Do you have children receiving social security benefits? <input type="checkbox"/> yes <input type="checkbox"/> no 4. Are any of the children receiving social security benefits																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">married? <input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="width:25%; border-bottom: 1px solid black;">Name of Child</td> <td style="width:25%; border-bottom: 1px solid black;">ss number</td> <td style="width:25%; border-bottom: 1px solid black;">died? <input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>working? <input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="border-bottom: 1px solid black;">Name of Child</td> <td style="border-bottom: 1px solid black;">ss number</td> <td style="border-bottom: 1px solid black;">died? <input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>adopted? <input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="border-bottom: 1px solid black;">Name of Child</td> <td style="border-bottom: 1px solid black;">ss number</td> <td style="border-bottom: 1px solid black;">died? <input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>not living with you? <input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="border-bottom: 1px solid black;">Name of Child</td> <td style="border-bottom: 1px solid black;">ss number</td> <td style="border-bottom: 1px solid black;">died? <input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> </table>		married? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Child	ss number	died? <input type="checkbox"/> yes <input type="checkbox"/> no	working? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Child	ss number	died? <input type="checkbox"/> yes <input type="checkbox"/> no	adopted? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Child	ss number	died? <input type="checkbox"/> yes <input type="checkbox"/> no	not living with you? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Child	ss number	died? <input type="checkbox"/> yes <input type="checkbox"/> no
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Wage Earner's Name: _____																	

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. For retirees aged 65 or older, please complete the attached 402 form and submit along with the survey and your W-2 forms.
- If you are living abroad and unemployed, please submit along with this survey form proof of unemployment.

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: _____

Date: _____

Beneficiary Current Address: _____

How long have you been at this address?

Telephone No.: _____

Cell Phone No.: _____

Email Address: _____

Municipality: _____