

13. Is there a surviving parent(s)? Yes: ___ No: ___ If yes, enter
Name of Mother: _____
Name of Father: _____

Do they live in the same household? Yes: ___ No: ___

14. List all employers for whom the deceased worked during the last five (5) years.
NAME AND ADDRESS OF EMPLOYER WORK BEGAN(month/year) WORK ENDED (month/year)

15. Did the deceased work more than 5 years for the Trust Territory Government (including Navy time) before July 1, 1968? Yes: ___ No: ___ If yes, inquire at the Social Security Office for possible survivor benefits.

APPLICANT INFORMATION

16. Enter your Social Security Number:

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First Middle Last

17. Print your full name: _____

18. Enter your relationship to the deceased: _____

Signature: *I know that anyone who make 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 Social Security Act 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:** _____
Address: _____ **Phone:** _____
City and State: _____ **ZIP:** _____
Residence: _____

Witness: *Required only if this application has been 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: _____ Sign Here: _____
Address: _____ Address: _____

LUMP-SUM PAYMENT

This is a one-time benefit payment to survivors of the deceased worker who died with less than the minimum required quarters of coverage for monthly benefits (or to the next of kin of the deceased worker who died with no eligible survivors to receive monthly benefits).

The claim will be paid in the following order:

1. Surviving Spouse
2. Children in equal shares
3. Parents in equal shares
4. Duly appointed legal representative of the deceased
5. If none of the above, the person or person entitled under laws and local customs of the last domicile of the deceased.

NOTE:

If you are the spouse of the deceased, attach with this form a copy of:

- a. Your Marriage Certificate
- b. Death Certificate

If you are not the spouse of the deceased, you must establish your right to the Lump-Sum Payment as the survivor, surviving heir, or estate. The following documents must accompany your claim.

- a. Death Certificate
- b. List of surviving heirs showing their relationship to the deceased, sworn to before a person authorized to administer oaths.