

**January 4, 2016**

Please complete this Survey Form and *together with a colored copy of a valid photo ID* (i.e. passport, state ID, driver's license) return to MISSA office not later than March 31, 2016. Failure to do so will result in withholding all future payments (**49 MIRC, Ch.1, Sect. 146**). MISSA shall not be held responsible for any unpaid allotments arising from non or late submission of this survey form or incomplete/erroneous information.

Thank you.

**YOUR INFORMATION**

Social Security No. 04- \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Citizenship: \_\_\_\_\_

If you are not a citizen of RMI, Palau, FSM and U.S.A and residing outside RMI, indicate the date of your last departure from RMI?  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Mailing address (if with P.O. Box or if living off-island):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present residence (if on-island, indicate nearest landmark):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact no. (home) \_\_\_\_\_

Contact no. (work) \_\_\_\_\_

Contact no. (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Sex:  Male  Female

Civil Status:  Single  Married  Divorced

Spouse name: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Was your marriage performed by a clergyman or authorized public official?  Yes  No

If no, explain further: \_\_\_\_\_  
\_\_\_\_\_

Type of benefit you are receiving:

Retirement  Disability

Surviving spouse  Guardian

If guardian, indicate wage earner's name:  
\_\_\_\_\_

Are you working/self-employed/own business?

Yes  No

If yes, since when?

From: \_\_\_\_\_ To: \_\_\_\_\_

Employer/Company name and address:  
\_\_\_\_\_  
\_\_\_\_\_

In case of inquiry/emergency, contact the following:

Name: \_\_\_\_\_

Relationship to beneficiary: \_\_\_\_\_

Contact no. : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recovered from disability? (skip if not disabled)

Partially  Completely

Do you have any children receiving SS benefits?

Yes  No

Child(ren)'s name:

(1) \_\_\_\_\_ Age: \_\_\_\_\_

If yes, answer a to d:

a. Married?  Yes  No

*if married:*  Customarily  Legally

b. Working?  Yes  No

c. Adopted?  Yes  No

*if adopted:*  Customarily  Legally

d. Deceased?  Yes  No

(2) \_\_\_\_\_ Age: \_\_\_\_\_

a. Married?  Yes  No

*if married:*  Customarily  Legally

b. Working?  Yes  No

c. Adopted?  Yes  No

*if adopted:*  Customarily  Legally

a. Deceased?  Yes  No

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(3) \_\_\_\_\_ Age: \_\_\_\_\_

a. Married?  Yes  No

*if married:*  Customarily  Legally

b. Working?  Yes  No

c. Adopted?  Yes  No

*if adopted:*  Customarily  Legally

d. Deceased?  Yes  No

(4) \_\_\_\_\_ Age: \_\_\_\_\_

a. Married?  Yes  No

*if married:*  Customarily  Legally

b. Working?  Yes  No

c. Adopted?  Yes  No

*if adopted:*  Customarily  Legally

d. Deceased?  Yes  No

(5) \_\_\_\_\_ Age: \_\_\_\_\_

a. Married?  Yes  No

*if married:*  Customarily  Legally

b. Working?  Yes  No

c. Adopted?  Yes  No

*if adopted:*  Customarily  Legally

d. Deceased?  Yes  No



*If you need help regarding this Annual Survey Form, you may stop by the MISSA office in Majuro or Ebeye, or you may call (692)625-3101, (692)329-3788 or email to missasurvey@gmail.com or missadeputy@ntamar.net. Our offices are open from Monday to Friday, 8:00a.m. to 5:00 (we are closed during lunch).*

*Please have this form completely filled and signed. If you are residing outside RMI, please have it notarized.*

*If you are residing in Majuro or Ebeye, please return this to the MISSA office in person and bring a valid original photo ID (i.e. passport, State ID or driver's license). If you are off-island, you may send this by post together with a colored copy of your photo ID or you may send this by email to [missasurvey@gmail.com](mailto:missasurvey@gmail.com) and attach a colored scanned copy of your photo ID.*

*MISSA would like to thank you for your continued support to the Administration.*

*Marshall Islands Social Security Administration (MISSA)  
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Republic of the Marshall Islands  
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[www.rmimissa.org](http://www.rmimissa.org)*

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P.O. box 5850, Ebeye, Kwajalein MH 96970  
Tel: (692) 329-3788 \*\*\* Fax: (692) 329-3902  
Email: [missa2@ntamar.net](mailto:missa2@ntamar.net)*

***Under the penalty of perjury, I hereby certify that the information provided herein are true and correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Relationship to Beneficiary

\_\_\_\_\_  
Notary Public

***(Notarization: required only for beneficiaries residing outside RMI)***