



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

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REQUEST FOR CHANGE OF ADDRESS

MEMORANDUM

To: _____
Fr: _____

Date:

I would like to request that my monthly benefit check be mailed to the following address beginning with the month _____.

FROM: (Copy exactly as shown on check)

To:

Thank you,

Wage Earner SSN: _____
Type of Claim SSR SSP SSDR
Benefit Recipient SSN: _____
Date Change Entered: _____