

## MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

Post Office Box 175 • Majuro, Republic of the Marshall Islands MH 96960

Tel.: (692) 625-3101 • Fax: (692) 625-3819

MISSA-1003

	anch Office :
	rson to contact about your claim :
Date Logged : Tel	lephone :
APPLICATION FOR LUMI	P-SUM DEATH PAYMENT
I hereby apply for all insurance benefits payable to me and amended.	the children named below under the Social Security Act, as
Enter the deceased worker's social security number:	
First	Middle Last
2. Print the deceased worker's full name:	
3. Enter the deceased worker's sex: Male: Female:	4. Enter the worker's date of Birth: / /
5. Enter the deceased worker's date of death: / /	
7. Enter the cause of death. Primary:	Secondary:
8. Was the deceased receiving social security benefits at the	ne time of death? Yes: No:
9. If yes, what kind of benefits?	Disability: Retirement: Survivor:
10. Enter the following information about each marriage of	f the deceased:
To whom married:	When: Where:
How marriage ended:	When: Where:
11. Were the deceased and the surviving spouse living together.	ether at the time of death?
Yes: No: If no, state reason why not	
12. Was the deceased survived by any living children? Ye If yes, enter the following information:  NAME  DATE OF B	
	<del></del>

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 works NAME AND ADDRESS OF EMPLOYER	ed during the last five (5) years.  WORK BEGAN(month/year) WORK ENDED (month/year)
	e Trust Territory Government (including Navy time) before July 1 the Social Security Office for possible survivor benefits.
APPLICA	ANT INFORMATION
16. Enter your Social Security Number:	
First	Middle Last
17. Print your full name:	
18. Enter your relationship to the deceased:	
18. Enter your relationship to the deceased: Signature: I know that anyone who make or causes an application for use in determining a	s to be made a false statement or representation of material fact in a right to payment under the Social Security Act commits a crime tth. I affirm that all information I have given in this document is
18. Enter your relationship to the deceased:  Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.	right to payment under the Social Security Act commits a crime
18. Enter your relationship to the deceased: Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN	right to payment under the Social Security Act commits a crime oth. I affirm that all information I have given in this document is
18. Enter your relationship to the deceased: Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN	right to payment under the Social Security Act commits a crime oth. I affirm that all information I have given in this document is
18. Enter your relationship to the deceased:  Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN HERE:	pright to payment under the Social Security Act commits a crime oth. I affirm that all information I have given in this document is  Date:  Phone:  ZIP:
18. Enter your relationship to the deceased:  Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN HERE:  Address:  City and State:	pright to payment under the Social Security Act commits a crime oth. I affirm that all information I have given in this document is  Date:  Phone:  ZIP:
18. Enter your relationship to the deceased:  Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN HERE:  Address:  City and State:  Residence:	pright to payment under the Social Security Act commits a crime oth. I affirm that all information I have given in this document is  Date:  Phone:  ZIP:  n signed by (X). If signed by mark (X), two witnesses to the signing
18. Enter your relationship to the deceased:  Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN HERE:  Address:  City and State:  Residence:  Witness: Required only if this application has been who know the applicant must sign below.	Phone:  ZIP:  n signed by (X). If signed by mark (X), two witnesses to the signing w, giving their full addresses.  Sign
18. Enter your relationship to the deceased:  Signature: I know that anyone who make or causes an application for use in determining a punishable by fine, imprisonment or bo true.  SIGN HERE:  Address:  City and State:  Residence:  Witness: Required only if this application has been who know the applicant must sign below	Phone:  ZIP:  n signed by (X). If signed by mark (X), two witnesses to the signing w, giving their full addresses.  Sign

ш

## **LUMP-SUM PAYMENT**

This is a one-time benefit payment to survivors of the deceased worker who died with less that 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
- 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
- List of surviving heirs showing their relationship to the deceased, sworn to before a person authorized to administer oaths.