



MARSHALL ISLANDS SOCIAL SECURITY SYSTEM

Post Office Box 175, Majuro, MH 96960

Tel: (692) 3101

MI-SS-100  
01/88

Claim Number : \_\_\_\_\_ Branch Office : \_\_\_\_\_  
Date Filed : \_\_\_\_\_ Person to Contact about your claim : \_\_\_\_\_  
Date Logged : \_\_\_\_\_ Telephone Number : \_\_\_\_\_

PART I

**APPLICATION FOR RETIREMENT INSURANCE BENEFITS**

I hereby apply for all insurance benefits payable to me under the Social Security Act, as amended.

1. Enter your social security number   -

First Middle Last

2. Print your full name \_\_\_\_\_

3. Name used at birth \_\_\_\_\_

4. Other names used \_\_\_\_\_

5. Male \_\_\_\_\_ Female \_\_\_\_\_ 6. Enter your place of birth \_\_\_\_\_

Mo Day Yr

7. Enter your date of birth \_\_\_\_\_ 8. Enter your present age \_\_\_\_\_

9. Marital Status. Check one and enter the date if widowed or divorced.

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Date \_\_\_\_\_

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Date \_\_\_\_\_

10. Spouse's name or maiden name \_\_\_\_\_ ( If no spouse proceed to question no. 16)

11. Spouse's date of birth (or age if date of birth unknown) \_\_\_\_\_

12. Spouse's Social Security Number   -

13. Your marriage was performed by: Clergyman or authorized public official \_\_\_\_\_

Other \_\_\_\_\_, Explain \_\_\_\_\_

14. Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

15. Were you married before? Yes \_\_\_ No \_\_\_ If yes, provide details \_\_\_\_\_

16. Do you have any dependent children who are,

- Under age 18
- between age 18 and 22 presently attending school
- Under a disability that began before age 22

If yes, indicate number next to yes

Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

17. If yes, include the following information:

Name	Age	Date of birth	Relationship To You
_____	_____	_____	_____
_____	_____	_____	_____

PART II

18. List all employers for whom you worked during the last five (5) year.

Name and Address of Employer	Work Began (month/year)	Work Ended (month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. How much were your total earnings at the end of last calendar year (including self employment)? \$ \_\_\_\_\_

20. How much do you expect to earn this calendar year? \$ \_\_\_\_\_

21. Did you work more than 5 years for the Trust Territory Government (including Navy Time) before July 1, 1968?  
Yes \_\_\_\_\_ No \_\_\_\_\_

22. Indicate number of years, months, and days you worked for the Trust Territory Government prior to July 1968 and monthly pay rate on July 1, 1968; or monthly pay rate effective on the date of termination prior to July 1, 1968:

Years \_\_\_\_\_ Months \_\_\_\_\_ Day \_\_\_\_\_ Monthly Pay Rate \$ \_\_\_\_\_

23. Have you ever engaged in work which was covered under any other social security system? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, \_\_\_\_\_  
Country \_\_\_\_\_ When \_\_\_\_\_ SS Number \_\_\_\_\_ Dates \_\_\_\_\_

24. Would you authorize Social Security Office to obtain from your employer information needed to process your application for benefits?  
Yes \_\_\_\_\_ No \_\_\_\_\_

25. Have you ever filed an application for Social Security Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

26. If yes, What kind of application did you file?  
Retirement \_\_\_\_\_ Disability \_\_\_\_\_  
Survivor \_\_\_\_\_ Lump Sum \_\_\_\_\_

27. Are you unable to work because of an illness or disabling condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, enter the date you became unable to work.  
Date: \_\_\_\_\_

HOW YOUR EARNINGS AFFECT YOUR BENEFITS: After retirement, you are permitted by law to earn a certain amount of money each quarter and still receive your social security benefits. Since the amount of money permitted to be earned is set from time to time by law, be sure to ask your social security office representative what amounts are in effect at the time of your retirement.

28. Do you agree to notify Social Security if you return to work? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Initial Here: \_\_\_\_\_

You must submit at least two (4) documents to support your date of birth which were executed at least 5 years prior to your 60th birthday. This may include a passport, medical record, municipal village record, baptismal record, marriage record, child's birth certificate, driver's license, employment record, etc.

Remarks:

Signature: I know that anyone who makes 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:  
P.O. Box (if any)

Phone:

City and State:

ZIP:

Residence: \_\_\_\_\_

Direct Deposit: If you want your payments sent directly to the bank, check here

Please enter your Bank's Name \_\_\_\_\_

your Account Number \_\_\_\_\_

and address \_\_\_\_\_

Witnesses: 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 (Print Name and Sign)

Sign \_\_\_\_\_  
Here (Print Name and Sign)

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

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

Note: You must submit the following documents to accompany this application

- a. Birth Documents
- b. Termination paper
- c. Certified Service Computation from PSC Office
- d. Personnel Action effective on or before 7/1/68  
(c and d are necessary only if your answer to question # 21 is yes)

