



## MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

### Head Office

P.O. Box 175, Majuro, Marshall Islands MH 96960  
Phone: (692) 625-3101, Fax: (692) 625-4570

### Ebeye Branch

P.O. Box 5850, Ebeye, Kwajalein, MH96970  
Phone: (692) 329-3788, Fax: 329-3902

June 23, 2022

Dear Beneficiary,

The Marshall Islands Social Security Administration (MISSA) is conducting a survey to update our records. Please complete and return this questionnaire to MISSA **not later than December 31, 2022**. Your failure to do so may compel MISSA to withhold all of your future benefit checks until this information is received by the Administration.

We are looking forward to your full cooperation on this matter.

Sincerely,

Bryan Edejer  
Acting Administrator

PART 1. PERSONAL AND CONTACT DETAILS		
Name of retiree (first name/middle name/last name/suffix):		RMI SS No. <b>04-</b>
		Date of birth:
Nationality:	Current address:	
Passport No.	Mailing address:	
Passport Expiry date:		
Place passport was issued:		
		Email address:
Contact no.	Name of contact person in case of emergency/Relationship/Address:	
PART 2. PENSION DETAILS		
Type of benefit (write X) when applicable <input type="checkbox"/> Old age retirement benefit <input type="checkbox"/> Disability/medical retirement benefit <input type="checkbox"/> Surviving spouse benefit <input type="checkbox"/> Surviving child benefit	Are you currently working or do you own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(continued on next page)</i> If yes, write name of employer or business and address:	What is your present civil status? <input type="checkbox"/> Single (never been married legally or by common law) <input type="checkbox"/> Student <input type="checkbox"/> Married legally <input type="checkbox"/> Married under common law <input type="checkbox"/> Separated but not divorced

<p><b>If you are a non-resident (not a citizen of RMI, FSM, Palau and USA), are you currently working/living in RMI?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		<p><input type="checkbox"/> Widow/widower</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other (specify):</p>
<p><b>If you are a non-resident and currently working or doing business in RMI, indicate the name and address of your employer or business name:</b></p>		
<p><b>If you are a non-resident and are no longer working or doing business in the RMI, when was the date of your last departure from the RMI.</b></p>		
<p><b>If a representative was the one who completed this survey, indicate the following information about you:</b></p> <p>Complete name:</p> <p>Your relationship with retiree/beneficiary:</p> <p>Complete address:</p> <p>Contact number:</p> <p>Email address:</p>	<p><b>After completion, return/mail this form together with your most recent photo (passport size) and copy of a valid passport to:</b></p> <p><b>Mr. Bill Joseph</b>  Deputy Administrator &amp; COO  Marshall Islands Social Security Administration  P.O. Box 175, Majuro MH 96960  Republic of the Marshall Islands</p>	
<p><b>PART 3. DECLARATION</b></p>		
<p><b>I hereby certify, under penalty of perjury, that all information and answers that I provided are true and correct to the best of my knowledge and belief.</b></p> <p>Name: _____ Signature: _____</p> <p>Date: _____</p>		

**NOTE. This document must be notarized.**

\_\_\_\_\_ SS

\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same to the best of his/her knowledge and belief.

In witness hereof, I hereunto set my hand and seal.

**NOTARY PUBLIC**