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

July 1, 2022

Dear Beneficiary,

Marshall Islands Social Security Administration (MISSA) ej bar komane jerbal in etale ko nan kôkããl record ko an aolep rikollã ro. Jouj im uake kajitok kein ilo pepa in im korol tok mokta jen December 31, 2022. Ne kwej jab maron uake kajitok kein, innem kôllã eo am enaj **bôjrak** mae ien eo pepa in enaj tobar tok MISSA ilo an moj am uake aolepen kajitok kein ie.

Jej reimaan waj wot nan ad woj jerbal ibben dron ilo kilan karejar.

Ilo Kautej,

Bryan Edejer
Acting Administrator

PART 1. PERSONAL AND CONTACT DETAILS	
Name of Beneficiary/Etan Rikolla eo:	**RMI SS No.** 04-
	Date of Birth/Raan in Lotak:
Citizianship/Kwe Ria:	**Current Address/Address eo am kio:**
Passport No./Nomba in Passport eo:	**Mailing address:**
Passport Expire date/Ran eo emaat kitien Passport eo:	
Place passport was issued/Ar koman ia Passport eo:	**Email address:**
Contact no./Telepon nômba:	**Armej eo kojelaik ñe enaj wôr idriñ ko/Tãem armej in/Address eo an:**

PART 2. PENSION DETAILS		
Kôllã rot eo kwej bôke: [ ] Kolla an Ritto [ ] Kolla an RiNañinmej [ ] Kolla an Lio/Leo bãlele [ ] Kolla an Ajiri	**Kwej jerbal ke ilo tore in ak ewor ke am imôn wia?** [ ] Aet [ ] Jab **Ne aet, jouj im likit etan jikin jerbal eo im address eo:**	**Kalikar tok kwej ke juon eo ej,** [ ] Ejellok Bãleen/Ejjen kar koba [ ] RiJikuul [ ] RiMarre/Ribãlele [ ] Ribãlele ak ejen marre

Ne kwej juon rilikin (ejjab RiMajol, Ri-FSM,Ri-Palau, im Ri-USA), kwej jerbal ilo tore in ak jokwe ilo Majol in? [ ] Aet [ ] Jab		**Kalikar mok ilo tore in kwej juon eo emoj an,** [ ] Jebel ak ejjein Divorce [ ] Emoj an jako Lio/Leo bãleen [ ] Jebel im emoj an Divorce

Ne ewor juon eo ekar jiban eon kanne pepa in, jouj im kalikar tok kadkad im ijin ilal: **Etam:** **Kadkad eo am nan Rikôllã in:** **Address eo am:** **Telepon nômba eo am:** **Email address eo am**:	**Ne edede lok pepa in, jouj im mail/email e tok ak ibben tok Passport ak ID eo am ekããl tata nan:** **Bill Joseph** Deputy Administrator & COO Marshall Islands Social Security Administration P.O. Box 175, Majuro MH 96960 Republic of the Marshall Islands missadeputy@gmail.com billjoseph@rmimissa.org

PART 3. DECLARATION

Na ij kakir mol, bwe aolep kajitok kein ikar uaki ilo pepa in rar jet melele ko remol im rejjab riab ilo ao jela im ekkar nan tomak e ao.

Name: _____ Signature: _____ Date: _____

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