



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-200
08/93

Claim Number : _____ Branch Office : _____
Date Filed : _____ Person to contact : _____
Date Logged : _____ Telephone Number : _____
about your claim

APPLICATION FOR SURVIVOR INSURANCE BENEFITS

INSTRUCTIONS: Please note that this application has 3 parts. Part I is about the Deceased and should always be completed. Part II consists of information about the surviving spouse. If the surviving spouse is not eligible to receive benefits then Part II should be omitted. Part III is for the surviving children.

PART I

1. Enter the deceased worker's social security number:

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First Middle Last

2. Print the deceased worker's full name: _____

3. Enter the deceased worker's sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	4. Enter the worker's date of Birth: <small>Month Day Year</small> / /
5. Enter the deceased worker's date of death: <small>Month Day Year</small> / /	6. Enter place of death: _____

7. Enter the cause of death. (a) Primary: _____ (b) Secondary: _____

8. Was the deceased worker ever entitled to social security benefits? Yes: No:

9. If yes, what kind of benefits? Disability: Retirement: Survivor:

10. List all employees for whom the deceased worked during the last five (5) years.

<u>NAME AND ADDRESS OF EMPLOYER</u>	<u>WORK BEGAN(month/year)</u>	<u>WORK ENDED (month/year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Did the deceased work more than 5 years for the Trust Territory Government (including Navy time) before July 1, 1968? Yes: No:

12. Indicate number of years, months and days the deceased worked for the Trust Territory Government prior to July 1, 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: _____ Days: _____ Monthly Pay Rate \$ _____

PART II — SURVIVING SPOUSE

First

Middle

Last

1. Enter your maiden name: _____

2. Enter your date of birth: Month Day Year
/ /

2a. Enter your place of birth _____

3. Were you married before your current marriage to the deceased? Yes: ___ No: ___

If yes, enter the following information about your previous marriage:

To whom married: _____ When: _____ Where: _____

How marriage ended: _____ When: _____ Where: _____

4. Your marriage to the deceased was performed by: _____ Clergy of authorized public official: _____

Other _____ please explain below

5. Date of Marriage: Month Day Year
/ /

6. Have you remarried since the death of your spouse? Yes: ___ No: ___

If yes, when Month Day Year
/ /

7. Have you been working since the death of your spouse? Yes: ___ No: ___

If yes, since when Month Day Year
/ /

Name of Employer: _____

Location: _____

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

9. How much have you earned so far this calendar year? \$ _____

10. Are you unable to work because of illness or disabling condition? Yes: ___ No: ___

11. Have you ever before filed an application for Social Security benefits? Yes: ___ No: ___

12. If yes, what kind of application did you file? Retirement: ___ Disability: ___ Survivor: ___ Lump Sum: ___

13. Do you agree to notify Social Security promptly if any of the following occur and to promptly return any benefit check you receive which is not due?

a. You go to work

b. You remarry Yes: ___ No: ___ Initial Here: _____

14. Are you receiving a Social Security benefit? Yes: ___ No: ___

If yes, give Social Security Number under which benefits are paid:

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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: _____ 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 Bank Account Number: _____
Bank 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: _____ Sign Here: _____
Address: _____ Address: _____

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

- a. Death Certificate
- b. Marriage Certificate (Proof of Marriage)

PART III — SURVIVING CHILDREN

1. Did the deceased worker have any children at the time of death who were:

Under age 18 Yes: _____ No: _____
 Between age 18 and 22 attending school Yes: _____ No: _____
 Under a disability that began before age 22 Yes: _____ No: _____

If yes, indicate number next to yes.

Total Number of Children: _____

2. List all such children in the spaces below beginning with the oldest. If the child is the grandchild, customary adopted child, etc, of the deceased worker use the column labeled 'Other' to describe the relationship of the child to the deceased worker.

<u>Name</u>	<u>SS Number</u>	<u>Date of Birth</u>	<u>S</u> <u>t</u> <u>u</u> <u>d</u> <u>e</u> <u>n</u> <u>t</u>	<u>D</u> <u>i</u> <u>s</u> <u>a</u> <u>b</u> <u>l</u> <u>e</u> <u>d</u>	<u>N</u> <u>a</u> <u>t</u> <u>u</u> <u>r</u> <u>a</u> <u>l</u>	<u>A</u> <u>d</u> <u>o</u> <u>p</u> <u>t</u> <u>e</u> <u>d</u>	<u>S</u> <u>t</u> <u>e</u> <u>p</u> <u>c</u> <u>h</u> <u>i</u> <u>l</u> <u>d</u>	<u>O</u> <u>t</u> <u>h</u> <u>e</u> <u>r</u>	<u>Child's</u> <u>relationship</u> <u>to deceased</u> <u>wage earner</u>
a.									
b.									
c.									
d.									
e.									
f.									
g.									

3. Are all of the children named above living in the same house as you? Yes: _____ No: _____

If no, give the name of the child not living with you along with the name and address of the person with whom the child is living:

4. Were all the children named in item #2 living with the deceased at the time of death? Yes: _____ No: _____

If no, list each child not living with the deceased at the time of death and state whether or not the child was being supported by the deceased:

5. If any of the children in item #2 are adopted children of the deceased prior to death, give the following:

<u>Name of Child</u>	<u>Adopted in Court</u>	<u>Date of Adoption</u>
	Yes: _____ No: _____	
	Yes: _____ No: _____	

6. If any of the children in item #2 have been adopted by someone other than the deceased, give:

Name of Child

Name of Adoptive parent(s)

7. If any of the following occur to children listed in item #2 – it should be reported immediately:

Marriage Being employed & earned wages becoming disabled death

8. Has any of the children listed in item #2 been receiving social security benefits?

If yes, please name the child and wage earner with SS number:

9. Do you understand that all payments made to you on behalf of a child must be spent for the child's present needs, or, if not presently needed, saved for the child's future needs, and, do you agree to use the benefits that way?

Yes: ____ No: ____

10. Do you agree to file the annual report of earnings when required? Yes: ____ No: ____

11. Do you agree to notify Social Security promptly when your address or the address of any person for whom you receive benefits changes, or if you no longer have responsibility for the welfare and care of any child for whom you are receiving benefits?

Yes: ____ No: ____

12. Do you agree to notify Social Security promptly if any of the following occur and to promptly return any benefit check you receive which is not due?

- a. A child is adopted or there is a change in custody.
- b. Any child goes to work, gets married, or dies.
- c. A student age 18 or over stops attending school.
- d. A disabled child's condition improves.

Yes: ____ No: ____ Initial Here: ____

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: _____ 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 Bank Account Number: _____

Bank 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: _____ Sign Here: _____

Address: _____ Address: _____

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

- a. Birth Certificate for children
- b. Student Certification (for children over 17 but below 22)
- c. Adoption Questionnaire A & B (if there are adopted children)
- d. Disability document for child below 22

BENEFIT CALCULATION

SOCIAL SECURITY

Total Qtrs. of Coverage: _____

Total Cumulative Wages: \$ _____

PRIOR SERVICE

Years: _____ Months: _____ Days: _____

Pay rate: \$ _____

Processed by: _____

Date: _____