

# FSM SOCIAL SECURITY ADMINISTRATION

P.O. Box L

Kolonia, Pohnpei FM 96941

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E-Mail: [ssclaim@mail.fm](mailto:ssclaim@mail.fm)

### **Optional 50% or 100% Total Calculated Retirement Benefit at Age 65 & Older**

For Office Use only									
<b>CLAIM NUMBER</b>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DATE FILED</b> (AT BRANCH)	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DATE RECEIVED AT HQ</b>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

SS NUMBER

**First Name**

**Middle Initial**

**Last Name**

Date of Birth

<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	<b>(ALSO KNOWN AS):</b>			
<b>ADDRESS</b>	<b>P.O. BOX NO. (IF ANY)</b>	<b>MUNICIPALITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<small>(CURRENT LOCATION)</small>				

Are you currently working?

☐ No☐ Yes

If yes, when did you start working? (mm/dd/year) Date:

PURSUANT TO PUBLIC LAW 22-166, I HEREBY CERTIFY THAT I HAVE ATTAINED AGE 65 AND OPT TO CONTINUE TO RECEIVE MY FSM SOCIAL SECURITY RETIREMENT BENEFITS AT: (*check one*)

☐ **50% Retirement Benefit** ☐ **100% Retirement Benefit** (must provide proof of employment for ET)

I agree to notify FSM Social Security promptly when I am no longer employed and/or any changes in my employment status. If I elect the 50% benefit, I will automatically receive 50% of my benefits without the earnings test being applied. If I elect the 100% benefit the earnings test will apply, which may reduce any benefits I am eligible for, and may reduce them below the 50% level. I am also obligated to comply with the requirements of the earnings test in order to continue receiving benefits if I elect this option. If I am currently working and elect the 50% benefit, I can change this election by filing a new notice of election form when I stop working or my earnings would result in less than a 50% deduction of my benefits. Similarly if I enter employment while receiving the 100% benefit, I may file the 50% election form when I start employment. Any benefits sought under this election will start upon receipt of notice, and in no circumstances prior to the passage of PL 22-166 on October 25, 2022.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT WRITE BELOW. FOR FSMSSA OFFICE USE ONLY

DO NOT WRITE BELOW. FOR TSMSSA OFFICE USE ONLY	
Reviewed by:	
Robert Carlos Claim Officer	Date
Approved by:	
Leon Panuelo, Jr. Administrator	Date

FSMSS-402