



FEDERATED STATES OF MICRONESIA
SOCIAL SECURITY ADMINISTRATION

P.O. Box LKoloniam, Pohnpei FM 96941

Tel: (691) 320 - 2706/2708

REQUEST FOR CLAIM DOCUMENTS

FSM-SS-87

01/88

Date: _____

- | | | |
|--------------------------|----------------|-------|
| <input type="checkbox"/> | First Request | _____ |
| <input type="checkbox"/> | Second Request | _____ |
| <input type="checkbox"/> | Third Request | _____ |
| <input type="checkbox"/> | Final Notice | _____ |

Name of Claimant:

Telephone Contact _____
or
P.O. Box Contact _____

Retiree/Deceased SS No. _____

Wage Earner Name _____

The following information/documents are required to complete your claim for Social Security Benefits:

Document	Source
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please return these items to our office by _____ (Date).

- You agreed to return these documents by _____.
- Let us know if you have a problem in completing your claim.
- You have not furnished all items requested. If you cannot obtain documents please let us know.
- Your claim may be closed soon if we do not hear from you by _____.
- This is our third and final request before we close your claim.
- Your claim is closed until we receive the documents required to complete it.

Please contact our office at anytime if we can assist further.

Sincerely,

Social Security Office

Remarks _____ _____ _____ _____
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Claimant's Acknowledgement: The Claim procedures have been explained to me in full as outlined above:

Signature of Claimant