



FSM Social Security Administration
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FSMSS-106 Rev. 8/2004

NOTICE OF FAILURE TO RECEIVE MONTHLY BENEFIT CHECK

TO: Social Security Administrator

FROM: _____

I would like to notify your office that the social security benefit check for the month of

_____ thru _____ (if applicable)
 (Month/Year) (Month/Year)

- was not received
- was received, but misplaced
- was stolen or destroyed

I have verified with the following and the check was not found:

- Post Office
- Members of the family
- Representative payee
- Other

I hereby authorize to deduct the bank stop payment fee of \$30.00 out of my replacement check. In the event that I encashed my benefit check in question, I understand that my future benefit payment(s) will be adjusted accordingly.	Signature of Person Making the Report: _____ Address: _____ _____ SS Number (Retiree/Deceased): _____
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CLAIM DIVISION	ACCOUNTING DIVISION
PAYMENT WAS MADE: <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe reasons: <input type="checkbox"/> Manual <input type="checkbox"/> Automated	STATUS OF CHECK: <div style="text-align: center;">OUTSTANDING CASHED</div>
Check No: _____ Name & Address on Check: _____	Date Stop Payment Ordered: Date Replacement Check Issued:
Check Dated: _____ Amount: \$ _____	Verified by: _____

Note: The Bank has increased its stop payment fee.