



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): _____

CLAIM DIVISION	ACCOUNTING DIVISION
PAYMENT WAS MADE:	STATUS OF CHECK:
<input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe reasons:	OUTSTANDING CASHED
<input type="checkbox"/> Manual	Date Stop Payment Ordered:
<input type="checkbox"/> Automated	Date Replacement Check Issued:
Check No: _____ Name & Address on Check: _____	Verified by: _____
Check Dated: _____ Amount: \$ _____	

Note: The Bank has increased its stop payment fee.