



FSM Social Security Administration
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FSMSS-118
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QUESTIONNAIRE

Dear Beneficiary:

Please complete this survey and submit it to our office as soon as possible. Failure to do so will result in benefit withholding. Thank you.

☐ Retirement	☐ Disability	☐ Surviving Spouse or ☐ Guardian (skip to item 4)
1. Are you working now? ☐ yes ☐ no If yes, since when? Date: _____	1. Are you working now? ☐ yes ☐ no If yes, since when? Date: _____ 2. Has your condition improved? ☐ yes ☐ no	1. Are you working ? ☐ yes ☐ no If yes, since when? Date: _____ 2. Have you remarried? ☐ yes ☐ no 3. Do you have children receiving social security benefits? yes no 4. Are any of the children receiving social security benefits married? ☐ yes ☐ no working? ☐ yes ☐ no adopted? ☐ yes ☐ no no longer live with you? ☐ yes ☐ no _____ name of child ss number died? ☐ yes ☐ no _____ name of child ss number Wage Earner's Name: _____
This section is for all. Do not leave blank. Retiree, disability recipient, or surviving spouse died? ☐ yes ☐ no Who died? _____ (print name) (ss #) (when?)		

IMPORTANT:

- This survey form must be notarized if not signed in the presence of a representative of the FSMSSA.

BENEFICIARY'S DECLARATION

I understand that any false statement or misrepresentation of any fact in maintaining a right for benefits is a crime punishable under Title 53 of the FSM Code.

Beneficiary's Printed Name: _____

Signature: _____

Date: _____

Beneficiary's Current Address: _____

How long have you been
at this address? _____

Telephone No.: _____

Cell phone No.: _____

Email Address: _____

Municipality: _____

Interviewer: _____