



QUESTIONNAIRE (Abroad SS Recipients)

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. Please fill out the appropriate sections accordingly to the category in which you belong.

☐ Retirement	☐ Disability
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
☐ Surviving Spouse or ☐ Guardian (skip to item 4)	
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	Name of Child _____ ss number _____ died? ☐ yes ☐ no
working? ☐ yes ☐ no	Name of Child _____ ss number _____ died? ☐ yes ☐ no
adopted? ☐ yes ☐ no	Name of Child _____ ss number _____ died? ☐ yes ☐ no
not living with you? ☐ yes ☐ no	Name of Child _____ ss number _____ died? ☐ yes ☐ no
Wage Earner's Name: _____	

IMPORTANT:

- ☐ This survey form must be notarized if not signed in the presence of a representative of the FSMSSA. Notary page is on the second page.
- ☐ If you are living abroad and employed, please submit along with this survey form copies of W-2 forms for all years you have been employed. For retirees aged 65 or older, please complete the attached 402 form and submit along with the survey and your W-2 forms.
- ☐ If you are living abroad and unemployed, please submit along with this survey form proof of unemployment.

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 Current Address: _____

How long have you been at this address? _____

Telephone No.: _____

Cell Phone No.: _____

Email Address: _____

Municipality: _____

FSM Social Security Administration

I, _____, being duly sworn, hereby declare that the information provided in this document is true and correct to the best of my knowledge and belief. I understand that any false statement may be punishable by law.

Beneficiary/Recipient's Signature: _____ **Date:** _____

Notary Public Acknowledgment

State of _____

County: _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained.

Notary Public: _____