



FSM SOCIAL SECURITY ADMINISTRATION

P.O. Box L
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E-Mail: Info@fsmssa.fm

Optional 50% or 100% Total Calculated Retirement Benefit at Age 65 & Older

	For Office Use only											
CLAIM NUMBER	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE FILED (AT BRANCH)	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE RECEIVED AT HQ	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SS NUMBER	First Name	Middle Initial	Last Name	Date of Birth
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
☐ MALE ☐ FEMALE	(ALSO KNOWN AS):			
ADDRESS (CURRENT LOCATION)	P.O. BOX NO. (IF ANY)	MUNICIPALITY	STATE	ZIP CODE

Are you currently working? ☐ No ☐ Yes

If yes, when did you start working? (mm/dd/year) Date: _____

PURSUANT TO PUBLIC LAW 22-166, I HEREBY CERTIFY THAT I HAVE ATTAINED AGE 65 AND OPT TO CONTINUE TO RECEIVE MY FSM SOCIAL SECURITY RETIREMENT BENEFITS AT: *(check one)*

☐ **50% Retirement Benefit** ☐ **100% Retirement Benefit** *(must provide proof of employment for ET)*

I agree to notify FSM Social Security promptly when I am no longer employed and/or any changes in my employment status. If I elect the 50% benefit, I will automatically receive 50% of my benefits without the earnings test being applied. If I elect the 100% benefit the earnings test will apply, which may reduce any benefits I am eligible for, and may reduce them below the 50% level. I am also obligated to comply with the requirements of the earnings test in order to continue receiving benefits if I elect this option. If I am currently working and elect the 50% benefit, I can change this election by filing a new notice of election form when I stop working or my earnings would result in less than a 50% deduction of my benefits. Similarly if I enter employment while receiving the 100% benefit, I may file the 50% election form when I start employment. Any benefits sought under this election will start upon receipt of notice, and in no circumstances prior to the passage of PL 22-166 on October 25, 2022.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW. FOR FSMSSA OFFICE USE ONLY

Reviewed by:	
_____ Billston Charley Claim Officer	_____ Date
Approved by:	
_____ Leon Panuelo, Jr. Administrator	_____ Date