

# REQUEST FOR MSA REFUND

**Request Number:** \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Employer's EIN/SSN: \_\_\_\_\_

Employer's Tel. No.: \_\_\_\_\_ Date of Departure: \_\_\_/\_\_\_/\_\_\_ Air Carrier Name/Flight No.: \_\_\_\_\_

Permanent Mailing Address Outside of Palau: \_\_\_\_\_

Street

City/State

Country

Zip Code

Contact No. Outside of Palau: \_\_\_\_\_ Email Address: \_\_\_\_\_

**OPTION FOR MSA REFUND:**

Deposit my refund directly to my FDIC-insured bank account here in Palau. *\*Provide a copy of your bank book or bank statement.*

Bank Name: \_\_\_\_\_ Bank Account Type: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

I have authorized someone via the attached notarized Authorization Form to pick up my refund check when it has been processed and is ready to be picked up. *\*Provide valid ID (Permit, Driver's License, and/or Passport of authorized person).*

Mail to permanent address as shown above.

**I understand and agree with the following:**

- No refund shall be made for an amount of less than five dollars (\$5.00).*
- If my request is approved and my Employer has transmitted all contributions in my name, my refund will be sent six months after my departure date. If my Employer's last, full payment is not received six months after my departure date, my refund will be sent only after my Employer's Return is paid in full.*
- The Palau Social Security Administration will hold my refund if I have a dependent still residing in Palau.*
- The Palau Social Security Administration will deduct any outstanding medical bill amounts from my refund.*
- My check will be mailed to my mailing address if it is unable to be deposited directly to my bank.*
- If for any reason beyond SSA's control, the check is lost and I request a re-issuance of check, SSA will deduct applicable re-processing fee from my MSA balance before issuing a new check.*

*I further understand that any individual who knowingly submits a false claim for the purpose of misleading, defrauding, or cheating the Palau Social Security Administration in obtaining benefits under the National Healthcare Financing Act commits a crime punishable by imprisonment not exceeding five (5) years, or a fine of not more than five thousand dollars (\$5,000) or double the amount of money fraudulently obtained (whichever is greater), or both.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Evidence Submitted:**

- Passport       Departure Ticket
- Employment/Exit Clearance
- BNH and Immigration Clearance
- For Government Contract Employees:  
Personnel Action
- Notary Seal if done outside of Palau. If done outside of Palau, above documents not necessary.

MSA Amount: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

**Recommendations:**

- Deny
- Hold
- Approve

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**For Social Security Administrator:**

- Deny       Hold       Approve

\_\_\_\_\_  
Social Security Administrator      Date