

EMBASSY OF THE FEDERATED STATES OF MICRONESIA (FSM)
1725 N Street NW Washington DC 20036
Tel: 202-223-4383/Fax: 202-223-4391
email: fsmdc1@gmail.com

SURVEY OF ELIGIBILITY FOR *MEDICAID/MEDICARE* BENEFITS

After the passage of the **Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, Pub.L. 104-193, 110 Stat. 2105, enacted August 22, 1996)** which created the **Temporary Assistance for Needy Family(TANF) Program in 1997**, citizens of the Freely Associated States (FSM, Palau, and RMI) became ineligible for Medicaid/Medicare program. However, FSM citizens who are working in the US continue to make contributions(taxes) by paying into the Medicaid/Medicare program as required under the Federal Insurance Contributions Act(FICA), but do not enjoy the benefits. The purpose of this survey is to find out the extent to which FSM citizens continue to contribute to the Medicaid/Medicare through deductions from their wages or salaries but do not enjoy the benefits of the Medicaid/Medicare program.

NAME (optional): _____ Are you an FSM Citizen? () Yes; () No

Which State of the FSM Are You From? () Chuuk; () Kosrae; () Pohnpei; () Yap

Current Residence in US: Address _____ City _____ State _____
Cell #: _____; Home Tel#: _____; Work Tel#: _____

How Long Have Resided in the US? _____ years _____ months

Are You Currently Employed? () Yes () No; If Yes, How Long? _____ years _____ months

If You Are not Currently Employed, Were You Employed Before? () Yes () No

Are/Were You Paying into Medicaid/Medicare? () Yes () No; If unsure, please verify deduction for "FICA-SS/Med" with your employer or provide a copy of check stub to Embassy for further verification.

Have You Sought Medical Assistance Before under Medicaid/Medicare? () Yes () No

Was Your Request for Medical Treatment Granted? () Yes () No

If possible, please provide documentation, such as payroll check stub, showing that you continue to pay into the Medicaid program. If you wish, you can white-out or black-out your name so it does not have to be shown. Please attach two of your check stub or other documentation showing your payment into Medicaid/Medicare.

Please send this survey form and any attachment to the FSM Embassy in Washington DC. Feel free to email it if you wish. It may also be sent to the FSM Consulate in Honolulu (Address: 3049 Ualena Street, Suite 1000 Honolulu, HI 96819 Tel: (808) 836-4775/Fax: (808) 836-6896/Email: fsmconsulatehnl@fsmcghnl.com).

Thank you so much for your cooperation.