FORM NO-03

NOTICE OF REMARRIAGE BY SURVIVING SPOUSE (ASG CLAIMS ONLY)

Instructions: Pursuant to A.S.C.A. 32.0617(a)(2), a surviving spouse receiving death benefits directly from the American Samoa Government (ASG) is required to notify both the Commission and the employer (ASG) upon remarriage. For notification, the spouse must use and submit this notice form to the Commission's Office, including a copy to the employer (preferably the Department of Legal Affairs). Any spouse failing to properly notify the Commission of remarriage will face legal repercussions.

Required Documentation for Submission with Form:

- Copy of marriage license (upon remarriage)

1. Name of Beneficiary (Surviving Spouse):	2. Beneficiary's Social Security No.:	3. Name of the Deceased Spouse:

4. Beneficiary's Sex:	5. Beneficiary's Nationality:	6. Date Remarried:	7. Name of the New Spouse:
☐ Male | ☐ Female			

8. Total Death Benefit Payment:	9. How often are your payments issued?
	☐ Weekly | ☐ Bi-weekly | ☐ Monthly | ☐ Annually

10. Beneficiary's Contact Information:	Telephone | Mobile No.:
Mailing Address:	Email Address (if any):

11. AUTHORIZATION:

I hereby certify and acknowledged as both the surviving spouse and beneficiary of death benefit compensation for the deceased spouse aforementioned herein. I also certified as remarried and acknowledged all the information provided herein and the documentation furnished as required to prove of such remarriage are both factual and not fraudulent.

(Sign Here) _____.

SIGNATURE OF BENEFICIARY (SPOUSE)

_____.

DATE OF NOTICE

FORM DISTRIBUTION: Original – Commission | Copy – Spouse | Copy – Dept. of Legal Affairs