

In the Event of Active Carrier's Death

1. Notify employee's immediate supervisor.
2. Notify Postmaster.
3. Notify personnel section (if any)
4. Contact the following for accounts or benefits:
 - a. The local NALC union office;
 - b. If veteran, the Veteran's Administration local office;
 - c. Local bank or postal credit union;
 - d. Social Security Administration local office;
 - e. Insurance companies for policies on: life
 - For NALC write - Mutual Benefit Association
100 Indiana Avenue., N.W., Room 510
Washington, D.C. 20001-2144 or
Call - 202-638-4318
 - For Federal Group Life Insurance - contact local personnel office
 - For NALC hospitalization write – NALC Health Benefit Plan
20547 Waverly Court
Ashburn, VA 22093 or
Call – 703-729-4677
 - f. Internal Revenue Service local office;
 - g. U.S. Office of Personnel Management (OPM)
Employee Service and Records Center
Boyers, PA 16017 or
NALC Retirement Office
100 Indiana Avenue, N.W.
Washington, D.C. 20001-2144
Or call NALC toll free 1-800-424-5186 (Monday, Wednesday or
Thursday, 10-12 A.M. and 2-4 P.M. EST)
5. Change name on all important papers to survivors name;
6. Notify supervisor or Postmaster of time and place of memorial services;
7. Have mortuary officials obtain enough certified death certificates for your needs. They can advise how many;
8. Give immediate supervisor locker keys and/or employee badge.
9. Obtain and fill out forms;
 - SF 2800 – Application for Death Benefit (CSRS)
 - SF 3104 - Application for Death Benefit (FERS)
 - SF 1153 – Claim of Designated Beneficiary for Unpaid Compensation.
 - FE 6 – Claim for benefits Federal Group Life Insurance
10. Check with USPS personnel section or Postmaster for annuity for yourself and any minor children.
11. If previous marriage, have divorce papers. If present marriage, have marriage license.
12. Contact the personnel office about your potential eligibility for Annuity Protection Plan Payments.

CLAIM FOR COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

Form Approved
OMB No. 3206-0234

GENERAL INFORMATION

- Complete this form and send it to the Federal Government agency that employed the deceased at the time of his/her death. Contact that agency if you need help to complete this form.
- All Government checks in your possession, drawn to the order of the deceased in payment of "unpaid compensation," should accompany this claim. All Government checks drawn to the order of the deceased for other purposes (such as veterans' benefits, social security benefits, or Federal tax refunds) should be returned to the agency that sent it.

PART A

1. Name of deceased	2. Social Security Number of deceased	5. Employing agency
3. Last address of deceased (if known)	4. Date of death	

INSTRUCTIONS

- If you are a designated beneficiary of the deceased, complete Parts B and G.
- If you are the widow or widower of the deceased, complete Parts B, C, and G.
- If you are **not** a designated beneficiary of the deceased but you are a relative or next of kin of the deceased, complete Parts D and G.
- If you are an executor or administrator of the deceased's estate, complete Parts E and G.
- If you do not meet the criteria in Items 1 through 4, complete Parts F and G.

PART B

1. Is a Designation of Beneficiary for Unpaid Compensation (SF 1152) on file with the agency?
 Yes ☐ No ☐ Don't know ☐

Full name	Social Security Number	Age	Relationship to deceased	Address

PART C

1. Do you certify that (1) you were married to the deceased **and** (2) to the best of your knowledge and belief the marriage was not dissolved prior to his/her death? Yes ☐ No ☐

PART D

1. List below the name, social security number, age, relationship, and address of:
- (a) If no widow or widower survives, list each living child of the deceased and state whether natural, adopted, illegitimate or stepchild.
 - (b) If no child survives, list each living descendant of the deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survive, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Full name	Social Security Number	Age	Relationship to deceased	Address

PART E

1. If none of the individuals listed in Parts B and D survives and an executor or administrator of the deceased's estate has been appointed, the following statement should be completed.

I/we have been duly appointed _____ of the estate of the deceased, as
(Executor or Administrator)

evidenced by certificate of appointment herewith, administration having been taken out in the interest of

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE: If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor of the deceased's estate has been appointed, will one be appointed? Yes ☐ No ☐

PART F

1. Have funeral expenses of the deceased been paid? Yes ☐ No ☐ Don't know ☐
(If paid, receipted bill of the funeral director must be attached.)

Whose money was used to pay the funeral expenses? _____

PART G

Fines, Penalties and Forfeitures are imposed by law for making false or fraudulent claims against the United States or making false statements in connection therewith.

Signature of claimant	Date	Signature of claimant	Date
Street address		Street address	
City, State, and Zip Code		City, State, and Zip Code	

Two Witnesses are Required

Signature of witness	Date	Signature of witness	Date
Street address		Street address	
City, State, and Zip Code		City, State, and Zip Code	

Privacy Act and Public Burden Statement

Solicitation of this information is authorized by the Code of Federal Regulations, Part 178, Subpart B. The information you furnish will be used to determine the amount, validity, and the person(s) entitled to the unpaid compensation of a deceased Federal employee. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs to obtain information necessary for determination of entitlement under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or make it impossible for us to determine your eligibility to receive payments.

We think this form takes an average of 15 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of SF 1153, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction (3206-0234), Washington, D.C. 20415-7900. The OMB number 3206-0234 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



Application for Death Benefits Federal Employees Retirement System

Form approved:
OMB number 3206-0172

This application is for use by persons applying for benefits which may be payable under the Federal Employees Retirement System (FERS) because of the death of an employee, former employee, or retiree who was covered by FERS at the time of his/her death or separation from Federal service. You should have received an informational pamphlet entitled, *Applying for Death Benefits Under the Federal Employees Retirement System*, SF 3114 with this application. If you did not receive the pamphlet and the deceased was a Federal employee at the time of his/her death, you should get a copy from the deceased's employing agency. If the deceased was retired or a former employee not yet receiving a retirement benefit, you should get a copy from the Office of Personnel Management (OPM). You can either write to the Office of Personnel Management at OPM, FERS, P.O. Box 45, Boyers, PA 16017-0045 or call OPM's Retirement Information Office at 1-888-767-6738. Customers within local calling distance to Washington, DC must contact OPM on 202-606-0500. You can also request SF 3114 over the Internet at www.opm.gov/retire/html/library/fers.html.

If the deceased was an employee at the time of death, send your completed application, with any requested attachments, to the personnel office in the agency where the deceased was last employed. If the deceased was a former employee or annuitant at the time of death, send it to the Office of Personnel Management, Federal Employees Retirement System, P.O. Box 45, Boyers, PA 16017-0045.

If your address changes before you receive your claim number, write to OPM, giving your name, date of birth, your Social Security Number, and the deceased person's name, date of birth and Social Security Number. If you have received your claim number, please refer to it.

Instructions For Completing Application

Type or print clearly in ink. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number, and the deceased person's name, date of birth and Social Security Number, written at the top. If you do not know an answer, write "unknown." If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

Section A - Information About the Deceased

6. If deceased had ever applied for or received retirement benefits, show the CSA number (retirement claim number).
7. Recurring payments from the Office of Workers' Compensation Programs, U.S. Department of Labor (OWCP) and FERS survivor annuity benefits and/or the FERS Basic Employee Death Benefit usually are not payable for the same period of time. If the deceased had applied for or received benefits from the OWCP based on an illness or injury resulting from a condition of employment within the last two years, indicate here. The OWCP claim number appears on the U.S. Treasury checks and correspondence from OWCP.
8. See the pamphlet entitled, *Applying for Death Benefits Under the Federal Employees Retirement System*, SF 3114 to help you determine which block to check.
10. If the deceased had no former marriage(s), write "none." Attach copies of death certificates, divorce

decrees from former marriage(s) or annulment(s). If you are the spouse of the deceased and were married to the deceased before, be sure to show the date your prior marriage(s) ended.

Section B - Information About the Applicant

5. If you checked "Designated beneficiary" and have a copy of the form designating you as beneficiary, attach it to the application. If you checked "Parent," both parents must submit completed applications. If one is deceased, attach a copy of the death certificate. Otherwise, provide name and address of other parent in Section F, if known. If you checked "executor or administrator of estate," attach a copy of the court order appointing you executor or administrator. (Note that a court must have appointed you; we will not pay you based on a will or other document prepared by the deceased.)

Section C - Information About the Deceased Person's Spouse

1. Attach a copy of your marriage certificate.

If you were married by a priest, rabbi, pastor, Justice of the Peace or other person empowered by the State to perform marriages, check "Clergy/Justice of the Peace". If you were **not** married by someone empowered by the State to perform marriages, check "Other" and explain (for example, "common law" or "tribal marriage").

If marriage is common law and a State court has determined that you were married, send a copy of the court order or judgment. If you do not have a court order or judgment, attach two notarized affidavits from persons who are in a position to know the facts which clearly show: (1) the relationship

between you, your spouse, and the person swearing to the affidavit; (2) the length of time you and the deceased lived together; (3) the address or addresses at which you resided while you lived together; (4) whether there was any public announcement in connection with your common law marriage; (5) whether you and the deceased were regarded among your neighbors, friends, and relatives as being husband and wife during the time you lived together; and (6) how the person swearing to the affidavit is in a position to know the facts being presented in the affidavit.

In addition, your own affidavit is required. It should show: (1) the date on which, and the State in which, you and your spouse mutually agreed to become husband and wife; (2) whether you or your spouse were ever married, ceremonially or under common law, to anyone else before entering into the common law relationship (if so, state in your affidavit all the facts of each previous marriage, including the date it took place and the date of the death or divorce which ended it); and (3) any other facts which you believe will help prove you were husband and wife. You may also submit other documents which show a husband and wife relationship such as a naturalization certificate, deeds, immigration records, insurance policies, passports, child's birth certificate, etc.

2. If you married the deceased more than once, give dates that each marriage began and ended.

Section E - Information About the Deceased Person's Dependent Children

- 1 a. List, in order of birth date, all the surviving, unmarried, dependent children of the deceased. List all such children you know of, no matter where they live. A dependent child is a son or daughter who is unmarried and:
 - was under age 18 at the time of the deceased person's death, including any:
 1. adopted child, and/or
 2. stepchild, and/or
 3. recognized child born out of wedlock who lived with the deceased in a regular parent-child relationship, and/or
 4. recognized child born out of wedlock if there was a judicial determination of support or if the deceased made regular and substantial contributions for the support of the child.
 - is age 18 or older, but who became mentally and/or physically disabled before age 18 and who, because of the disability, is incapable of self-support. Attach a copy of the Social Security Administration's determination of disability (prior to age 18) for disabled child(ren) over age 18.

- is between ages 18 and 22 and who is unmarried and a full-time student in school.

- b. Attach a copy of the birth certificate for each child for whom you are applying.
 - d. Show how each child is related to the deceased. For example, write "Child of marriage at death" for a child of the deceased person's marriage in force at the time of death.
 - e. If the unmarried dependent son or daughter is 18 or over, state whether he or she is a full-time student and/or disabled.
2. The mother of the unborn child, the legal guardian or the person responsible for the child should send us the birth certificate, when available.
 - 3 d. If the person(s) in 3b. is (are) court appointed, indicate by checking the "Legal guardian" box. If you are the person who is court appointed, attach a copy of the court appointment to this application. If there is no court appointment, check "Other" and write in the relationship to the child, for example, mother, father, sister, etc.
 4. You must apply for benefits from the Social Security Administration (SSA) for minor or disabled children of the deceased. Federal Employees Retirement System (FERS) benefits to children will not be paid until we have received verification of their entitlement to (and amount of) or lack of entitlement to SSA benefits. You should submit a copy of SSA's notice of award or denial with this application, if available. If it is not submitted, we will obtain the information from SSA, however, this may delay the processing of your claim.

Section F - Information About Other Heirs

Please give us information about other relatives who may be able to inherit from the deceased. If you can't give complete information, do the best you can. List only people who were living when the deceased died and who have the following relationships to the deceased:

- Widow(er) (unless named in Section C);
- Children of the deceased not included in Section E and the children of any deceased children (on a separate sheet of paper, show the relationships of descendants of deceased children to the deceased, for example, John and Mary, children of deceased son John, and Sue, child of deceased daughter Ann);
- If there is no living widow(er) or child, list the deceased person's parents (if only one parent survives, a copy of the deceased parent's death certificate should be attached, if available);
- If there are no living relatives of the deceased as described above and no court-appointed executor or administrator as described in Section G, list other relatives who can inherit from the deceased.

Section G - Information About the Deceased Person's Estate

1. If someone was named as executor or administrator in the deceased person's will, but hasn't been appointed by the court, check "No." If you have been appointed by a court, attach a copy of the court appointment.

Section H - Active Military Service

You do not need to complete parts 1 and 2 of this section if the deceased was retired at the time of death, since the Office of Personnel Management (OPM) already has this information.

1. Indicate whether the deceased performed active duty that terminated under honorable conditions in the Armed Forces or other uniformed services of the United States. Inactive service in reserve components of the uniformed service is not creditable for retirement purposes. Service in the National Guard is not usually considered active Federal military service except when ordered to active duty in the service of the United States and during an initial (3 months or longer) training period. However, full-time National Guard duty is creditable, if the service interrupts creditable civilian service and is followed by reemployment (as explained in Chapter 43 of title 38) that occurs on or after August 1, 1990. If the deceased was a retiree, OPM already has information about his/her military service.

If you have a copy of the deceased person's DD 214's or other discharge certificate(s) showing the dates of active duty and the deceased was a former employee at the time of death, you should attach it (them) to your application.

2. Persons who performed active military service after December 31, 1956, must pay or have paid a deposit to receive credit under the Federal Employees Retirement System (FERS) for the military service.

If the deceased was an employee at the time of death, you may pay or complete the payment of the deposit

by completing the election form contained in *Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death*, Standard Form (SF) 3104B, which can be obtained from the agency where the deceased was last employed. The deceased's agency can provide you with more information regarding this deposit.

3. Indicate whether the deceased ever received or applied for military retired pay.

If you are receiving military survivor benefits, the deceased person's military service is used for survivor purposes, subject to a reduction equal to the amount of your military survivor benefits. However, if such retired pay was awarded on account of a service-connected disability incurred in enemy combat or caused by an instrumentality of war in the line of duty during a war period, or was awarded under Chapter 67, Title 10, (formerly title III) of Public Law 80-810 (reserve retired pay at age 60 based on 20 years of active and reserve service), no such reduction is required. You should attach a copy of your award of military survivor benefits verifying the award was based on one of the above reasons.

Section K - Applicant's Checklist

Use this section of the application to ensure that all required supporting documentation is attached.

SF 3104A

If the deceased was a retiree at the time of death and you are the surviving spouse, you should complete *Survivor Supplement (FERS)*, SF 3104A, which is attached to this application. Instructions for completing SF 3104A are contained on the form itself.

SF 3104B

If the deceased was an employee at the time of death and you are the surviving spouse or former spouse, you and the deceased person's agency should complete *Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death*, SF 3104B, which can be obtained from the deceased person's former employing agency. Instructions for completing SF 3104B are contained on the form itself.

Solicitation of this information is authorized by the Federal Employees Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or prevent action on your application.



Application for Death Benefits

Federal Employees Retirement System

Form Approved
OMB No. 3206-0172

Section A - Information About the Deceased

1. Full name of deceased (<i>last, first, middle</i>)		2. Date of birth (<i>mm/dd/yyyy</i>)
3. Date of death (<i>mm/dd/yyyy</i>) (<i>Attach a certified copy of the death certificate.</i>)		4. Social Security Number
5. List any other names the deceased used (<i>ex. maiden name or his/her middle name</i>)		6. CSA number (<i>if retired</i>)
7a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? <input type="checkbox"/> No <input type="checkbox"/> Yes →		7b. OWCP claim number
8. What was deceased person's employment status at the time of death (see pamphlet entitled, <i>Applying for Death Benefits Under the Federal Employees Retirement System, SF 3114</i>) <input type="checkbox"/> Employee → Complete SF 3104B, which can be obtained from the deceased person's former employing agency. <input type="checkbox"/> Former employee <input type="checkbox"/> Retiree → If you are the surviving spouse, complete SF 3104A (<i>attached</i>)		
9. Name of deceased person's spouse at time of death (<i>if not married at time of death write "none"</i>)		
10a. Name of deceased person's spouses from all former marriages	10b. How did each marriage end? <input type="checkbox"/> Death <input type="checkbox"/> Divorce/annulment	10c. Date each marriage ended (<i>mm/dd/yyyy</i>)
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce/annulment	

Section B - Information About the Applicant

1. Your full name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security Number
4. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. I am applying for benefits as (<i>check all boxes that apply</i>): <input type="checkbox"/> Widow(er) → complete Section C below <input type="checkbox"/> Designated beneficiary (<i>attach copy of designation, if available</i>) <input type="checkbox"/> Parent of decedent (<i>Each parent should complete a separate application. If one parent is deceased, attach a copy of the death certificate.</i>)		<input type="checkbox"/> Executor or administrator of estate (<i>attach copy of court order</i>) <input type="checkbox"/> Former spouse → Complete Section D on page 2 <input type="checkbox"/> Child (<i>or as guardian of minor or disabled child</i>) <input type="checkbox"/> Other (<i>specify</i>):
6. Did you cash any check(s) issued to the deceased or did you withdraw funds paid by direct deposit from the deceased's savings or checking account after the date of death?		<input type="checkbox"/> No <input type="checkbox"/> Yes

Section C - Information About the Deceased Person's Spouse (*Complete if you are the widow(er).*)

1. Marriage performed by <input type="checkbox"/> Clergy/Justice of the Peace <input type="checkbox"/> Other (<i>explain</i>)		2. Date of marriage (<i>mm/dd/yyyy</i>)
3. Have you remarried after your spouse died? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the one named above in Section A.1? →		<input type="checkbox"/> No → Go to item 5 below <input type="checkbox"/> Yes → Complete items 4b-4e below
4b. Name of deceased former spouse		4c. Date of birth (<i>mm/dd/yyyy</i>)
4d. Name of retirement system (<i>e.g. Civil Service, Foreign Service</i>)		4e. Claim number (<i>assigned to you by retirement system in item 4d.</i>)
5. If you will be receiving monthly payments, P.L. 104-134 requires that you be paid by direct deposit into a checking or savings account if possible. See Section I.		

Section D - Information About the Deceased Person's Former Spouse
(Complete if you are a former spouse)

1a. Date of marriage to the deceased (mm/dd/yyyy)	1b. Date of divorce from the deceased (mm/dd/yyyy)
2. Is there a court order awarding you any portion of the deceased person's Federal Employees Retirement System (FERS) retirement or survivor benefits? <input type="checkbox"/> Yes, on record at OPM <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	
3a. Are you paying for Federal Employees Health Benefits coverage to a former employing office? <input type="checkbox"/> No → Go to item 4a <input type="checkbox"/> Yes → Go to item 3b	
3b. Give name and address of agency where you send health benefit premiums: 	
4a. Have you married again since your marriage to the deceased? <input type="checkbox"/> No → Go to item 5a <input type="checkbox"/> Yes → Go to item 4b	4b. Date of first marriage after marriage to deceased ended (mm/dd/yyyy)
5a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse or former spouse other than the one named on page 1, Section A1 ? <input type="checkbox"/> No → Go to item 6 <input type="checkbox"/> Yes → Complete items 5b-5e below	
5b. Name of deceased former spouse (last, first, middle initial)	5c. Date of birth (mm/dd/yyyy)
5d. Name of retirement system (ex. Civil Service, Foreign Service, etc.)	5e. Claim number assigned to you by retirement system in item 5d.
6. If you will be receiving monthly payments P.L. 104-134 requires that you be paid by direct deposit into a checking or savings account if possible. See Section I.	

Special Note: If you checked "Employee" in Section A.8, and your former spouse performed more than 18 months of creditable civilian Federal service, and a court awards you all or a portion of the Basic Employee Death Benefit or a survivor annuity, contact the deceased person's former employing agency in order to complete the necessary election forms in Standard Form 3104B.

Section E - Information About the Deceased Person's Dependent Children

1a. Are there any unmarried dependent children as defined in the instructions? <input type="checkbox"/> Yes → Complete items 1b-1f below <input type="checkbox"/> No → Go to Section F				
1b. Name(s) of unmarried dependent children (list in order of birth)	1c. Date of birth (mm/dd/yyyy)	1d. Child's relationship to deceased (child of former marriage, adopted, etc.)	1e. Age 18 or over	1f. Child's Social Security Number
			<input type="checkbox"/> Student <input type="checkbox"/> Disabled	
2. Is there a child of the deceased not yet born? <input type="checkbox"/> Yes → When born, send birth certificate for child to OPM <input type="checkbox"/> No				
3a. Do you (the applicant) have responsibility for all the children in Section E1? <input type="checkbox"/> No → Complete items 3b-3d below <input type="checkbox"/> Yes → Go to item 4a				
3b. Name and address of person having responsibility for child	3c. Name(s) of children	3d. Custodian's Relationship to child		
		<input type="checkbox"/> Legal guardian <input type="checkbox"/> Other → Specify		
		<input type="checkbox"/> Legal guardian <input type="checkbox"/> Other → Specify		
		<input type="checkbox"/> Legal guardian <input type="checkbox"/> Other → Specify		
		<input type="checkbox"/> Legal guardian <input type="checkbox"/> Other → Specify		

4a. Has anyone applied for benefits from the Social Security Administration (SSA) for minor or disabled children of the deceased? ☐ No → (Application required for payment of benefits.) ☐ Yes

4b. Have you attached a copy of the SSA's Notice of Award of benefits, and/or denial of benefits, and/or disability determinations for each child? ☐ No → Not yet received (Forward to OPM upon receipt.) ☐ Yes

Section F - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions.

1. Full name of relative	2. Complete address	3. Relationship to deceased

Section G - Information About the Deceased Person's Estate

1. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased?

2. Full name and address of person appointed (street, city, state, ZIP code)

☐ No → Go to item 3 below

☐ Yes →

3. If an executor, administrator or other official has not been court appointed, will one be appointed? ☐ Yes ☐ No

Section H - Active Military Service (Complete ONLY if you are the surviving spouse or former spouse)

Complete if deceased was an employee or former employee at time of death. Do not complete if the deceased was retired at the time of death, since OPM already has this information.

1. If the deceased performed active, honorable service in the Armed Forces or other uniformed service as described in the instructions, complete items 1a-b below and attach a copy of the discharge certificate or other certificate of active military service (if available).

a. Branch of service	b. Dates of active duty	
	From (mm/dd/yyyy)	To (mm/dd/yyyy)

2. Complete if deceased was an employee or former employee at time of death. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service?

☐ Yes ☐ Don't know ☐ No → If deceased was an employee at the time of death, complete and attach Standard Form 3104B which can be obtained from the deceased person's former employing agency.

3a. All surviving spouses and former spouses complete.

Was the deceased receiving military retired pay at the time of death?

☐ Yes

☐ No

3b. Did the deceased ever waive military retired pay?

☐ Yes

☐ No

3c. Are you eligible for military survivor benefits? (Attach verification of your eligibility/ineligibility for such benefits)

☐ Yes

☐ No

Section I - Direct Deposit

1. Public Law 104-134 requires that most Federal payments be paid by Direct Deposit through Electronic Funds Transfer (EFT) into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a financial hardship, or a hardship because you have a disability, or because of a geographic, language or literacy barrier, you may invoke your legal right to a waiver of the Direct Deposit requirement, and continue to receive your payment by check. Therefore, you must select one of the following:

☐ Please send my annuity payments directly to my checking or savings account. (Go to item 2.)

☐ Receiving my payment(s) electronically would cause me a financial hardship, or a hardship because of a disability, or because of a geographic, language or literacy barrier. I hereby invoke my legal right to a waiver of the Direct Deposit requirements of Public Law 104-134. Please send me my payment(s) by check. (Go to Section J.)

☐ My permanent payment address is outside the United States in a country not accessible via direct deposit. (Go to Section J.)

Section I - Direct Deposit (Continued)

2. Do you want to have your survivor annuity payments made to the same checking or savings account to which OPM made payments by Direct Deposit to the deceased before his or her death <i>(must be an active account and you must be a owner)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you want your survivor annuity payments made to a checking or savings account to which we have not already been making payments by Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Financial institution routing number <i>(You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this number.)</i>	
5. Checking or savings account number	6. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings
7. Name and address of your financial institution	
8. Telephone number of your financial institution <i>(including area code)</i>	

Special note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. *(Some institutions, especially credit unions, use different routing numbers on checks.)* OPM can use this information to start paying you by direct deposit.

Section J - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence relating to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

1. Signature of applicant named in Section B. <i>(sign in ink; do not print.)</i>	3. Daytime tele.# <i>(area code)</i>	4. Date <i>(mm/dd/yyyy)</i>
	Best time to call you	
2. Mailing address		
Warning: Any intentionally false or misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001)		

Section K - Applicant's Checklist

Attach copies of the following documents to expedite the processing of your application.

Document Title	Requirement	Attached			Comments
		Yes	No	N/A	
Death certificate	Certified copy required in all cases				
Marriage certificate	Required if you were spouse of deceased at time of death (if married more than once, provide copies of all certificates)				
Child(ren)'s birth certificate	Recommended for all children for whom you are applying for benefits				
Social security award determinations	Needed for all minor children and spouse if spouse is under 60 and is currently eligible for mother, father or disability benefits from the Social Security Administration (SSA), based on deceased person's service. Also needed for all children who are unmarried and are age 18 or older, but who became mentally and/or physically disabled before age 18 and who, because of disability, are incapable of self-support. If not submitted, the Office of Personnel Management (OPM) will obtain the information from SSA; however, this may delay the processing of your claim.				
Court papers appointing executor/administrator	Required if you are applying as executor or administrator of deceased person's estate				
Court papers appointing guardian for minor or disabled child(ren)	Required if you are applying on behalf of minor or disabled children of deceased and guardian has been appointed by court.				
DD 214's or other military discharge certificates	Provide if you are applying as surviving spouse or former spouse, and the deceased was a former employee at time of death. Failure to attach the information may delay the processing of your claim.				



Survivor Supplement

Federal Employees Retirement System

Form Approved
OMB No. 3206-0172

Complete this form if deceased was retired at the time of death. Attach this form to the *Application for Death Benefits*, SF 3104, before forwarding it to the Office of Personnel Management (OPM).

To be completed by surviving spouse if he/she is under age 60 and the deceased had at least 5 years of creditable civilian service.

Identifying Information			
Name of deceased retiree (<i>last, first, middle initial</i>)	Date of birth (<i>mm/dd/yyyy</i>)	Social Security Number	CSA claim number
<p>A survivor's supplement is an additional benefit to the basic survivor annuity death benefit that is equal to the lesser of:</p> <ol style="list-style-type: none">1. The amount by which the survivor annuity that would have been payable under Civil Service Retirement System (CSRS) rules exceeds the basic annuity payable under Federal Employees Retirement System (FERS) rules, or2. The amount of a deemed widow/widower's Social Security benefit based on the deceased's service under FERS. <p>The deceased retiree must have performed 5 years of service that could be creditable under FERS or CSRS rules, including one full calendar year of service creditable under FERS rules.</p> <p>You may be eligible for a survivor supplement if you are the surviving spouse of a retiree and you are:</p> <ol style="list-style-type: none">1. under age 60; and2. entitled to Social Security benefits at age 60; and3. not presently eligible for Social Security mother, father or disability benefits based on the deceased annuitant's account. <p>To help us determine your eligibility for a survivor supplement, you should provide the following information:</p>			
1. Name of surviving spouse (<i>last, first, middle initial</i>)		2. Spouse's date of birth (<i>mm/dd/yyyy</i>)	
3. Are you disabled? <input type="checkbox"/> No → Go to item 4 <input type="checkbox"/> Yes → Go to items 3a and 3b.		3a. Are you eligible for Social Security disability benefits based on the deceased retiree's service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied, but no response yet <input type="checkbox"/> Have not applied	
3b. Do you receive Social Security disability benefits based on your own service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied, but no response yet <input type="checkbox"/> Have not applied			
4. Are you eligible for Social Security mother or father benefits based on the deceased retiree's service? <input type="checkbox"/> Yes <input type="checkbox"/> No, I have been denied these benefits (<i>attach photocopy of denial letter</i>). <input type="checkbox"/> No, I know I do not qualify for these benefits as there are no surviving dependent children under age 16 or disabled who are entitled to SSA child's insurance benefits. <input type="checkbox"/> Applied, but no response yet <input type="checkbox"/> Have not applied			
5. If you are not currently receiving Social Security mother, father or disability benefits, do you agree to notify us promptly if you are later awarded any of these benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Signature		7. Date (<i>mm/dd/yyyy</i>)	8. Telephone number (<i>including area code</i>)



Statement of Claim — Option C
Family Life Insurance
Federal Employees' Group Life Insurance Program



Instructions

General

The Office of Federal Employees' Group Life Insurance (OFEGLI) pays claims under the Federal Employees' Group Life Insurance Program.

"We" and "our" on this form refer to OFEGLI.

"I" and "you" refers to the individual completing this form.

How do I complete this form?

- Read the instructions carefully.
- Please type or print legibly in ink.
- Complete parts A, B and C.

What else do I have to send with this claim form?

In addition to this claim form, you must send a certified copy of the deceased's death certificate that contains the cause and manner of death. You can get the certificate from your city's or state's Bureau of Vital Statistics or equivalent agency. We cannot accept a photocopy of the death certificate. We will let you know if we need anything else.

What should I do if I need help completing this form?

If you need help in completing this form, you may contact our customer service representatives, toll-free, at 1-800-OFE-GLIA (1-800-633-4542).

Where do I send this form and other documents?

Please do not send your claim form and other documents directly to OFEGLI.

- If you are an active employee, send everything to your employing office.
- If you are retired or receiving Federal Workers' Compensation benefits, send everything to:

Office of Personnel Management (OPM)
Retirement Operations Center
Attention: FE6-DEP
Boyers, PA 16017

What should I do if I no longer want Option C — Family Life Insurance?

- If you are an active employee, contact your employing office.
- If you are retired or receiving Federal Workers' Compensation benefits, write to:

Office of Personnel Management (OPM)
Retirement Operations Center
Attention: Annuity Adjustment Section
Boyers, PA 16017

Please include your retirement or compensation claim number and be sure to sign your letter.

Instructions to the employing agency/retirement system

- Complete Part D of this claim form.
- If the claim requires that you determine eligibility for foster children or disabled children older than age 22, first review the definitions on page 4 and then complete Part D of this claim form. Please note that OFEGLI does not need the background documentation.
- Send the completed claim form and certified death certificate to:

OFEGLI
P.O. Box 2627
Jersey City, NJ 07303-2627

IMPORTANT INFORMATION ABOUT MONEY MARKET ACCOUNTS

AUTOMATIC

- If we are paying you \$5,000 or more, we will automatically open a money market account in your name and mail you the checkbook. If we are paying you less than \$5,000, we will mail you a check.

SAFE

- The account earns interest starting the first day we open it.
- Metropolitan Life Insurance Company guarantees the full amount in the account, including all interest.

FREE

- You pay nothing for this account. There are no monthly service charges or charges for checks.
- You can write checks from \$250 up to the full balance at any time.

FLEXIBLE

- You can withdraw all or part of your money at any time, with no penalty.
- You can name a beneficiary for your funds, in case something happens to you.

We will send you detailed information about the account when we open one in your name.

SPECIAL NOTE

Please complete, in ink, the information below and sign your name in the first box. We need this information to open a money market account. Even though you may be giving the same information elsewhere on this form, you must also give it here. We cannot process your claim without this information.

Your signature <i>(Do not print)</i>									
Your name <i>(Please print)</i>									
Address <i>(Number, street, apt. no.)</i>									
City, state, ZIP code									
Your Social Security Number OR Estate/Trust Identification Number									
Date <i>(mm/dd/yyyy)</i>		Daytime telephone no. () Area Code				Evening telephone no. () Area Code			



Statement of Claim — Option C
Family Life Insurance

Federal Employees' Group Life Insurance (FEGLI)

Read the instructions carefully
before filling out this form.

Part A. Information about You

1. Your name (Last) (First) (Middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Number
4. Department or agency in which employed, including bureau or division	5. Location of employment (City, state, ZIP code)	
6. Are you retired and receiving a monthly annuity under any Federal civilian retirement system? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide the Claim number (CSA, CSF, CSI) _____ *Special Note: Social Security monthly payments are not Federal civilian retirement annuities. If "Yes", provide the effective date of Retirement _____ (mm/dd/yyyy)		

Part B. Information about the Deceased Family Member

1. Deceased's full name (Last) (First) (Middle)	2. Date of birth (mm/dd/yyyy)	3. Date of death (mm/dd/yyyy)
Complete Items 4 through 9 if this claim is for your spouse		
4. Date of marriage (mm/dd/yyyy)	5. Place of marriage (City and state)	6. Marriage was performed by: <input type="checkbox"/> Clergy or Justice of the Peace <input type="checkbox"/> Other (Specify) _____
7. Were you living with the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Were you divorced from the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. If you were divorced from the deceased, give the date (mm/dd/yyyy) and place of the divorce (City and state)
Complete Items 10 through 13 if this claim is for your child		
10. Child's marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	11. Child's relationship to you <input type="checkbox"/> Legitimate child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster child <input type="checkbox"/> Adopted child <input type="checkbox"/> Recognized natural child <input type="checkbox"/> Disabled dependent child 22 yrs. or over <input type="checkbox"/> Other (Specify) _____	
12. If the deceased was a stepchild, recognized natural child, or foster child was the child living with you at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain on separate sheet)	13. If the deceased was a recognized natural child and was not living with you at the time of death, did you provide financial support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain on separate sheet)	

Part C. Your Certification

If the amount payable to you is \$5,000 or more, OFEGLI will open a money market account in your name, giving you complete control of and immediate access to all your funds. You may write checks for all or part of the money in your account when you receive your checkbook. See page 2 for more information, and be sure you complete the information on page 2 under "Special Note". If the amount payable to you is less than \$5,000, OFEGLI will send you a check.	Your name (Please print) _____	
	Address (Number, street, apt. no.) _____	
	City, state, ZIP code _____	
	Your Social Security Number [][]-[][]-[][][][]	Estate or Trust ID Number [][]-[][][][][][][][]

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am NOT subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding.

If you are currently subject to backup withholding, check this box: ☐

3. I am a U.S. citizen or a U.S. resident for tax purposes. Check one ☐ Yes ☐ No

If you are not a U.S. citizen or resident for tax purposes, we will send you a W-8BEN that you are required to complete to certify your foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

My signature (Do not print) _____ () _____ Daytime telephone no. _____ () _____ Evening telephone no. _____

Warning—If you knowingly and willfully make any materially false, fictitious or fraudulent statement or representation on this form, or conceal a material fact related to the requests for information on this form, you may be subject to a monetary fine or imprisonment for not more than five years, or both, under 18 U.S.C. 1001.

Part D. Employing Agency/OPM Certification of Insurance Status

<p>• Employing agency completes items 1, 2 and 4 through 8 for Active Employees</p> <p>• OPM completes all items 1 through 8 for Retirees and Compensationers</p>		
<p>1. Did the insured have Option C on the date of death of the family member?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes" provide effective date of election _____ (mm/dd/yyyy)</p> <p>If "Yes" mark the box to show the number of multiples</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div>	<p>2. Did the insured indicate in Part B - Item 11 that the deceased was a foster child or disabled dependent child?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If "Yes" do you certify that the child qualifies for Option C coverage?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>If the insured is retired or receiving compensation, complete items 3a. through 3c.</p>		
<p>3a. What is the effective date of the insured's retirement or receipt of compensation? _____ (mm/dd/yyyy)</p> <p>3b. What is the insured's date of birth? _____ (mm/dd/yyyy)</p>	<p>3c. What was the insured's Option C election?</p> <p>Number of multiples for full reduction</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div> <p>Number of multiples for no reduction</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div>	
<p>4. Agency Name</p> <p>_____</p> <p>_____</p> <p>Agency Telephone Number () _____ Area Code</p>	<p>5. Agency Mailing Address</p> <p>_____</p> <p>_____</p> <p>Number, Street</p> <p>_____</p> <p>City, state, ZIP code</p>	
<p>I certify that the information I gave in Part D of this form is correct and that I obtained it from the employee's/retiree's/compensationers' official records.</p>		
<p>6. Name of authorized agency official (Please print)</p> <p>_____</p>	<p>7. Signature of authorized agency official (Do not print)</p> <p>_____</p>	<p>8. Date Signed</p> <p>_____</p> <p>(mm/dd/yyyy)</p>

Definition of Terms

Disabled dependent child age 22 years or over means a child who was incapable of self-support because of a mental or physical disability that existed before the child became 22 years of age.

Foster child means a child living with you in a regular parent-child relationship where you are the primary source of financial support for the child and expect to raise the child to adulthood. A child placed in your home by a welfare or social service agency under an agreement where the agency retains control of the child or pays for maintenance does not qualify as a foster child. Grandchildren, as such, are not eligible family members. However, grandchildren can qualify as foster children if they meet all of the requirements.

Recognized natural child means a child born out of wedlock whom you recognized as your child during the child's lifetime. In addition, at the time of the child's death, he/she must have either lived with you in a regular parent-child relationship or been dependent on you financially.

Regular parent-child relationship means that you exercise parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guiding the child, including making decisions about the child's education and health care.

If you have any questions concerning your child's eligibility for coverage, you must contact your employing agency or retirement system, and not OFEGLI.



Application for Death Benefits Civil Service Retirement System

This application is for use by persons applying for benefits which may be payable under the Civil Service Retirement System (CSRS) because of the death of an employee, former employee, or retiree who was covered by CSRS at the time of his/her death or separation from Federal service. You should have received an informational pamphlet entitled "Applying for Death Benefits Under the Civil Service Retirement System" SF 2800-1, with this application. If you did not receive the pamphlet and the deceased was a Federal employee at the time of his/her death, you should get a copy from the deceased's employing agency. If the deceased was retired or a former employee not yet receiving a retirement benefit, you should get a copy from the Office of Personnel Management (OPM). You can write to the Office of Personnel Management at OPM, P.O. Box 45, Boyers, PA 16017-0045, call OPM's Retirement Information Office at 1-888-767-6738, or send us email at retire@opm.gov. Within local calling distance to Washington, DC, please dial 202-606-0500.

If the deceased was an employee at the time of death, send your completed application, with any attachments, to the personnel office in the agency where the deceased was last employed. If the deceased was a former employee or annuitant at the time of death, send it to the Office of Personnel Management, P.O. Box 45, Boyers, PA 16017-0045.

If your address changes before we give you a survivor annuity claim number, notify us in writing and give your name, date of birth, your Social Security Number, and the deceased person's name, date of birth and Social Security Number. If you have received your claim number, notify us of the change by calling or writing as described above. Be sure to refer to your claim number.

Instructions For Completing Application

Type or print clearly in ink. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number, and the deceased person's name, date of birth and Social Security Number, written at the top. If you do not know an answer, write "unknown." If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

Section A - Information About the Deceased

6. If deceased had ever applied for or received retirement benefits, show the retirement claim number.
7. Recurring payments from the Office of Workers' Compensation Programs, U.S. Department of Labor (OWCP) and CSRS survivor annuity benefits usually are not payable for the same period of time. If the deceased had applied for or received benefits from the OWCP based on an illness or injury received resulting from a condition of employment within the last two years, indicate here. The OWCP claim number appears on the U.S. Treasury checks and correspondence from OWCP.
8. See the pamphlet entitled "Applying for Death Benefits Under the Civil Service Retirement System" to help you determine which block to check.
10. If the deceased had no former marriage, write "none." Attach copies of death certificates, divorce decrees from former marriages or annulments. If you are the spouse of the deceased and were married more than one time, be sure to show the date your prior marriage(s) ended.

Section B - Information About the Applicant

5. If you checked "designated beneficiary" and have a copy of the form designating you as beneficiary, attach it to the application. If you checked "parent," both parents must submit completed applications. If one is deceased, attach a copy of the death certificate. Otherwise, provide name and address of other parent in Section F, if known. If you checked "executor or administrator of estate," attach a copy of the court order appointing you executor or administrator. (Note that a court must have appointed you; we will not pay you based on a will or other document prepared by the deceased.)

Section C - Information About the Deceased Person's Spouse

1. Attach a copy of your marriage certificate.

If you were married by a priest, rabbi, pastor, Justice of the Peace or other person empowered by the State to perform marriages, check "Clergy/Justice of the Peace". If you were not married by someone empowered by the State to perform marriages, check "Other" and explain (for example, "common law" or "tribal marriage").

If marriage is common law and a State court has determined that you were married, send a copy of the court order or judgment. If you do not have a court order or judgment, attach two notarized affidavits from persons who are in a position to know the facts and clearly state: (1) the relationship between you, your spouse, and the person swearing to the affidavit; (2) the length of time you and the deceased lived together; (3) the address or addresses at which you resided while you lived together; (4) whether there was any public announcement in connection

with your common law marriage; (5) whether you and the deceased were regarded among your neighbors, friends, and relatives as being husband and wife during the time you lived together; and (6) how the person swearing to the affidavit is in a position to know the facts being presented in the affidavit.

In addition, your own affidavit is required. It should state: (1) the date on which, and the State in which, you and your spouse mutually agreed to become husband and wife; (2) whether you or your spouse were ever married, ceremonially or under common law, to anyone else before entering into the common law relationship (if so, state in your affidavit all the facts of each previous marriage, including the date it took place and the date of the death or divorce that ended it); and (3) any other facts you believe will help prove you were husband and wife. You may also submit other documents which show a husband and wife relationship such as a naturalization certificate, deeds, immigration records, insurance policies, passports, child's birth certificate, income tax returns, etc.

2. If you married the deceased more than once, give dates that each marriage began and ended.

Section E - Information About the Deceased Person's Dependent Children

1. a. List, in order of birth date, all the surviving, unmarried, dependent children of the deceased. List all such children you know of, no matter where they live. A dependent child is a son or daughter who is unmarried and:
 - was under age 18 at the time of the deceased person's death, including any:
 1. adopted child, and/or
 2. stepchild, and/or
 3. recognized child born out-of-wedlock who lived with the deceased in a regular parent-child relationship, and/or
 4. recognized child born out-of-wedlock if there was a judicial determination of support or if the deceased made regular and substantial contributions for the support of the child.
 - is age 18 or older, but who became mentally and/or physically disabled before age 18 and who, because of the disability, is incapable of self-support.
 - is between ages 18 and 22, unmarried, and a full-time student in a recognized educational institution.
- b. Attach a copy of the birth certificate for each child for whom you are applying.

- d. Show how each child is related to the deceased. For example, write "Child of marriage at death" for a child of the deceased person's marriage in force at the time of death.
 - e. If the unmarried dependent son or daughter is 18 or over, state whether he or she is a full-time student and/or disabled. Adult children may submit separate applications if they want separate payments made to them.
2. The mother of the unborn child, the legal guardian or the person responsible for the child should send us the birth certificate, when available.
 - 3.d. If the person(s) in 3b. is(are) court appointed, indicate by checking the "Legal Guardian" box. If you are the person who is court appointed, attach a copy of the court appointment to this application. If there is no court appointment, check "Other" and write in the relationship to the child, for example, mother, father, sister, etc.

Section F - Information About Other Heirs

Please give us information about other relatives who may be able to inherit from the deceased. If you can't give complete information, do the best you can. List only people who were living when the deceased died and who have the following relationships to the deceased:

- Widow(er) (unless named in Section C);
- Children of the deceased not included in Section E and the children of any deceased children (on a separate sheet of paper, show the relationships of descendants of deceased children to the deceased, for example, John and Mary, children of deceased son John, and Sue, child of deceased daughter Ann);
- If there is no living widow(er) or child, list the deceased person's parents (if only one parent survives, a copy of the deceased parent's death certificate should be attached, if available);
- If there are no living relatives of the deceased as described above and no court-appointed executor or administrator as described in Section G, list other relatives who can inherit from the deceased. The people you list must be blood kin of the deceased.

Section G - Information About the Deceased Person's Estate

1. If someone was named as executor or administrator in the deceased person's will, but is not appointed by a court, check "no." If you have been appointed by a court, attach a copy of the court appointment.

Section H - Active Military Service

You do not need to complete parts 1 and 2 of this section if the deceased was retired at the time of death, since OPM already has this information.

1. Indicate whether the deceased performed active duty that terminated under honorable conditions in the Armed Forces or other uniformed services of the United States. Inactive service in reserve components of the uniformed service is not creditable for retirement purposes. Service in the National Guard is not usually considered active Federal military service except when ordered to active duty in the service of the United States and during an initial (3 months or longer) training period. However, full-time National Guard duty is creditable, if the service interrupts creditable civilian service and is followed by reemployment (as explained in Chapter 43 of title 38) that occurs on or after August 1, 1990.

If you have a copy of the deceased person's DD 214s or other discharge certificate(s) showing the dates of active duty and the deceased was an employee at the time of death, you should attach it (them) to your application.

2. Persons who performed active military service after December 31, 1956, must pay or have paid a deposit to receive credit for the military service.

If the deceased was an employee at the time of death, you may pay or complete the payment of the deposit by completing the election form contained in SF 2800A, which can be obtained from the agency where the deceased was last employed. The agency can provide you with more information about this deposit.

3. Indicate whether the deceased ever received or applied for military retired pay.

If you are receiving military survivor benefits, the deceased person's military service is used for survivor purposes, subject to a reduction equal to the amount of your military survivor benefits. However, if such retired pay was awarded on account of a service-connected disability incurred in enemy combat or caused by an instrumentality of war in the line of duty during a war period, or was awarded under title 10, U.S. Code Sections 12731 through 12739, (formerly Chapter 67, title 10) (reserve retired pay at age 60 based on 20 years of active and reserve service), no such reduction is required. You should attach a copy of your award of military survivor benefits to show that the award was based on one of the above reasons.

Section J - Certification

1. The person applying for benefits **MUST** sign. No other signature is acceptable (this includes the signature of a person holding a power of attorney) unless the application is accompanied by proof that the person who is payable is mentally incompetent or is a child under age 18.

Section K - Applicant's Checklist

Use this section of the application to ensure that all required supporting documentation is attached.

SF 2800A

If the deceased was an employee at the time of death and you are the surviving spouse or former spouse, you and the deceased person's agency should complete Standard Form 2800A, which can be obtained from the deceased person's employing agency. Instructions for completing SF 2800A are contained on the form itself.

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or Social Security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or prevent action on your application.

Public Burden Statement

We think this form takes an average of 45 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the United States Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction Project (3206-0156), Washington, D.C. 20415-0001. Completed application forms should not be sent to this address. The OMB Number 3206-0156, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



Application for Death Benefits

Civil Service Retirement System

Form Approved
OMB No. 3206-0156

Section A - Information About the Deceased

1. Full name of deceased (last, first, middle)	2. Date of birth (mm/dd/yyyy)
3. Date of death (mo, day, yr) (Attach a certified copy of the death certificate)	4. Social Security Number
5. List any other names the deceased used (such as maiden name or his/her middle name)	6. CSA number (if retired)
7a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? <input type="checkbox"/> No <input type="checkbox"/> Yes →	7b. OWCP claim number
8. What was deceased person's employment status at time of death (see pamphlet entitled "Applying for Death Benefits Under the Civil Service Retirement System") <input type="checkbox"/> Employee → Complete SF 2800A, which can be obtained from the deceased person's former employing agency. <input type="checkbox"/> Former employee <input type="checkbox"/> Retiree	
9. Name of deceased person's spouse at time of death (if not married at time of death write "none")	
10a. Name of deceased person's spouses from all former marriages	10b. How did each marriage end? <input type="checkbox"/> Death <input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death <input type="checkbox"/> Divorce/annulment
10c. Date each marriage ended	

Section B - Information About the Applicant

1. Your full name (last, first, middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Number
4a. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No →	4b. What country are you a citizen of?	
5. I am applying for benefits as (check all boxes that apply): <input type="checkbox"/> Designated beneficiary (attach copy of designation, if available) <input type="checkbox"/> Widow(er) → complete Section C below <input type="checkbox"/> Child (or descendant of deceased child or guardian of minor or disabled child)	<input type="checkbox"/> Parent of decedent (Each parent should complete a separate application. If one parent is deceased, attach a copy of the death certificate.) <input type="checkbox"/> Executor or administrator of estate (attach copy of court order) <input type="checkbox"/> Former spouse → Complete Section D below <input type="checkbox"/> Other (specify):	
6. Did you cash any check(s) issued to the deceased after the date of death or did you withdraw funds paid after the date of death by direct deposit from the deceased's savings or checking account? <input type="checkbox"/> No <input type="checkbox"/> Yes → ANY UNCASHED CHECKS MUST BE RETURNED TO THE TREASURY.		

Section C - Information About the Deceased Person's Spouse

(Complete if you are the widow(er).)

1. Marriage performed by <input type="checkbox"/> Clergy/Justice of Peace <input type="checkbox"/> Other (explain)	2. Date of marriage
3a. Have you remarried after your spouse died? <input type="checkbox"/> No <input type="checkbox"/> Yes →	3b. Date of remarriage
4a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the one named above in Section A.1? <input type="checkbox"/> No → Go to Section E	<input type="checkbox"/> Yes → Complete items 4b-4e below
4b. Name of deceased former spouse	4c. Date of birth (mm/dd/yyyy)
4d. Name of retirement system (such as Civil Service, Foreign Service)	4e. Claim number (assigned to you by retirement system in item 4d.)

Section D - Information About the Deceased Person's Former Spouse*(Complete if you are a former spouse.)*

1a. Date of marriage to the deceased	1b. Date of divorce from the deceased
2. Is there a court order awarding you any portion of the deceased person's CSRS retirement or survivor benefits? <input type="checkbox"/> Yes, on record at OPM <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	
3a. Are you paying for Federal Employees Health Benefits coverage to a former employing office? <input type="checkbox"/> No → Go to item 4a <input type="checkbox"/> Yes → Go to item 3b	
3b. Give name and address of agency where you send health benefits premiums:	
4a. Have you married since your marriage to the deceased ended? <input type="checkbox"/> No → Go to item 5a <input type="checkbox"/> Yes → Go to item 4b	4b. Date of first marriage after marriage to deceased ended
5a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse or former spouse other than the one named on page 1, Section A.1? <input type="checkbox"/> No → Go to item 6 <input type="checkbox"/> Yes → Complete items 5b-5e below	
5b. Name of deceased former spouse	5c. Date of birth (mm/dd/yyyy)
5d. Name of retirement system (such as Civil Service, Foreign Service, etc.)	5e. Claim number assigned to you by retirement system in item 5d.
6. If you checked "Employee" in Section A.8, your former spouse performed more than 18 months of creditable civilian Federal service, you were married to the deceased for at least 9 months, and a court awarded you all or a portion of the survivor annuity, contact the deceased person's employing agency in order to complete the necessary election in Standard Form 2800A.	

Section E - Information About the Deceased Person's Dependent Children

1a. Are there any unmarried dependent children as defined in the instructions? <input type="checkbox"/> Yes → Complete items 1b-1f below <input type="checkbox"/> No → Go to Section F					
1b. Name(s) of unmarried dependent children (list in order of birth)	1c. Date of birth (mm/dd/yyyy)	1d. Child's relationship to deceased (child of former marriage, adopted, etc.)	1e. Age 18 or over	1f. Child's Social Security Number	
			Student	Disabled	
2. Is there a child of the deceased not yet born? <input type="checkbox"/> Yes → When born, send birth certificate for child to OPM <input type="checkbox"/> No					
3a. Do you (the applicant) have responsibility for all the children in Section E.1? <input type="checkbox"/> No → Complete items 3b-3d below <input type="checkbox"/> Yes					
3b. Name and address of person having responsibility for child	3c. Name(s) of children		3d. Custodian's Relationship to child		
			<input type="checkbox"/> Legal guardian		
			<input type="checkbox"/> Other → Specify		
			<input type="checkbox"/> Legal guardian		
			<input type="checkbox"/> Other → Specify		
			<input type="checkbox"/> Legal guardian		
			<input type="checkbox"/> Other → Specify		

Section F - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions. Do the best you can without delaying your application.

1. Full name of relative	2. Complete address	3. Relationship to deceased	4. Social Security Number if known

Section G - Information About the Deceased Person's Estate

1. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased? <input type="checkbox"/> No → Go to item 3 below <input type="checkbox"/> Yes →	2. Full name and address of person appointed
3. If an executor, administrator or other official has not been court appointed, will one be appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section H - Active Military Service *(Complete ONLY if you are the surviving spouse or former spouse)*

Complete if deceased was an employee at time of death. Do not complete if the deceased was retired at the time of death, since OPM already has this information.

1. If the deceased performed active, honorable service in the Armed Forces or other uniformed service as described in the instructions, complete all items below and attach a copy of the discharge certificate or other certificate of active military service (if available).

1a. Branch of service	1b. Dates of active duty	
	From	To

Complete if deceased was an employee at time of death. Also, complete and attach Standard Form 2800A which can be obtained from the deceased person's employing agency.

2. If any of the above listed service was performed after 12/31/56, was a deposit made to the Retirement Fund for the service? ☐ Yes ☐ No ☐ Don't know

All spouses and former spouses complete 3a-3c.

3a. Was the deceased receiving military retired pay at the time of death? ☐ Yes ☐ No ☐ Don't know

3b. Did the deceased ever waive military retired pay? ☐ Yes ☐ No ☐ Don't know

3c. Are you eligible for military survivor benefits? (Attach verification of your eligibility/ineligibility for such benefits.) ☐ Yes ☐ No

Section I - Direct Deposit

1. Public Law 104-134 requires that most Federal payments on or after July 26, 1996, be paid by direct deposit into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a hardship because it would cost you more than receiving your payment by check or you have a disability or geographic, language or literacy barrier, you may receive your payment by check. Therefore, you must select one of the following:

- ☐ Please send my annuity payments directly to my checking or savings account. (Go to item 2 on page 4.)
- ☐ Please pay me by check. I have a hardship as described above. (Go to Section J.)
- ☐ My permanent payment address is outside the United States in a country not accessible via direct deposit. (Go to Section J.)

Section I - Direct Deposit (Continued)

2. Do you want to have your survivor annuity payments made to the same checking or savings account to which OPM made payments by direct deposit to the deceased before his or her death (*must be an active account and you must be a co-owner*) ☐ Yes ☐ No
3. Do you want your survivor annuity payments made to a checking or savings account to which we have not already been making payments by direct deposit? ☐ Yes ☐ No
4. Financial institution routing number (You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this number.)
5. What kind of account is this? ☐ Checking ☐ Savings
6. Account number
7. Name and address of your financial institution
8. Telephone number of your financial institution (including area code)

Special note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (*Some institutions, especially credit unions, use different routing numbers on checks.*) OPM can use this information to start paying you by direct deposit.

Section J - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence relating to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

- | | | |
|--|--|---------|
| 1. Signature of applicant named in Section B. (Sign in ink; do not print.) | 3. Daytime telephone number
()
Best time to call you | 4. Date |
| 2. Mailing address | Warning: Any intentionally false or misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001) | |

Note: We cannot process your application if you do not complete all of Section J.

Section K - Applicant's Checklist

Attach copies of the following documents to expedite the processing of your application.

Document Title	Remarks	Attached			Comments
		Yes	No	N/A	
Death certificate	Required in all cases.				
Marriage certificate or proof	Required if you were spouse of deceased at time of death (if married more than once, provide copies of all certificates). Affidavits or other proofs of common law marriage are required.				
Child(ren)'s birth certificate(s)	Recommended for all children for whom you are applying for benefits.				
Court papers appointing executor/administrator	Required if you are applying as executor or administrator of deceased person's estate.				
Court papers appointing guardian or other fiduciary	Required for minor or disabled children who have a court-appointed fiduciary. Required for any incompetent applicant who has a fiduciary.				
DD 214s or other military discharge certificates	Provide if you are applying as surviving spouse or former spouse and the deceased was an employee at time of death. Failure to attach the information may delay the processing of your claim.				
Court order on divorce (See Section D.2.)	Required from former spouse if not already on record at OPM.				