In the Event of Active Carrier's Death

- 1. Notify employee's immediate supervisor.
- 2. Notify Postmaster.
- 3. Notify personnel section (if any)
- 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 presentmarriage, have marriage license.
- 12. Contact the personnel office about your potential eligibility for Annuity Protection Plan Payments.

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.

100 mark 100 (12 T)			PARTA			
Name of deceased	2	. Social Secu	urity Number of deceased	5. Employing agency		
				<u> </u>		
3. Last address of deceased (if knowl	n) 4	. Date of dea	th			
			· · · · · · · · · · · · · · · · · · ·			
INSTRUCTIONS						
 If you are a designated be 						
If you are the widow or wid						
,	d beneficiary of	the decea	sed but you are a relative	e or next of kin of the deceased, complete		
Parts D and G.If you are an executor or a	dministrator of t	he deceas	ed's estate, complete Pa	irts E and G.		
If you do not meet the crite						
2.24			PARTB			
1. Is a Designation of Benefi	ciary for Unpaid	d Compens	sation (SF 1152) on file v	vith the agency?		
	now 🗆 .	•	•	•		
	Social Security	,	Relationship			
Full name	Number	Age	to deceased	Address		
			PARTC			
1. Do you certify that (1) you	were married to	the dece	ased and (2) to the best	of your knowledge and belief the marriage		
was not dissolved prior to l	his/her death?	Yes 🗌	l No □			
			PARTD			
1. List below the name, socia	I security numb	er, age, ге	lationship, and address o	of:		
(a) If no widow or widower	r survives, list e	ach living	child of the deceased an	d state whether natural, adopted,		
illegitimate or stepchild	I.					
(b) If no child survives, list	each living des	scendant o	f the deceased children.			
			eceased children survive	e, list each surviving parent and state		
whether natural, step, t						
				inheriting from the deceased (brothers,		
sisters, descendants of						
Full name	Social Security Number	Age	Relationship to deceased	Address		
, on Hamo						
·						

		PAI	AT E					
1.	If none of the individuals listed in Parts B abeen appointed, the following statement st		and an executor or administrator of the decease eted.	ed's estate has				
	I/we have been duly appointed	(Executor or Admi	of the estate of the deceas	ed, as				
	evidenced by certificate of appointment he		tration having been taken out in the interest of					
	(Name	e, address, and relation	ship of interested relative or creditor)					
	and such appointment is still in full force at	nd effect.						
	NOTE: If making claim as the executor or court certificate evidencing your appointment		f the estate of the deceased, no witnesses are mitted.	required, but a				
2.	If no administrator or executor of the decea	ased's estate ha	as been appointed, will one be appointed? Yes	□ No □				
		PAI	RTF					
1.	. Have funeral expenses of the deceased been paid? Yes \(\sumset\) No \(\sumset\) Don't know \(\sumset\) (If paid, receipted bill of the funeral director must be attached.)							
	Whose money was used to pay the funeral							
		PAF	RT G	English to				
	es, Penalties and Forfeitures are imposed king false statements in connection therewit		ting false or fraudulent claims against the United	d States or				
Sign	ature of claimant	Date	Signature of claimant	Date				
04			Street address					
Stre	et address		Sueet address					
City,	State, and Zip Code	· ····································	City, State, and Zip Code					
		Two Witnesse	s are Required					
Sign	ature of witness	Date	Signature of witness Date					
Stree	et address	<u> </u>	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

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

- 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, A pplying for D eath B enefits U nder the F ed eal E mployees R e tirement 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.

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
 - recognized child born out of wedlock who lived with the deceased in a regular parentchild relationship, and/or
 - 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 selfsupport. 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.
- 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.
- 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

 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.

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.

 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.

 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

Form Approved OMB No. 3206-0172

Federal Employees Retirement System

Section A - Information About the Deceased	A second
1. Full name of deceased (last, first, middle)	2. Date of birth (mm/dd/yyyy)
3. Date of death (mm/dd/yyyy) (Attach a certified copy of the death certificate.)	4. Social Security Number
5. List any other names the deceased used (ex. 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? No Yes	
8. What was deceased person's employment status at the time of death (see pamphlet entitled, A Benefits Under the Federal Employees Retirement System, SF 3114)	pplying for Death
the deceased person's former employing agency. employee	iree If you are the surviving spouse, complete SF 3104A (attached)
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 end?	10c. Date each marriage ended (mm/dd/yyyy)
Death Divorce/annulment	
Death Divorce/annulment	
Section B - Information About the Applicant	Medical Company of the Company of th
1. Your full name (last, first, middle) 2. Date of birth (mm/dd/yyyy)	3. Social Security Number
4. Are you a citizen of the United States of America? Yes No	
 5. I am applying for benefits as (check all boxes that apply): Widow(er) → complete Section C below Executor or a court order)	administrator of estate (attach copy of
Designated beneficiary (attach copy of designation, if available) Former spous	se Complete Section D on page 2 guardian of minor or disabled child) (5y):
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?	No Yes
Section C - Information About the Deceased Person's (Complete if you are the widow[er].)	Spouse
1. Marriage performed by Clergy/Justice of the Peace Other (explain)	2. Date of marriage (mm/dd/yyyy)
3. Have you remarried after your spouse died? Yes 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?	No → Go to item 5 below Yes → Complete items 4b-4e below
4b. Name of deceased former spouse	4c. Date of birth (mm/dd/yyyy)
4d. Name of retirement system (e.g. Civil Service, Foreign Service)	4e. Claim number (assigned to you by retirement system in item 4d)
 If you will be receiving monthly payments, P.L. 104-134 requires that you be paid by direct de if possible. See Section I. 	posit into a checking or savings account

Section D			eceased Person's Forme a former spouse)	r Sponse	er e
1a. Date of marriage to the deceased (mm/dd/yyyy)		1b. Date of divorce from the	deceased (m)	n/dd/yyyy)
2. Is there a court order awarding you or survivor benefits?	any portion of the dec	ceased perso	on's Federal Employees Retire Yes, on record at OPM	ment System Yes, at	
3a. Are you paying for Federal Emplo coverage to a former employing of	fice?		No → Go to item 4a	Yes -	Go to item 3b
3b. Give name and address of agency	where you send health	benefit prer	niums:		
				·····	
4a. Have you married again since your No → Go to item 5a	marriage to the decease Yes → Go to ite		4b. Date of first marriage aft (mm/dd/yyyy)	er marriage to	deceased ended
5a. Have you ever applied for a surviv spouse other than the one named	on page 1, Section A	1?	rvice of a deceased spouse or No	Yes -	Complete items 5b-5e below
5b. Name of deceased former spouse (last, first, middle initia	:l)		5c. Date of	f birth (mm/dd/yyyy)
5d. Name of retirement system (ex. Ci Service, etc.)	vil Service, Foreign		5e. Claim number assigned t item 5d.	o you by retir	ement system in
6. If you will be receiving monthly pair if possible. See Section I.	ayments P.L. 104-134 i	requires tha	t you be paid by direct deposit	into a checki	ng or savings account
Special Note: If you checked "Em civilian Federal service, and a cou the deceased person's former empl	rt awards you all or a	portion of t	he Basic Employee Death Ben	efit or a survi	vor annuity, contact
Section E - I	nformation About	the Dece	ased Person's Depender	nt Children	
1a. Are there any unmarried dependen	nt children as defined in Yes → Comp			□No→	Go to Section F
1b. Name(s) of unmarried dependent children (list in order of birth)	1c. Date of birth	1d. Child's	relationship to deceased (<i>child</i> er marriage, adopted, etc.)		1£ Child's Social Security Number
				1	
2. Is there a child of the deceased not	yet born?				
	Yes → Whe		d birth certificate for child to (OPM N	lo
3a. Do you (the applicant) have respon	sibility for all the child No \rightarrow Com			ГΊΥ	es → Go to item 4a
3b: Name and address of person having			c. Name(s) of children	1 1	3d. Custodian's Relationship to child
,					Legal guardian Other - Specify
					Legal guardian Other → Specify
					Legal guardian Other → Specify

42	a. Has any decease	yone applied?	a ior be				No		Application r	อองเกียอก	for norma	nt of he	nofite			Yes
1			la conv	of the S	S A la No	tion of A			its, and/or de							1 65
40		nations for			55A \$ NO				ot yet receive		-		•	t.)		Yes
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Li	st other r	elatives wh							the instructi							
1.	Full nar	ne of relati	ve			2.	. Con	iplete ad	dress			3.	Relatio	onship to	dece	ised
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				Section	on G - I	lnforn	nation	ı Abou	t the Dece	ased l	Person's	Estate	,			
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1.		executor, a ed by the co						n	2. Full nar state, Zi			person a	appointe	ed (street	t, city,	
	арроппе	ed by the c	outt to s	cuie uie	estate of	i ine det	Jeaseu	<u>:</u>	state, Zi	ir coae	/ :					
	No →	Go to it	em 3 be	low			Yes									
						3										
3	If an eve	ecutor adn	ninistrate		ner offici	al has no	ot beet	1 court a	nnointed wil	ll one h	e annointed	17	Г	7.7		3.7
3.				or or oth					ppointed, wil				Γ	Yes		No
3,				or or oth					ppointed, wil L Y if you a				ise or f		spou	
	Secti	ion H - A	ctive l	or or oth Militar	ry Serv	ice (Ca	omple	ate ON.	LY if you a	re the	survivin	g spou	•	former	-	se)
Co	Secti	ion H - A f deceased	ctive I I was an	or or oth Militar employ	ry Serv yee or fo	ice <i>(Ca</i> rmer er	omple mploye	ate ON.		re the	survivin	g spou	•	former	-	se)
Co	Secti omplete ine of dea	ion H - A f deceased th, since C	ctive ! was an DPM alr	or or oth Militar employ eady ha	ry Serv yee or fo as this in	ice (Cd rmer er (format	omple mploye	ete ON. ee at tim	LY if you a	re the	survivin complete i	g spou f the de	eceased	<i>ormer</i> was reti	red a	se) t the
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With the North Control of the Contro	Section I - Direct l	Deposit (Continued)	EUO
2. Do you want to have	your survivor annuity payments made to the Deposit to the deceased before his or her dea	same checking or savings account to which (must be an active account and you must	h OPM made he a owner)?
paymon by 2 neers		•	Yes No
	rvivor annuity payments made to a checking		
making payments by	<u> </u>		Yes No
4. Financial institution to This number is very in verify this number.)	routing number (You may obtain this number important. We cannot pay by direct deposit v	vithout it. We suggest you call your financic	ings institution. ul institution to
5. Checking or savings	account number	6. What kind of account is this?	Charling [7] Saning
7. Name and address of	your financial institution		Checking Savings
8. Telephone number of	f your financial institution (including area co	de)	
C 1 . 4 . TC		that shows the information proposed above	us instead of filling in the
requested financial institution, or savings institut	er, you may attach a cancelled personal checution information. If you attach your personation to confirm that the information on the chuse different routing numbers on checks.)	ol check, it is especially important that you eleck is the correct information for direct dep	contact your bank, credit posit. (Some institutions,
er en	Section J -	Certification .	The Thirty County Residence of the County Residence of
I land a series that all at	to to more than and a im this complication are two to	the heat of my knowledge and that no avid	ones relating to the
	tatements made in this application are true to s withheld. I have read and understand all of		_
1. Signature of applican	t named in Section B. (sign in ink; do not pr	int.) 3. Daytime tele.# (area code)	4. Date (mm/dd/yyyy)
		Best time to call you	
2. Mailing address		Warning: Any intentionally false	or misleading statement or
		response you provide in this applic law punishable by a fine of not mo imprisonment of not more than 5 y 1001)	ation is a violation of the re than \$10,000 or
Attach copies of the follo	Section K - Applowing documents to expedite the processing	icant's Checklist of your application.	
Document Title	Requireme	Attac Attac	hed Comments
Death certificate	Certified copy required in all cases		
Marriage certificate	Required if you were spouse of deceased a than once, provide copies of all certificates	t time of death (if married more	
Child(ren)'s birth certificate	Recommended for all children for whom y		
Social security award determinations	Needed for all minor children and spouse currently eligible for mother, father or disa Security Administration (SSA), based on on needed for all children who are unmarried became mentally and/or physically disable because of disability, are incapable of self-Office of Personnel Management (OPM) v SSA; however, this may delay the processing the security of the secu	bility benefits from the Social eceased person's service. Also and are age 18 or older, but who d before age 18 and who, support. If not submitted, the vill obtain the information from ng of your claim.	
Court papers appointing executor/administrator	Required if you are applying as executor of person's estate	r administrator of deceased	
Court papers appointing guardian for minor or disabled child(ren)	Required if you are applying on behalf of deceased and guardian has been appointed	by court.	
DD 214's or other military discharge certificates	Provide if you are applying as surviving sp deceased was a former employee at time of information may delay the processing of y	death. Failure to attach the	

FERS

Survivor Supplement Federal Employees Retirement System

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.

Ide	entifying Information	The same of the sa					
Name of deceased retiree (last, first, middle initial)	Date of birth (mm/dd/yyyy)	Social Security Number	CSA claim number				
A survivor's supplement is an additional benefit to the bas	ic survivor annuity death ber	nefit that is equal to the lesser	of:				
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, or							
2. The amount of a deemed widow/widower's Social Sec	urity benefit based on the dec	ceased's service under FERS.					
The deceased retiree must have performed 5 years of service calendar year of service creditable under FERS rules.	ce that could be creditable un	nder FERS or CSRS rules, inc	cluding one full				
You may be eligible for a survivor supplement if you are	he surviving spouse of a reti	ree and you are:					
1. under age 60; and							
2. entitled to Social Security benefits at age 60; and							
3. not presently eligible for Social Security mother, fathe	r or disability benefits based	on the deceased annuitant's ac	ecount.				
To help us determine your eligibility for a survivor supple	ment, you should provide the	e following information:					
1. Name of surviving spouse (last, first, middle initial)		2. Spouse's date of birth (n	nm/dd/yyyy)				
3. Are you disabled?	a. Are you eligible for Soci retiree's service?	al Security disability benefits	based on the deceased				
No → Go to item 4 Yes → Go to items 3a and 3b.		olied, but no response yet	Have not applied				
3b. Do you receive Social Security disability benefits base	_1						
_		lied, but no response yet	Have not applied				
4. Are you eligible for Social Security mother or father be	1						
benefits (attach photocopy of as t denial letter).	benefits (attach photocopy of as there are no surviving dependent children Have not applied						
5. If you are not currently receiving Social Security moth	er, father or disability benefit	ts, do you agree to notify us p	romptly if				
you are later awarded any of these benefits?	Yes	No					
6. Signature	7. Date (mm/dd/yyyy)	8. Telephone number (inclu	ding area code)				



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 (Do not print)									
Your name (Please print)									
Address (Number, street, apt. no.)									
City, state, ZIP code	City, state, ZIP code								
Your Social Security Number OR Estate/Trust Identification Number									
Date (mm/dd/yyyy)	Daytime to	elephone no.			Evenin (Area	g telephone) Code	no.		

Office of Federal Employees' Group Life Insurance P.O. Box 2627 Jersey City, N.J. 07303-2627

Statement of Claim — Option C Family Life Insurance

Read the instructions carefully before filling out this form.

Federal Employees' Group Life Insurance (FEGLI)

	Part A. Infor	mation about You					
1. Your name (Last) (First)	(Middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Nur	nber			
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 ann	nuity under any Federal civilian retir	tirement system ?					
Yes No	If "Yes", provide the Cla	aim number (CSA, CSF, CSI)		· · · · · · · · · · · · · · · · · · ·			
	*Special Note: Social Se	curity monthly payments are not F	ederal civilian retirement	annuities.			
	If "Yes", provide	the effective date of Retirement					
				d/yyyy)			
	ort B. Information about	2. Date of birth (mm/dd/yyyy)		-4 (-/11/)			
1. Deceased 8 full hame (Last)	(First) (Midale)	2. Date of ofth (mm/aa/yyyy)	3. Date of de	eath (mm/dd/yyyy)			
	Complete Items 4 throug	h 9 if this claim is for your	spouse	,			
4. Date of marriage (mm/dd/yyyy)	5. Place of marriage (City and state	e)	6. Marriage was perform Clergy or Justice Other (Specify)	of the Peace			
7. Were you living with the deceased at the time of death?	8. Were you divorced from the de at the time of death?	ceased 9. If you were divorced and place of the divo	from the deceased, give tree (City and state)	he date (mm/dd/yyyy)			
Yes No	Yes No	th 13 if this claim is for you	un abild				
	` `	311 13 II this claim is for you	Foster child				
10. Child's marital status Single Married	11. Child's relationship to you Legitimate child Adopted child	Stepchild Recognized natural child	child 22 yrs. or over				
12. If the deceased was a stepchild, recognized was the child living with you at the time of	l natural child, or foster child f death?	 If the deceased was a recognyou at the time of death, die 					
Yes No (Explain on sept	arate sheet)	Yes No (E	Explain on separate sheet))			
	Part C. Y	our Certification					
If the amount payable to you is \$5,000 or mor		Your name (Please print)					
market account in your name, giving you com access to all your funds. You may write check account when you receive your checkbook.	s for all or part of the money in your	Address (Number, street, apt. no.)					
See page 2 for more information, and be sure page 2 under "Special Note".	you complete the information on	City, state, ZIP code					
If the amount payable to you is less than \$5,00	00, OFEGLI will send you a check.	Your Social Security Number	Estate o	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 resu backup withholding.	_		KS has notified me th	at I am no longer subject to			
If you are currently subject to backup w							
3. I am a U.S. citizen or a U.S. resident If you are not a U.S. citizen or resident foreign status.	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 withholding.	to any provision of this docum	ent other than the certificatio	ns required to avoid l	backup			
My signature (Do not print)	Area Code Da	ytime telephone no.	Area Code	Evening telephone no.			
Warning—If you knowingly and willfully make requests for information on this form, you may							

Part D. Employing Agency/OPM Certification of Insurance Status

Employing agence OPM complete	cy completes items 1 es all items 1 through			
1. Did the insured have Option C on the date of death of the No Yes If "Yes" provide effective date of elections of the If "Yes" mark the box to show the numb	(mm'dd'3339)	a foster child o	or disabled dependent	Item 11 that the deceased was child? qualifies for Option C coverage?
If the insured is retire	ed or receiving com	oensation, co	mplete items 3a.	through 3c.
3a. What is the effective date of the insured's retirement or recompensation? (mm/dd/yyyy) 3b. What is the insured's date of birth? (mm/dd/yyyy)	Number of mult	e insured's Option C e		
4. Agency Name		5. Agency Mailii	ng Address	
Agency Telephone Number () Area Code		Number, Street City, state, ZIP cod	e	
I certify that the information I gave in Part D of this form is	correct and that I obtaine	it from the empl	oyee's/retiree's/comp	pensationer's official records.
	7. Signature of authorized (Do not print)		8. D	ate Signed a/dd/yyyy)

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 employee. 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

- 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

- 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
 - recognized child born out-of-wedlock who lived with the deceased in a regular parentchild 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 selfsupport.
 - is between ages 18 and 22, unmarried, and a full-time student in a recognized educational institution.
 - 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

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

deposit.

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. Fallure 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

Form Approved OMB No. 3206-0156

Civil Service Retirement System

	Section A	ed					
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 dea	ath certifica	ite)			4. Social Security Number
5.	List any other names the deceased used (such as ma	aiden name	e or his/her	midd	le 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?					7b. OWCP claim number	
8.	What was deceased person's employment status at a Civil Service Retirement System") Employee Complete SF 2800A, which can be the deceased person's former employee.	obtained for	from cy.		Former employee		for Death Benefits Under the Retiree
9.	Name of deceased person's spouse at time of death	(if not ma	rried at time	e or a	eath Write "i		
10a.	Name of deceased person's spouses from all former marriages	10b. Hov	w did each	marria	age end?		10c. Date each marriage ended
			Death	I	Divorce/ann	ulment	
			Death [I	Divorce/anni	ulment	
	Section B -	Informa	tion Abo	ut th	ie Applica	int	
1.	Your full name (last, first, middle)		2. Date	of bi	rth (mm/dd/	уууу)	3. Social Security Number
4a.	Are you a citizen of the United States of America? Yes No		4b. Wha	it cour	ntry are you	a citizen o	of?
5.	I am applying for benefits as (check all boxes that a Designated beneficiary (attach copy of designal available) Widow(er)	ation, if	i i i i i i i i i i i i i i i i i i i	ipplicate death of Execution Forme	rent of decedent (Each parent should complete a separate olication. If one parent is deceased, attach a copy of the atth certificate.) ecutor or administrator of estate (attach copy of court order) rmer spouse — Complete Section D below her (specify):		
6.	Did you cash any check(s) issued to the deceased at direct deposit from the deceased's savings or checking. No Yes ANY UNCASHED CO	ing accoun	it?				·
	Section C - Informa	tion Abo		ecea	sed Perso	COLOR DESCRIPTION CONTRACTOR CONT	
1.	Marriage performed by Clergy/Justice of Peace Other (explain))				2. Dat	te of marriage
3a.	Have you remarried after your spouse died? No Yes		→			3b. Dat	te of remarriage
4a.	Have you ever applied for a survivor annuity based Section A.1? No → Go to Section A.1?		deral servic	e of a	deceased sp		er than the one named above in Complete items 4b-4e below
4b.	Name of deceased former spouse					AMERICAN	e of birth (mm/dd/yyyy)
4d.	Name of retirement system (such as Civil Service, I	Foreign Se	rvice)				im number (assigned to you by rement system in item 4d.)

	Section D	- Informat - (C	ion About <i>lomplete</i> if y				mer Spo	nse		
1a.	Date of marriage to the deceased			1b.	Date of di	vorce from t	he deceased	i		
2.	Is there a court order awarding yo person's CSRS retirement or survi	u any portion ivor benefits?	of the decea	ised	Yes, on rec	ord at OPM	Пу	es, attach	ned	No
3a.	Are you paying for Federal Employerage to a former employing o	yees Health I ffice?	Benefits		No> (Go to item 4a	1 Y	es	Go to it	em 3b
3b.	Give name and address of agency	where you se	nd health be	nefits pren	iums:		Eannes			
4a.	Have you married since your married No Go to item 5a	riage to the de		1	Date of fir	st marriage	after marria	ige to dec	ceased e	ended
5a.	Have you ever applied for a survivamed on page 1, Section A.1?	or annuity ba	ased on the F				e or former Compl	_		
5b.	Name of deceased former spouse		INO -	GO to Item	0	5c. Date				below
5d.	Name of retirement system (such a Service, etc.)	as Civil Servi	ce, Foreign	5e.	Claim num 5d.	l nber assigned	to you by	retiremen	nt syster	n in item
6.	If you checked "Employee" in Sec service, you were married to the d contact the deceased person's emp	eceased for at	t least 9 mon	ths, and a	court award	ed you all or	a portion of	of the sur	vivor an	eral muity,
	Section E - In	iformation	About th	e Decea	ed Perso	n's Depen	dent Chi	ldren		
1a.	Are there any unmarried dependence as defined in the instructions?	nt children	☐ Yes	→ Con	nplete items	1b-1f below		·> (Go to Se	ection F
1b.	Name(s) of unmarried dependent children (list in order of birth)	1c. Date of t (mm/dd/	birth 1d. Cl	hild's relat		eceased (chil	d le. Ag		1f. Ch	ild's Social urity Number
							Student	Disabled		
							 			
							- 			
2.	Is there a child of the deceased not	yet born?	Yes	> WI	en born, ser	nd birth certi	ficate for c	hild to O	PM	No
3a.	Do you (the applicant) have responsor all the children in Section E.1?	ısibility	No			s 3b-3d belo	·,	Ye		
3b.	Name and address of person having	ng responsibil	10000000		Vame(s) of c		··	3d. Cı		's Relation- ild
									egal gua ther	rdian → Specify
				+					egal gua	rdian ► Specify
										. Specify
					. —			2000 CONT.	egal gua	rdian 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			ip to deceased	, 					
\vdash											
_					!						
	Section	 on G - Information Abo	out the Decease	 d Person's E	state -	10 de					
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											
	No - Go to item 3 belo										
3.	If an executor, administrator or ot		t appointed, will or	ne be appointed?	Yes	No					
		Lilitary Service (Complete									
Co											
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, complete all items below and attack										
1a.	Branch of service	Branch of service			1b. Dates of active duty						
		Fre	То								
			i i								
Co	mplete if deceased was an employe m the deceased person's employing	g agency.	•	Standard Form	2800A which	h can be obtained					
2.	If any of the above listed service v was a deposit made to the Retirem		Yes	No	Don't know						
All 3a.	spouses and former spouses comp Was the deceased receiving militar	lete 3a-3c. ry retired pay at the time of de	eath?	Yes	No	Don't know					
3b.	Did the deceased ever waive milita	ary retired pay?		Yes	No	Don't know					
3c.	Are you eligible for military surviv of your eligibility/ineligibility for	vor benefits? (Attach verificat such benefits.)	ion	Yes	No						
	tom of the control of	Section I -	Direct Deposit	$\frac{1}{2} \frac{2}{3} \frac{1}{3} \frac{1}$							
1.	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 sav	ings account. (Go	to item 2 on pag	e 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.)										

				w is a surface to the	1		of trajeculous sources	annyw e	real contracts			
	to have your surv									\	payments (es No	
	t your survivor annuity payments made to a checking or savings account to which we have not already been making y direct deposit?											
4. Financial ins number is ve number.)	nstitution routing number (You may obtain this number by calling your bank, credit union, or savings institution. This very important. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this											
5. What kind of	account is this?	Checking	П	Savings	6. A	Account numbe	r					
7. Name and ad	dress of your finar	Taractical .	18	Darings_	1							
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.												
		1 Page 1	Sec	ction J -	Certif	ication		4.	1			
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. Dayti						3. Daytim	e telephone number 4. Date				e	
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)						
Note: We cannot process your application if you do not complete all of Section J.												
Section K - Applicant's Checklist												
Attach copies of th	e following docum	nents to expedit	e the p	processing	of your	application.						
Document Title		R	emarl	ks			Attached Yes No N/A		Comments			
Death certificate	Required in all o	cases.					ies	140	IV/A	<u></u>		
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	Required for minor or disabled children who have a court-appointed fiduciary.								- <u></u>			
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.)	e (See											