

## How do I report a death?

To report a death of someone who receives benefits from us, you can:

- Contact us online: [HTTPS://APPS.OPM.GOV/RETIRE/DEATH/DEATH.CFM](https://apps.opm.gov/retire/death/death.cfm)
- Call us: 1-88USOPMRET — 1 (888)767-6738
- Write to us at:

U.S. Office of Personnel Management  
Retirement Services Program  
Post Office Box 45  
Boyers, PA 16017-0045

If you are reporting the death of someone who receives benefits from us, please provide us with the full name of the deceased and date of death, as well as the retirement claim number, if known, and social security number. You should also include your name, address, and telephone number. When we receive the report that someone who receives benefits from us has died, we will stop annuity payments and ask survivors who may be eligible for benefits to apply. In many cases, we can start monthly payments to an eligible surviving spouse based on the records on file.

Payments made to a retiree after the date of his or her death are not negotiable. In addition, survivors may not be eligible for the full amount of such payments. Therefore, the Department of the Treasury will reclaim all direct deposit payments made after the date of death from the financial institution to which they were disbursed. The financial institution will debit the account to which the payments were previously credited. The annuitant's account should remain open until reclamation of any payments is completed.

Uncashed checks payable to the deceased must be returned to the U.S. Department of the Treasury. You should void any uncashed checks by noting the annuitant's date of death on them before returning them. Voided checks should be returned to the following address:

*U.S. Department of the Treasury  
P.O. Box 24720  
Oakland, CA 94623-1720*



# Applying for Death Benefits Under the Civil Service Retirement System

*This pamphlet contains information for persons applying for benefits under the Civil Service Retirement System (CSRS) because of the death of an employee, former employee, or retiree who was covered by CSRS.*

U.S. Office of Personnel Management



SF 2800-1  
Revised December 2008  
Previous editions are not usable

We provide retirement information on the Internet. You will find retirement brochures, forms, and other information at:

*<http://www.opm.gov/retire>*

You may also communicate with us using email at:

*[retire@opm.gov](mailto:retire@opm.gov)*

## Table of Contents

	<i>Page</i>
Death Benefits Under the Civil Service Retirement System.....	1
Benefits Payable Upon the Death of a Civil Service Employee .....	2
Benefits Payable Upon the Death of a Retiree.....	4
Benefits Payable Upon the Death of a Former Employee .....	6
Applying for Death Benefits .....	7
What Happens After You File Your Application.....	8
Having Survivor Annuity Payments Sent to a Bank or Financial Institution .....	9
Changing Your Mailing Address .....	10
Federal Income Tax.....	10
State Income Tax.....	11
How to Contact Us .....	11

NSN 7540-01-479-9729  
2800-1

➤ **Death Benefits Under the Civil Service Retirement System**

***Type of Death Benefits Payable***

Two types of benefits may be payable under the Civil Service Retirement System.

Monthly payments to eligible survivors

Lump-sum payments

The type of benefit(s) payable depends in part on whether the deceased was an employee, a former employee or a retiree at the time of death.

***Definitions***

**Employee**

Anyone who was still on the agency's employment rolls at the time of death, even if he or she had applied for disability retirement and his/her pay had already stopped.

**Retiree**

Anyone separated from an agency's employment rolls and who met all the requirements for retirement (including having filed an application for retirement benefits).

**Former Employee**

Anyone no longer on an agency's employment rolls at the time of death who had not yet qualified and applied for retirement benefits.

➤ **Benefits Payable Upon the Death of a Civil Service Employee**

***Survivor Annuity***

***To a Spouse***

If an employee who dies with at least 18 months of creditable civilian service is survived by a spouse who:

- was married to the deceased for a total period of at least nine months (the nine month requirement does not apply if the death was accidental); *OR*
- was the parent of a child born to the applicant and the deceased (including one born posthumously or out-of-wedlock if the parties later married);

the spouse may be eligible for a monthly survivor benefit.

***To a Former Spouse***

If an employee dies with at least 18 months of creditable civilian service, a benefit may be paid in whole or in part to a former spouse who was married to the deceased for a total of at least nine months if a qualifying court order awards a survivor annuity benefit.

***To a Child***

If an employee with at least 18 months of creditable civilian service is survived by:

- unmarried dependent children up to age 18, *AND/OR*
- unmarried dependent children from age 18 to age 22 attending an accredited educational institution full-time. *AND/OR*
- unmarried dependent children over age 18 and incapable of self-support because of

mental or physical disability incurred before age 18;

a child's survivor annuity may be payable.

Children over age 18, incapable of self-support because of mental or physical disability incurred before age 18, and married when the employee died may be eligible for a child's annuity if their marriage ends after the employee's death.

### ***Lump-Sum Benefit***

If an employee dies and no survivor annuity is payable based on his/her death, the retirement contributions remaining to the deceased person's credit in the Civil Service Retirement and Disability Fund are payable.

### ***Payees for Lump-Sum Benefits***

If a lump-sum benefit is payable, it is paid to the first person eligible under the following order of precedence:

- beneficiary designated in writing by the deceased, signed, witnessed, and received at the U.S. Office of Personnel Management prior to death; *OR*, if none, then to
- spouse of the deceased; *OR*, if none, then to
- children of the deceased (or descendants of deceased children); *OR*, if none, then to
- parents of the deceased; *OR*, if none, then to
- court-appointed executor or administrator of the deceased person's estate; *OR*, if none, then to

next-of-kin of the deceased according to the laws in the deceased person's state of domicile.

➤ **Benefits Payable Upon the Death of a Retiree**

***Survivor Annuity***

***To a Spouse/Former Spouse/Insurable Interest:***

If a retiree dies who elected to provide a survivor annuity for

- his/her surviving spouse and/or former spouse, or
- a person having an insurable interest in him/her, or
- a spouse married after retirement, or
- if a qualifying court order, on file at the U.S. Office of Personnel Management, has awarded survivor annuity benefits to a former spouse.

a monthly survivor benefit may be payable.

***To a Child***

If a retiree is survived by

- unmarried dependent children up to age 18, ***AND/OR***
- unmarried dependent children from age 18 to age 22 attending an accredited school full-time, ***AND/OR***
- unmarried dependent children over age 18 incapable of self-support because of mental or physical disability incurred before age 18.

a child's survivor annuity may be payable.

Children over age 18, incapable of self-support because of a mental or physical disability incurred before age 18, and married when the retiree died may be eligible for a child's annuity if their marriage ends after the retiree's death.



### ***Lump-Sum Benefit***

If a retiree dies, a lump-sum benefit equal to the annuity due the deceased, but not paid before death, may be payable. If no survivor annuity is payable, any retirement contributions remaining to the deceased person's credit in the Civil Service Retirement and Disability Fund may also be payable.

### ***Payees for Lump-Sum Benefits***

If a lump-sum benefit is payable, it is paid to the first person eligible under the following order of precedence:

- beneficiary designated in writing by the deceased, signed, witnessed, and received at the U.S. Office of Personnel Management prior to death; *OR*, if none, then to
- spouse of the deceased; *OR*, if none, then to
- children of the deceased (or descendants of deceased children); *OR*, if none, then to
- parents of the deceased; *OR*, if none, then to
- court-appointed executor or administrator of the deceased person's estate; *OR*, if none, then to
- next-of-kin of the deceased according to the laws in the deceased person's state of domicile.

➤ **Benefits Payable Upon the  
Death of a Former Employee**

***Lump-Sum Benefit***

If a former employee dies, the retirement contributions remaining to the deceased person's credit in the Civil Service Retirement and Disability Fund are payable.

***Payees for Lump-Sum Benefits***

The lump-sum benefit is payable to the first person eligible under the following order of precedence:

- beneficiary designated in writing by the deceased, signed, witnessed, and received at the U.S. Office of Personnel Management prior to death; *OR*, if none, then to
- spouse of the deceased; *OR*, if none, then to
- children of the deceased (or descendants of deceased children); *OR*, if none, then to
- parents of the deceased; *OR*, if none, then to
- court-appointed executor or administrator of the deceased person's estate; *OR*, if none, then to
- next-of-kin of the deceased according to the laws in the deceased person's state of domicile.

### ➤ **Applying for Death Benefits**

Applicants for death benefits should complete Standard Form (SF) 2800, *Application for Death Benefits*. Specific instructions for completing SF 2800 are on the form itself. If you need more copies, photocopy the blank forms. In certain situations, you must also complete the following additional forms.

#### *If the deceased was an employee at the time of death*

If you are the surviving spouse or former spouse, you and the deceased person's employing agency should complete SF 2800A, *Agency Certification for Death in Service*, which can be obtained from the deceased person's former employing agency. Instructions for completing SF 2800A are on the form itself.

#### *If the deceased was a retiree at the time of death*

All applicants need to complete the application form the Office of Personnel Management provides for you.

#### *Submitting Completed Application*

If the deceased was an employee at the time of death, submit your completed application, with a copy of the death certificate and other attachments, to the personnel office of the agency where the deceased was last employed.

If the deceased was a former employee or a retiree, send your completed application and a copy of the death certificate to:

U.S. Office of Personnel Management  
Retirement Operations Center  
P. O. Box 45  
Boyers, PA 16017-0045

## ➤ **What Happens After You File Your Application**

### *If the deceased was an employee at the time of death*

After the personnel office has completed their action, your application will be transferred to the payroll office. The payroll office will send the Office of Personnel Management (OPM) your application and the records of the service performed by the deceased. OPM will assign a survivor annuity claim number (CSF number) and will process your application as quickly as possible after all the records and needed information are received.

### *If the deceased was an annuitant*

OPM will stop the payments to the deceased and assign a CSF number as quickly as possible after receiving the report of the death. OPM will mail the needed application forms right away. We will process your application as quickly as possible after the completed application is received.

### *After your application is processed*

If you are eligible for monthly payments, OPM will send you a booklet that shows your monthly annuity rate and any amounts we have withheld. Generally, the withholding is for health benefits premiums and income tax.

If we are paying a lump sum, we will send a statement to show the amount we have authorized.

### *Payments*

The Department of the Treasury makes all payments. The first payment we authorize for you may come at any time during the month. Regular monthly survivor annuity payments are due the first business day of each month. Sundays and Federal holidays are not business days.

Lump sum payments may come at any time during the month.

➤ **Having Survivor Annuity Payments Sent to a Bank or Financial Institution**

Public Law 104-134 requires most Federal payments 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 you have a disability or because of a geographic, language, or literacy barrier, you may receive your payment by check. In addition, if enrolling in Direct Deposit would cause you a financial hardship because it would cost you more than receiving your payment by check, you may receive your payment by check.

Direct deposit is a win-win situation all around. It eliminates the bother of traveling to a bank or other financial institution to cash or deposit your check. You no longer need to worry about the check being lost in the mail. Also, you are assured payments are deposited and available for your use, even when you are away from home. If you live where direct deposit is available, we recommend you make arrangements soon if you have not already done so.

When you elect direct deposit, you will continue to receive other information at your mailing address. Complete Section I of SF 2800, *Application for Death Benefits*, to have your payments sent to a financial institution or to ask for payments by check.

If you need to enroll in direct deposit or to change accounts after your payments begin, contact us as explained on pages 11 and 12.

### ➤ **Changing Your Mailing Address**

If you want to change your mailing address before you receive your claim number, write to the Office of Personnel Management, 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, you can contact us as explained on pages 11 and 12. Always have your claim number available when you contact us.

### ➤ **Federal Income Tax**

Your payments are subject to the rules administered by the Internal Revenue Service (IRS). For a detailed explanation about Federal tax on survivor benefits, request Publication 721, "Tax Guide to U.S. Civil Service Retirement Benefits," from the IRS.

We report your annuity payments to the IRS. If you do not file the required tax returns, you could be subject to penalties, interest, and potentially a levy against your survivor annuity. We do not withhold tax from lump-sum payments. Unless we are told otherwise, we will withhold Federal income tax from monthly survivor annuity payments as if you are a married person claiming three withholding allowances. This is the IRS standard we use when we have no other withholding instructions.

You can start, stop, or change your Federal tax withholding at any time. Contact us as explained on pages 11 and 12.

➤ **State Income Tax**

You can authorize us to withhold your state income tax. For information or to authorize this action, contact us as explained below.

➤ **How to Contact OPM**

***You Can Access Information and Make Changes to Your Annuity On-Line***

*General Information*

If you are looking for general information about your survivor annuity you should check our website at [www.opm.gov/retire](http://www.opm.gov/retire). The website provides an array of informational services including answers to frequently asked questions, access to forms and links to other Federal benefits websites.

If you have reviewed this information and still have a question, you can contact us via email at [retire@opm.gov](mailto:retire@opm.gov). We will respond to your email address.

*Making Changes to Your Annuity or Accessing Information About Your Annuity*

Our Services Online feature allows you to perform several types of transactions on-line 24 hours a day/7 days a week. Just log onto [www.servicesonline.opm.gov](http://www.servicesonline.opm.gov). You must use a PIN (Personal Identification Number) to access this system. If you do not have a PIN, call OPM and one will be assigned to you. Using this system, you can make various types of changes to your monthly payments (taxes, address, etc.) and access specific information about your monthly payments.

***You Can Access Information About  
Your Annuity and Make Changes to  
Your Annuity By Telephone***

If this pamphlet does not fully answer your questions, call the Retirement Information Office toll-free at 1-888-767-6738. Customer Service Specialists are available Monday through Friday from 7:30 a.m. to 7:45 p.m. Eastern time. They are not available on Federal holidays. If you use TTY equipment, call 1-800-878-5707.

When you call, be prepared to give us the full name and date of birth of the deceased Federal employee or retiree. This allows us to identify the proper records promptly.

***You Can Reach Us By Mail***

If you prefer, you can always write to us at the following address:

U.S. Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045

Please remember to include your claim number on all correspondence so we can locate your records.





## 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](mailto: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	

### 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<br>( )<br>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.				



# Claim for Death Benefits

## Federal Employees' Group Life Insurance Program



(Do not use this form to claim Option C-Family Benefits. Please use form FE-6 DEP to claim those benefits.)

### 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.

FEGLI death benefits are not subject to Federal income tax, but the interest that we pay on those benefits is subject to such tax. We will report all interest payments to the Internal Revenue Service.

#### Who receives the death benefits?

We will pay benefits in the following order of payment:

If the deceased assigned ownership of his/her life insurance to someone else (generally by filing an RI 76-10, Assignment form), then we will pay:

- First, to the beneficiary(ies) the assignee(s) validly designated;
- Second, if none, to the assignee(s).

If the deceased did *not* assign ownership and there is a valid court order on file with the agency or OPM, as appropriate, we will pay benefits according to the court order.

If the deceased did *not* assign ownership and there is *no* valid court order on file with the agency or OPM, as appropriate, then we will pay:

- First, to the beneficiary(ies) the deceased validly designated;
- Second, if none, to the deceased's widow or widower;
- Third, if none of the above, to the deceased's child or children and descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
- Fourth, if none of the above, to the deceased's parents in equal shares, or the entire amount to the surviving parent;

Fifth, if none of the above, to the court-appointed executor or administrator of the deceased's estate;

Sixth, if none of the above, to the deceased's other next of kin, entitled under the laws of the state where the deceased lived.

#### How will I receive benefits?

If we are paying you \$5,000 or more, we will open a money market account in your name and mail you a checkbook. You may write checks for some or all of the money in your account as soon as you receive the checkbook. See page 2 for details.

If we are paying you less than \$5,000, we will mail you a check.

#### How do I complete this form?

Please type or print legibly in ink.

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

Here is a summary of what parts of the form you must complete:

If you are a:	Then Complete These Parts of the Form:							
	A	B	C 1-3	C 4-13	D	E	F	Page 2
Widow or Widower	✓	✓	✓	✓			✓	✓
All Others	✓	✓	✓		✓	✓	✓	✓

Don't skip any questions you're supposed to answer. That will delay our action on your claim. If a question doesn't apply, write "N/A" or "not applicable". If the answer is "No" or "Unknown", write that. If you are completing this claim on behalf of someone else (such as a minor), complete items 1-3 of Part C with that person's information, not yours. In part F and page 2, sign your own name "on behalf of" the other person. Fill in your name, address and phone numbers. However, the Social Security Number should be the other person's, not yours.

#### What else do I have to submit?

In addition to this claim form, you must submit a certified copy of the deceased's death certificate that contains the cause and manner of death. (However, if you know for sure that another claimant is submitting the deceased's death certificate, you don't have to). You can get the certificate from your city or state's Bureau of Vital Statistics or equivalent agency. We cannot process your claim until we receive the certified death certificate.

Please submit an English translation of any foreign language death certificate.

In addition, send us all Designation of Beneficiary Form(s) (SF 2823 and/or SF 54) that you may have which show the agency receipt date on the bottom.

If you are an executor or administrator filing this claim on behalf of the deceased's estate, send us a copy of the court appointment papers.

We will let you know if we need anything else.

#### Where do I send this form and other documents?

**If the deceased was employed at the time of death**

Send everything to the deceased's employing office. We will process your claim after we receive certification from the agency. However, if you are the deceased's widow(er) and the agency told you to send your claim form and other documents directly to us, you should do that. Please include copies of any letters you received from the agency that mention death benefits.

**If the deceased was retired or receiving Federal Workers' Compensation benefits at the time of death**

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

#### Instructions to the employing agency

Forward the completed claim, death certificate and court appointment papers, if any, to OFEGLI, P.O. Box 2627, Jersey City, NJ 07303-2627, together with:

1. The original Agency Certification of Insurance Status (SF 2821);
2. The original Designation of Beneficiary form(s) (SF 2823 or SF 54), if any;
3. All court orders on file, if any; and
4. All other FEGLI forms (for example, SF 2817 or RI 76-27 election forms, RI 76-10 assignment form, etc.)



# 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				



**Part A. Information About the Deceased (Everyone must complete this part.)**

1. Deceased's full name (Last) (First) (Middle)		2. Date of birth (mm/dd/yyyy)	3. Date of death (mm/dd/yyyy)
4. Social Security Number □ □ □ □ □ □ □ □ □ □		5. Legal residence at time of death—(City and state)	
6. Department or agency in which last employed, including bureau or division		7. Location of last employment (City, state, ZIP code)	
8. At the time of death, was the deceased retired and receiving a monthly annuity under any Federal civilian retirement system? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If "Yes", provide the Claim number (CSA, CSF, CSI) _____ *Special Note: Social Security monthly payments are not Federal civilian retirement annuities.			
9. At the time of death, was the deceased receiving Federal Worker's Compensation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If "Yes", provide the effective date of Federal Workers' Compensation benefits _____ (mm/dd/yyyy)			

**Part B. Information About the Deceased's Family (Everyone must complete this part.)**

1. How many times was the deceased married?	2. Give the name of each spouse (include ALL marriages)	3. How did the marriage end? (Check one in each case)	4. When did the marriage end? (mm/dd/yyyy)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
5. Did the deceased have any living children on the date of his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? _____		6. Did the deceased have any children who died before the date of his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? _____	

**Part C. Information About You (Everyone must complete items 1, 2 and 3.)**

1. Your name (Last) (First) (Middle)		2. Your relationship to the deceased	3. Your date of birth (mm/dd/yyyy)
<b>Complete Items 4 through 13 only if you are the deceased's widow or widower.</b>			
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.	
10. How many times were you married?	11. Give the name of each spouse (include ALL marriages)	12. How did the marriage end? (Check one in each case)	13. When did the marriage end? (mm/dd/yyyy)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

Everyone must complete Parts D and E unless you are the deceased's widow or widower.

**Part D. Information About the Deceased's Next of Kin**

1. List below the name, age, relationship and address of:
- (a) Widow or widower;
  - (b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (include adopted children and children born out-of-wedlock) and the descendants of any deceased child or children (use additional sheets if necessary);
  - (c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;
  - (d) If there are no survivors in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.). (Use additional sheets if necessary).

Name	Age	Relationship to the deceased	Full address

Fill in items 2 and 3 only if any of the persons listed above are under age 18.

2. If the court appointed a guardian for the estate of any minor children above, give the name and address of the guardian and attach a copy of the court appointment papers. Natural parentage or custody as a result of a divorce do not constitute guardianship.	Name	3. If the court did not appoint a guardian for the estate of any minor children, will it appoint one later?  <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (Number, street, apt. no.)	
	City, state, ZIP code	

**Part E. Information About the Deceased's Estate**

1. If the court appointed an executor or administrator to settle the deceased's estate, give his/her name and address and attach a copy of the court appointment papers.	Name	2. If the court did not appoint an executor or administrator, will it appoint one later?  <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (Number, street, apt. no.)	
	City, state, ZIP code	

**Part F. Your Certification (Everyone must complete this part.)**

Are you claiming accidental death benefits (did the deceased die solely through violent, external, and accidental means)? If "Yes", submit coroners and police reports, news clippings, and any other available reports concerning the accident. OFEGLI cannot consider a claim for such benefits if the deceased separated or retired before the accident.  Yes  No

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 □□□ - □□ - □□□□

Under penalty of perjury, I certify:

- That the number shown on this form is my correct taxpayer identification number; and
- 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) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Area Code Daytime telephone no. Area Code 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.



# 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](http://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> )		
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 ( <i>Complete if you are the widow[er].</i> )		
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 I, 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.	
<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.</i>	

**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 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		



- 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?  No → Go to item 3 below  Yes →
2. Full name and address of person appointed (street, city, state, ZIP code)

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 (*must be an active account and you must be a 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. Checking or savings account number 6. What kind of account is this?  
 Checking  Savings

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. Dzytime 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 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"> <li>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</li> <li>2. The amount of a deemed widow/widower's Social Security benefit based on the deceased's service under FERS.</li> </ol> <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"> <li>1. under age 60; and</li> <li>2. entitled to Social Security benefits at age 60; and</li> <li>3. not presently eligible for Social Security mother, father or disability benefits based on the deceased annuitant's account.</li> </ol> <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> )	