

ATTACHMENT 3

	Preliminary Information to OFEGLI Regarding the Death of A Federal Employee
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1. We are sending you the **preliminary information** on a death in service case for you to begin processing the survivor's benefit. The survivor was provided the FE-6, *Claim for Death Benefits*, (and FE-6 DEP, *Statement of Claim*, if appropriate) with instructions to mail it directly to OFEGLI with the certified death certificate and copies of any other documents, as appropriate.

a. Employee's Full Name:

b. Employee's Date of Death:

c. Employee's Social Security Number:

d. Employee's Date of Birth:

e. Survivor's Full Name:

f. Relationship of Survivor to Employee:

g. Survivor's Social Security Number:

h. Survivor's Mailing Address:

i. Is the survivor(s) currently living outside the continental United States? yes no

j. Survivor's Home Phone Number:

k. Agency Name:

l. Agency Mailing Address:

m. Name of Agency Point of Contact:

n. Commercial Telephone Number of Agency Point of Contact:

o. Fax Number of Agency Point of Contact:

2. Attached are the following forms/documents:

Benefits Specialist:

Date: