



Preliminary Information to OFEGLI Regarding the Death of a Federal Employee

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's 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:

<input type="checkbox"/>	SF 2821	<input type="checkbox"/>	SF 2822
<input type="checkbox"/>	SF 2817	<input type="checkbox"/>	SF 176
<input type="checkbox"/>	SF 2823	<input type="checkbox"/>	SF 54
<input type="checkbox"/>	SF 2819	<input type="checkbox"/>	RI-76-10
<input type="checkbox"/>	SF 50	<input type="checkbox"/>	RI 76-27
<input type="checkbox"/>	Court Order	<input type="checkbox"/>	FE 2004
<input type="checkbox"/>	Obituary	<input type="checkbox"/>	FE-6

List any applicable additional forms:

Benefits Specialist:

Date:

Benefits Specialist Signature:

Overnight Mail: OFEGLI, 10 E.D. Preate Drive, Moosic, PA 18507

Fax: 1-570-558-8659

E-mail: fegliclaims@metlife.com