Form approved:
OMB No. 3206-0156

Documentation and Elections in Support of Application for Death Benefits When Deceased Was an Employee at the Time of Death

Civil Service Retirement System

Includes Information, Instructions and Necessary Forms

Information for Agency

This package should be completed if the deceased was an employee under the Civil Service Retirement System (CSRS) at the time of death. All applicable forms in the package should be submitted to OPM with the survivor's application (SF 2800).

Information for Applicant

This package contains the forms that you and the deceased person's employing agency need in order to complete your *Application for Death Benefits* (SF 2800) under the Civil Service Retirement System (CSRS). SF 2800A should be completed only if the deceased was a Federal employee at the time of death. **All applicable forms in this package should be submitted to the deceased person's employing agency, along with your *Application for Death Benefits* (SF 2800).** The agency will forward the application to OPM.

Section 1: **Certified Summary of Federal Service**
To be completed by deceased person's employing agency's personnel office with applicant's signature certifying that information is complete.

Section 2: **Information and Elections Regarding Post-1956 Military Service**
To be completed by applicant, if appropriate.

Section 3: **Agency Information and Certification**
To be completed by deceased person's employing agency's personnel and payroll offices.

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code), the Federal Employees Group Life Insurance law (Chapter 87, title 5, U.S. Code), the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code) and the Unemployment Compensation Amendments of 1992 (Public Law 102-318). 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, to maintain a uniquely identifiable claim file and to properly tax your benefits. 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. Executive Order 9397 (November 22, 1943), authorizes the use of the Social Security Number. Failure to provide the 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. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, CRIS Publications Team (3206-0156), Washington, D.C. 20415-3430. 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.

Section 1 - Certified Summary of Federal Service

Agency Instructions

A certified copy of this form must accompany an *Application for Death Benefits* (SF 2800) for a deceased employee if a survivor annuity appears to be payable.

Part A - Identification

1. Name of employee *(last, first, middle initial)*	3. Date of birth *(mm/dd/yyyy)*	4. Social Security Number
2. List all other names used *(maiden name, AKA, spelling variants)*	5. Other birth dates used	6. Military serial number
	7. Service computation date for retirement purposes	

Part B - Verified Service History Documented in Official Personnel Records

Federal Agency or Military Service Branch	Appointment, Separation, or Conversion Dates for Civilian and Active Honorable Military Service	Name of Retirement System* *(CSRS, CSRS Offset, etc.)*	Remarks and Non-Creditable Time**

* Give details of creditable civilian service not subject to retirement deductions in Part C.
**If service was performed on a WAE or intermittent basis, show the number of hours worked in Remarks. Give needed information if service is part time.

Part C - Details of Federal Civilian Service Not Subject to Contributory Retirement System

Detail below (1) any period of Federal civilian service subject only to "FICA" deductions and (2) any other Federal civilian service not subject to a Federal employee (or D.C. government) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Service which was not subject to CSRS deductions is creditable only as specifically allowed by law.

Nature of action *(Appt, pro, res, etc.)*	Effective date	Basic salary rate	Salary basis *(per annum, per hour, WAE, etc.)*	Leave without pay	If Basic Salary Actually Earned Is Available, Make Summary Entry Below		
					From	To	Total earned

Part D - Agency Certification

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency.

Signature of authorized agency personnel official	Date	Agency name and address, including ZIP code
Official title	Telephone no. & area code	

Part E - Applicant's Certification

☐ To the best of my knowledge, the service listed above is complete.

☐ The employee had additional service. (If you claim the employee had additional service, attach a signed statement giving the dates, position, title and location of employment, including agency, bureau and division. Claimed service cannot be credited for survivor benefit purposes until it has been verified. This also applies to unverified service listed on a *Statement of Prior Federal Service* (SF 144), or similar affidavit.)

Note: If the employee performed Federal civilian service subject only to Social Security deductions (FICA) or not subject to retirement deductions, be sure that the agency has correctly completed Part C above.

Signature *(do not print)*	Date

Section 2 - Information for the Survivor of a Deceased CSRS Employee About Service Credit for Post-1956 Military Service

Because your decision about completing the deposit for or including the deceased employee's military service in the survivor annuity computation may affect your rights under the Civil Service Retirement System (CSRS), you need to be aware of the following information.

A. If the Deceased Employee Was First Employed Under CSRS *Before* October 1, 1982

1. Optional Deposit

a. If you qualify at the employee's death for social security survivor benefits based on his or her service, you have the option of either making the deposit to include the post-1956 military service in the CSRS survivor annuity computation, or not making the deposit to exclude the post-1956 military service from the CSRS survivor annuity computation.

b. If you will qualify at a future date for social security survivor benefits based on the decedent's service, post-1956 military service will be included in the computation of your CSRS survivor annuity until you become entitled (or would upon application be entitled) to social security benefits. You have the option of making the deposit now and avoiding the reduction in your CSRS survivor annuity or not making the deposit and having your annuity adjusted to exclude post-1956 military service if you become eligible for social security benefits based on the decedent's service.

2. Eligibility for Social Security

A survivor of a deceased employee may be eligible for social security survivor benefits if the employee was "fully insured" and the survivor is (a) the parent of an eligible child, (b) age 50 or over and disabled, (c) age 60 or over, or (d) a divorced spouse age 62 or over. For information about your present or future eligibility for social security survivor benefits, contact the Social Security Administration. NOTE: If you become ineligible for social security survivor benefits based on the deceased employee's service (e.g., by becoming eligible for social security benefits based on your own earnings which exceed the survivor benefits), you should contact OPM. You may be eligible to have the military service restored to the survivor annuity computation.

B. If the Deceased Employee Was First Employed Under CSRS After September 30, 1982, *no credit is allowed* for post-1956 military service unless a deposit is made for the service.

C. Factors that May Affect Creditability of Military Service Regardless of When the Deceased Was First Employed

1. Minimum Basic Annuity Provisions

If you are eligible for a CSRS survivor annuity based on the minimum basic annuity provisions of the law, it is possible that the exclusion of credit for post-1956 military service will have no effect on the amount of your annuity. (See items 4 and 5 in Part A of this form.) If you need more information about how you may be affected, contact the decedent's employing agency representative named in item 7 of Part A of this form.

2. Effect of Military Retired Pay

a. If, at the time of death, the employee was receiving military retired or retainer pay that was (1) awarded because of a service-connected disability incurred either in combat with an enemy of the United States or caused by an instrumentality of war and incurred in the line of duty during a period of war, or (2) awarded under the reserve retiree provisions of chapter 1223, title 10, U.S. Code sections 12731 through 12739 (formerly chapter 67 of title 10), you will receive credit for the military service subject to the provisions for military deposit for post-1956 military service.

b. If, at the time of death, the employee was receiving military retired or retainer pay that was **not** awarded under either of the two exceptions noted in C.2.a., you will receive credit for the military service, subject to an important difference in the computation of the benefits as described below. (1) If your deceased spouse arranged for you to receive a military survivor benefit, your CSRS survivor benefit will be reduced by the amount of the military benefit. Since this reduction will never be greater than the value of the military service under the CSRS benefit computation, you are not disadvantaged by this requirement with respect to your CSRS benefit. (2) If you feel that it is not to your advantage to include the military service in the computation of your CSRS survivor benefit, you may send OPM your written election not to include the military service in your CSRS annuity computation now. (See Part C of "Survivor Election.")

D. Information About Deposit for Military Service

1. The amount of deposit is 7 percent of military basic pay (plus interest, if any).

2. If the deposit is made, the post-1956 military service will be credited under both the civil service and the social security systems, if it is otherwise creditable.

E. If You Are the Survivor of a Reemployed Annuitant

1. If the deceased employee was reemployed while annuity payments were continuing and had less than 5 years of service as a reemployed annuitant at the time of death, you may not make a deposit for the military service.

2. If the deceased employee had 5 or more years of service as a reemployed annuitant and you elect a recomputation of the annuity under the law in effect at the time of death, you may make a deposit for post-1956 military service. However, if you elect a recomputation of the annuity, a deposit must also be made to cover any of the decedent's service as a reemployed annuitant for which no retirement deductions were made. Before you make your deposit ask the decedent's employing office for information about how a recomputation will affect your annuity.

F. If You Elect To Pay the Deposit

1. If you do not have sufficient documentation of military basic pay earnings for the employing agency to determine the amount due, the agency will tell you how to obtain an estimate of earnings from the branch of military service in which the decedent served.

2. You should make payment to the agency as soon as possible. The agency will not delay processing of your application for death benefits while you are waiting to receive an estimate of military earnings from the military service. If you have not made the deposit before the agency sends the application to OPM, the agency will tell OPM that you plan to pay the deposit.

3. In order to credit your deposit, OPM must receive documentation of your payment from the agency before your application is completely adjudicated.

4. If you elect to pay the deposit, but later decide not to do so, promptly notify the employing agency and OPM in writing so that OPM can complete final processing of your application for survivor benefits.

SURVIVOR'S MILITARY SERVICE ELECTION
Deceased Employee Covered by CSRS or CSRS Offset

Part A - To be completed by employing agency

1. Employee's name *(last, first, middle initial)*	2. Date of birth *(mm/dd/yyyy)*	3. Social Security Number

4. Is survivor eligible for an annuity based on the minimum basic annuity?
☐ No — Annuity will be based on actual service
☐ Yes → complete item 4a

4a. If item 4 is "yes," would loss of credit for post-1956 military service reduce the amount of the annuity?
☐ Yes ☐ No

5. Was a deposit account opened for the employee? ☐ Yes → complete information below ☐ No

Period of Military Service		Amount due (with interest)	Amount paid by employee	Balance due
From	To			$0.00

6. Agency records show the above named deceased employee was first employed under the Civil Service Retirement System (CSRS) and had post-1956 military service for which a deposit has not been made or has not been completed.
☐ before October 1, 1982 ☐ on or after October 1, 1982

7. Agency representative to contact for information	Telephone number
8. Agency personnel office address to which form should be returned	Election must be received by date *(mm/dd/yyyy)*

Part B - To be completed by survivor

Our records indicate that you might be eligible for a civil service survivor annuity. You have the right to make a deposit for the deceased employee's post-1956 military service. Your decision may affect your rights under CSRS. Read the attached *Information for the Survivor of a Deceased CSRS Employee...* carefully to be sure you understand the consequences of not making the deposit for military service. Then make your election, sign and date the form, and return two (2) copies to the address shown in item 8 above. If you have decided to pay the deposit, we will provide you with the necessary information. Payment must be made in a lump sum to this agency before the Office of Personnel Management completes its adjudication of your application for survivor benefits.

Survivor Election I have read the information concerning my right to make a lump sum deposit to the decedent's employing agency for post-1956 military service.

☐ I elect to make (or complete) the deposit to the employing agency for the decedent's post-1956 military service. I understand that this deposit must be paid to the agency in a lump sum. (**Note:** The election may be changed at any time before the deposit is actually paid to the agency.)

☐ I elect not to make (or complete) the deposit for post-1956 military service. I understand this decision is irrevocable after OPM completes the processing of my application for survivor benefits.

Part C - To be completed by survivor of deceased employee in receipt of military retired pay at the time of death

If the deceased employee received military retired or retainer pay that was (1) **not** awarded because of a service-connected disability incurred either in combat with an enemy of the United States or caused by an instrumentality of war and incurred in the line of duty during a period of war or (2) awarded under reserve retiree provisions (chapter 1223 of title 10, United States Code), you will receive credit for the military service subject to the rules for post-1956 military deposits. However, if you do receive credit for military service (including any pre-1957 military service), your CSRS survivor benefit must be reduced by the amount of any military survivor benefits payable to you. In some instances, it may be advantageous to receive a survivor benefit including the military service in the computation. In order to advise you about the survivor annuity benefits, we need to know if you are eligible for military survivor benefits. Your documentation or verification of your entitlement to military survivor benefits should be attached as indicated.

☐ I have attached verification of my eligibility or ineligibility for military survivor benefits.
(Specify monthly amount, if known $.)

Survivor Election To exclude military service from the computation of your survivor annuity, check the box below.

☐ I elect to exclude the decedent's military service from my survivor annuity.

Signature	Date *(mm/dd/yyyy)*

The June 2006 edition is usable.

Standard Form 2800A
Revised December 2008

Section 3 - Agency Information and Certification

Name of deceased employee *(last, first, middle initial)*	Date of birth *(mm/dd/yyyy)*	Social Security Number

A. Employing Office: To be completed by office maintaining Official Personnel Folder (OPF)

Part 1 - General Information

Type of death benefit which appears payable	☐ Monthly survivor annuity ☐ Payment of retirement contributions

Part 2 - Federal Employee's Compensation Information

1. Did the deceased employee ever apply for or receive benefits from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury?

☐ Yes, complete 1a - 3 below ☐ No, go to item 3 below

1a. Compensation claim number	1b. Benefit received		1c. Type of benefit	
	From	To		
			☐ Scheduled award	☐ Total or partial disability
			☐ Scheduled award	☐ Total or partial disability

2. If the deceased employee applied for workers' compensation (other than as listed in item 1a above) but did not receive benefits, check reason below and give the requested information.

2a. Compensation claim number	☐ Awaiting OWCP ☐ Claim denied	2b. Date claim denied

3. Except for scheduled compensation awards, workers' compensation survivor benefits and survivor annuity benefits cannot be paid for the same period of time. Please complete information below.

3a. Did the above employee's death occur due to a work-related injury or illness?

☐ Yes, complete 3b-e below ☐ No, go to Part 3

3b. Has a claim for workers' compensation based on this death been filed?	☐ No, go to Part 3 ☐ Yes →	3c. Name of person filing for workers' compensation
3d. Compensation claim number	☐ Awaiting OWCP decision ☐ Claim denied →	3e. Date claim denied *(mm/dd/yyyy)*

Part 3 - Federal Employees Health Benefits and Group Life Insurance Information

1. Was the deceased employee enrolled in the Federal Employees Health Benefits Program?

☐ Yes, complete 1a-b below ☐ No, go to item 2

1a. Enrollment code	1b. Does a survivor appear eligible for a monthly annuity? ☐ Yes ☐ No

2. Did the deceased employee have Federal Employees' Group Life Insurance coverage?

☐ Yes, go to item 2a-2c ☐ No, go to Part 4

2a. When was the life insurance certified to the Office of Federal Employees' Group Life Insurance (OFEGLI)? ____/____/_____	2b. What was the amount of basic annual pay certified? $

2c. What life insurance options did the deceased carry?

☐ Option A ☐ Option B ☐ Option C ☐ No optional coverage(s)

Part 4 - Checklist

Form Number	Document Title	Remarks	Attached Yes	Attached No	Sent to OWCP
SF 2800	Application for Death Benefits	Required in all cases			
SF 2809's	Health Benefits Election Form	Required in all cases			
SF 2810's	Notice of Change in Health Benefits Enrollment	Required in all cases, unless not covered under FEHB plan			
DD 214	Military Discharge	Recommended in all cases with military service			
SF 2800A Section 1	Certified Summary of Federal Service	Required in all cases			
SF 2800A Section 2	Surviving Spouse's Military Deposit Election	Required in all cases with military service after 12/31/56 for which employee did not complete deposit and a survivor annuity is payable			
None	Death certificate	Required in all cases			
None	Marriage certificate	Required for all married employees			
None	Children's birth certificates	Recommended for all children who are applying for a monthly benefit			
None	Medical documentation (disabled children)	Required for all disabled children			
None	Adoption papers	Required if applicant is an adopted child			
None	Guardianship papers	Required if there is a court-appointed guardian for eligible children or incompetent adult			
None	Court appointment documents for executor/ administrator of estate	Required if there is a court-appointed fiduciary and no monthly annuity is payable			
None	Social Security Number(s) for all applicants	Required in all cases			

Part 5 - Certification by Personnel Officer (or Designee)

I certify that the above accurately reflects verified information in official records.

1. Signature	2. Date *(mm/dd/yyyy)*	3. Address
4. Official title	5. Telephone number	
6. Person to contact for further information *(print or type)*		

B - Payroll Office Checklist

1. If deceased employee worked an irregular tour of duty (or exceeded his/her regular, part-time tour), are earnings for last 52 weeks shown? ☐ Yes ☐ No, explain in item 6.
2. Is deceased employee's health benefits status posted on SF 2806? ☐ Yes ☐ No, explain in item 6.
3. If a former spouse of the deceased employee was making direct health benefit premium payments to your payroll office, has the SF 2806 been properly annotated? ☐ Not applicable ☐ Yes ☐ No, explain in item 6.
4. Has the SF 2806 been properly annotated concerning deposit for post-1956 military service? ☐ Yes ☐ No, explain in item 6.

5. Disposition of SF 2806	SF 2807 number	Date of SF 2807	Forwarded to:
☐ SF 2806 and SF 2807 are attached ☐ SF 2806 was mailed →			

6. Remarks

Certification by Payroll Officer (or Designee)

I certify that the above accurately reflects official records maintained by this office.

7. Signature	8. Date *(mm/dd/yyyy)*	9. Address
10. Official title	11. Telephone number	
12. Person to contact for further information *(print or type)*		