

ATTACHMENT 5

CSRS DEATH-IN-SERVICE QUICK PAY

1. Employee's Full Name: _____
2. Other Names Used: _____
3. Date of Death: ____/____/____
4. Health Benefit Code at Death: _____
5. Social Security Number: ____-____-____
6. Date of Birth: ____/____/____
7. Retirement SCD: _____
8. Leave SCD: _____
9. Final Salary: \$ _____
10. Is There Part-Time Service After 4/7/1986? _____ Yes _____ No
11. Active Military Service: _____ Years _____ Months _____ Days
12. Military Deposit Paid: ____ Yes ____ No
13. Date First Covered by CSRS: _____
14. Receiving Active Duty Military Retired Pay: ____ Yes ____ No
15. Is this a CSRS-Offset Case? ____ Yes ____ No
16. Retirement Code: _____
17. Spouse's Name: _____
18. Date of Birth: ____/____/____
19. Date of Marriage: ____/____/____
20. Spouse's Social Security Number: ____ - ____ - ____
21. Spouse's Telephone Number: Home (____) _____ Work (____) _____
22. Mailing Address of Spouse: _____

23. Children of the Deceased: Minor: ____ Yes ____ No How Many _____
Student: ____ Yes ____ No How Many _____
Disabled: ____ Yes ____ No How Many _____
24. Was Death Due to Work-Related Illness or Injury? ____ Yes ____ No
25. Agency Name: _____
26. Agency Mailing Address: _____
27. Name of Agency Contact: _____
28. Commercial Telephone Number of Contact: (____) _____
29. Fax: (____) _____
30. Email Address: _____
31. Name of Payroll Office Contact: _____
32. Commercial Telephone Number of Contact: (____) _____
33. Fax: (____) _____
34. Signature of Certifying Official: _____
35. Printed name of Certifying Official: _____

**SUBMIT COMPLETED FORM TO OPM AS SOON AS POSSIBLE -
FAX to: (724) 794-1112 or (724) 794-1220**

FERS DEATH-IN-SERVICE QUICK PAY

- 1. Employee's Full Name: _____
- 2. Health Benefit Code at the time of death: _____
- 3. Date of Death: ____/____/____ 4. Social Security Number: ____-____-____
- 5. Date of Birth: ____/____/____ 6. Total Creditable Civilian Service ____ Years ____ Months
- 7. Total Pre-57 and PAID Post 56 Military Service: ____ Years ____ Months
- 8. Is intermittent service involved? ____ Yes ____ No 9. Full Time Final Salary: \$ _____
- 10. Full Time Average High 3 Salary: \$ _____
- 11. Was there ANY part-time service? ____ Yes ____ No
- 12. Retirement Code: _____ 13. Was Death Due to Work-Related Illness or Injury? ____ Yes ____ No
- 14. Spouse's Name: _____
- 15. Date of Birth: ____/____/____ 16. Date of Marriage: ____/____/____
- 17. Spouse's Social Security Number: _____ - _____ - _____
- 18. Spouse's Telephone Number: Home (____) _____ Work (____) _____
- 19. Are there any dependent children of deceased? ____ Yes ____ No
- 20. Mailing Address of Spouse: _____

- 21. Agency Name: _____
- 22. Agency Mailing Address: _____

- 23. Name of Agency Contact: _____
- 24. Commercial Telephone Number of Contact: (____) _____ 25. Fax :(____) _____
- 26. E-Mail Address: _____
- 27. Name of Payroll Office Contact: _____
- 28. Commercial Telephone Number of Contact: (____) _____ 29. Fax:(____) _____
- 30. Signature of Certifying Official: _____
- 31. Printed name of Certifying Official: _____

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FAX to (724) 794-1112 or (724) 794-1220**