Benefits Administration Letter

Number: 19-105
Date: July 16, 2019

Subject: Information to Agencies to Improve Survivor Claim Processing upon the Death of a Federal Employee

The Office of Personnel Management (OPM) has experienced a high percentage of survivor claims that require additional development to make the packages received complete and accurate. The need for additional development causes processing delays prior to authorizing a survivor annuity payment or lump sum death benefit payment upon the death of a Federal employee. As a result, we are requesting your help to reduce the processing times for death-in-service cases: our goal being to complete the processing within 30 days of receipt of the complete death package from the agency.

Accurate and complete death packages are essential for OPM to adjudicate benefits to survivors in a timely manner. To achieve this goal, we have prepared this Benefits Administration Letter (BAL) which supplements the information provided in BAL 00-105, dated May 10, 2000, titled “New Procedures to Expedite Payments to Spouses of Federal Employees Who Have Died”.

OPM, in partnership with the Department of Navy (DoN), has developed procedures and checklists to ensure that all necessary documentation in the death package is included and complete before forwarding to the appropriate office for processing. By appropriate office, we mean:
- OPM
- The Office of Federal Employees’ Group Life Insurance (OFEGLI), and
- The Federal Retirement Thrift Board.

We have found DoN’s procedures very helpful and would like to share this information with all agencies via this BAL. DoN’s internal forms and checklists have been generalized for your use. We are aware there will be variations based on your specific agency’s requirements and are not requiring agencies to use these exact procedures and checklists. However, we believe these guidelines may be used by agencies to better assist deceased employees’ survivor(s) during a difficult time, as well as provide OPM (and other entities) with the necessary information to expedite payment to the respective survivor(s).
The following documents can serve as job aids for agencies to utilize upon the death of a Federal employee:

**Attachment 1**  
Processing the Death of a Federal Employee General Instructions  
The general instructions are to be used by the agency Human Resources specialist processing the death of a Federal employee. This includes preparing documentation for OPM, OFEGLI, and Thrift Savings Plan (TSP) for processing.

**Attachment 2**  
Summary of Benefits Checklist Upon the Death of a Federal Employee  
The checklist identifies the different types of benefits potentially payable to the survivor(s). The agency Human Resources office should “check” the items appropriate for the survivor, enclose the necessary forms, and forward to the survivor(s).

**Attachment 3**  
Preliminary Information to OFEGLI Regarding the Death of a Federal Employee

**Attachment 4**  
Election Regarding Method of Payment for Unpaid Compensation

**Attachment 5**  
CSRS and FERS Death in Service Quick-Pay

**Attachment 6**  
Employee Death Case Summary

If the agency specialist or the survivor/heir needs further assistance, they should contact OPM’s Retirement Information Office at (888) 767-6738. Thank you for your continued support!

Kenneth J. Zawodny Jr.  
Associate Director  
Retirement Services

Attachment 1 (Processing the Death of a Federal Employee General Instructions)  
Attachment 2 (Summary of Benefits Checklist Upon the Death of a Federal Employee)  
Attachment 3 (Preliminary Info to OFEGLI Regarding the Death of a Federal Employee)  
Attachment 4 (Election Regarding Method of Payment for Unpaid Compensation)  
Attachment 5 (Death in Service Quick-Pay Form)  
Attachment 6 (Employee Death Case Summary)
ATTACHMENT 1

Processing the Death of a Federal Employee General Instructions

Generally, it is the current spouse or other family member of a deceased Federal employee who initially notifies the employing agency of the death. There are a number of documents the spouse and/or other survivors must complete. The agency can best assist him/her by following these procedures, and it will help expedite the death claims process, ensuring eligible survivors receive the benefits to which they are entitled.

We have provided a list of primary references at the end of this attachment which may be helpful to agency representatives when an employee dies in service. Most forms mentioned in this BAL can be found at: www.opm.gov/forms

Please note that the general term “Benefits Specialist” is used throughout this document but refers to any agency representative whose duties include processing benefits as a result of the death of a Federal employee.

Phase 1 – Initial Contact with Spouse or Other Survivor

1. Call the spouse or other survivor within one business day of receipt of notification of the employee’s death to convey sympathy on behalf of the agency, unless they have indicated that they don’t want to be called.
   a. Provide your name, email address and telephone number.
   b. Obtain information about the person who contacted the agency.
   c. Provide general survivor benefits information regarding retirement, unpaid compensation, life insurance, health benefits and Thrift Savings Plan, if applicable.

      • Explain the process and the processing timeframes; for FERS benefits, provide counsel to the spouse on the Basic Employee Death Benefit (BEDB) and the available options.

      • When possible, explain the Death Benefit Payment Election Form (page 15 of the SF3104B), which should be included with the packet of forms provided to the spouse or survivor.

   d. Establish a date and time to continue the counseling session after you receive/review the Official Personnel Folder (OPF) or electronic Official Personnel Folder (eOPF).

2. If the employee’s death is work-related, contact the Human Resources and/or Workers’ Compensation point of contact, if not previously notified.
3. Request the deceased employee’s OPF. If the OPF is not received within 4 business days of request, follow-up on status of request and elevate for follow-up. Upon receipt:

a. Review retirement, health insurance, life insurance, Thrift Savings Plan, unpaid compensation benefits and, if applicable, workers compensation.

b. Process as indicated below.

c. Review to see if there are any benefit elections and/or designations of beneficiary that have not been filed in the OPF. Make sure all designations are sent to OPM from the OPF – include all CSRS and FERS designations.

d. Review to see if the deceased employee was a re-employed annuitant.

Phase 2 – Review OPF

1. Federal Employees’ Group Life Insurance (FEGLI)

a. If the employee was enrolled in FEGLI, review the OPF and validate that the current FEGLI coverage is correct.

b. Prepare SF2821, Agency Certification of Insurance Status. Be sure that all information is accurately shown on the form, including the correct options, effective dates and the agency certification information with agency representative’s phone number. If you indicate that there is a designation(s) on file, be sure the originals are attached.

   - Send Parts 1 and 2 to OFEGLI with life insurance papers & original designation of beneficiary forms, if any.
   - File Part 3 of the SF2821 in the OPF.

c. Prepare SF2819, Notice of Conversion Privilege, if the employee was enrolled in Option C-Family Benefits.

   - Send Part 1 to the survivor with a condolence letter (See Phase 3, Step 1).
   - File Part 2 in the OPF.

d. Remove all original SF2823 or SF54, Designation of Beneficiary, RI 76-10, Assignment of FEGLI, and court-order forms from the OPF; be sure to open any sealed envelopes that might contain beneficiary forms (Keep copies of the original forms in the OPF).

e. Remove and make a copy of all SF2817s and SF176, Life Insurance Election: Federal Employees’ Group Life Insurance Program, from the OPF (keep originals in OPF, if
your agency utilizes OPF’s instead of the eOPF, otherwise a printout of the eOPF document with watermark is sufficient).

g. Assemble the following documents:

(1) Preliminary Information to OFEGLI Regarding the Death of an Employee
(2) Original Agency Certification of Insurance Status (SF2821)
(3) Original Designation of Beneficiary Form(s) (SF2823/SF 54) (if any, from OPF)
(4) Assignment of FEGLI (RI 76-10) (if applicable, from OPF)
(5) Life Insurance Election (SF2817/SF176 (from OPF))
(6) All court-order(s) on file, if any
(7) Death certificate, if available

h. Forward the documents (via expedited service such as Express Mail or FedEx) to:

Office of Federal Employees' Group Life Insurance
PO Box 6080
Scranton PA 18505-6080

Overnight deliveries:
Office of Federal Employee’s Group Life Insurance
10 E.D. Preate Drive
Moosic, PA 18507

2. Retirement System

a. Verify the current retirement coverage.

Note: If an error is discovered and lasted more than three years after 12/31/1986, apply Federal Erroneous Retirement Coverage Correction Act (FERCCA) rules in counseling the survivor.

b. Verify the Service Computation Date (SCD) for retirement.

c. Review the OPF to see if there is an SF3102, FERS Designation of Beneficiary. If so, remove all original designations from the OPF. Keep a copy of the original form(s).

Note: CSRS Designation of Beneficiary (SF2808) forms are valid when received and certified by the Office of Personnel Management (OPM) prior to the employee’s death. Therefore, agencies should not maintain the SF2808 in the OPF. Agencies should immediately forward the SF2808s to OPM’s Retirement Operations Center for certifying and filing.

d. Determine if the employee had military service.
• If a survivor is entitled to a monthly benefit, verify whether the employee has made a deposit for military service performed after 1956. If the employee had completed paying the military deposit, there should be proof of the deposit. Otherwise, the spouse has the opportunity to pay or complete the payment of the military deposit.
  • If there is a DD-214 (proof of military service) or other report of separations filed in the OPF, make a copy to send to OPM.
  • If there is not a copy of the DD-214 in the OPF request a copy from the survivor.

• If the employee was CSRS or CSRS-Offset, the information and election opportunity is included in the Application for Death Benefits, section 2 of the SF2800A.

• If the employee was FERS, the information and election opportunity is included in the Application for Death Benefits, section 4 of the SF 3104 B.

• Compute benefit with and without military to see if the deposit makes a difference; use OPM Form 1514, Military Deposit Worksheet.

• If the employee retired from the military and the surviving spouse is unsure of his/her entitlement and/or the amount of survivor benefits, complete RI 25-45, Verification of Military Retired Pay Status for Survivors of Deceased Federal Employees.

• Under CSRS: if there is military involved, advise the survivor to contact the Social Security Administration to determine any impact to Social Security benefits when making a decision about whether to credit or exclude military service. Website: www.ssa.gov or toll free: 1 (800) 772-1213.

• If the survivor elects to make a military deposit, the survivor must complete an Application to Make Deposit (SF 2803 for CSRS, SF 3108 for FERS) and send it with copy of the RI 20-97, Estimated Earnings During Military Service, DD214, and military deposit estimate to the agency payroll provider. Send a copy of these forms with the package to OPM. The deposit must be made to the payroll provider in a lump sum payment; installments are not allowed.

• If a partial deposit was paid prior to the death of the employee and the survivor does not want to complete the deposit, the survivor can request in writing that OPM refund the partial payment.

• If the employee completed a military deposit prior to his/her death, the agency payroll provider should send the Individual Retirement Record (IRR) to OPM’s Retirement Operations Center. This record should be sent to OPM as soon as it is paid in full.
e. Complete Section 1 of SF 2800A or SF 3104B Certified Summary of Federal Service.

f. If there is a survivor eligible for a monthly benefit (spouse and/or child’s benefit):
   • Prepare an estimate of benefits
   • If deposits for civilian or military service are applicable, compute survivor benefits that show the effect of making or not making the deposit/redeposit
   • Send the estimate to the spouse; be sure to include information about the deposit/redeposit so that the spouse can make a decision.

g. If there are children between ages 18 and 22 who are full-time students, they may be eligible for a monthly benefit. Send an RI 25-41, *Initial Certification of Full-time School Attendance*, to the spouse/guardian with the condolence letter (See Phase 3, Step 1). If there are children under 18, they may be getting a payment from Social Security that is more than FERS would be paying out, so a child benefit would not be payable (See page 3 of Attachment 2).

h. If the employee was CSRS or FERS and there are no survivors eligible for a monthly benefit or the FERS Basic Employee Death Benefit (BEDB), there is no computation required. A lump sum payment of retirement contributions will be paid under the order of precedence.

3. Federal Employees Health Benefits (FEHB)

   a. If employee was enrolled in a self and family or self plus one FEHB enrollment and the survivor appears to be eligible to continue the FEHB enrollment:
   • Remove and make a copy of all *FEHB Registration Forms* (SF2809), *FEHB Notice of Change in Enrollment* (SF2810), and any medical certificates or documentation from the OPF. (keep originals in OPF, if your agency utilizes OPF’s instead of the eOPF, otherwise a printout of the eOPF document with watermark is sufficient).
   • Send all copies to OPM. Remember: Children between the ages of 22 – 26 are eligible for coverage as a dependent if someone else is eligible for FEHB coverage.
   • If employee was enrolled in a self-only FEHB enrollment terminate the FEHB by completing an SF 2810. In the remarks section of the SF 2810, put the remark “Enrollee died (date).” The effective date of the termination is the last day of the pay period in which the employee died.
   • Mail Copy 1 of the SF2810 to the nearest living relative or the representative of the estate with the condolence letter.
   • Mail Copy 2 to Insurance Carrier.
• Mail Copy 3 to OPM, as this will eliminate OPM processing the same action to terminate the FEHB.

• File Copy 4 in the OPF.

For FERS benefits when there is only a minor child or children eligible for health benefits, it would be helpful for the child’s parent or guardian to complete the Applicant Instructions on page 6, Section 3, in the Health Benefits Election part of the SF3104B, so that health insurance benefits can begin immediately.

• If the employee was not enrolled in FEHB at the time of death, leave all FEHB forms in the OPF.

4. Thrift Savings Plan (TSP)

a. If the employee was enrolled in TSP, review the OPF and validate that the current TSP election is correct.

b. All TSP Designation of Beneficiary (TSP-3) forms should have been removed from the OPF and sent to the National Finance Center (NFC) in 1995. Refer to the TSP-3 Designation of Beneficiary form, where it states that the originals should now be mailed to:

   Thrift Savings Plan
   PO Box 385021
   Birmingham, AL 35238

   or fax to:

   1-866-817-5023

   The TSP reminds agency representatives that it will NOT honor a TSP-3 received after the participant’s date of death, even if it was transmitted from the agency.

c. Provide the spouse or other survivor Form TSP-17, Information Relating to Deceased Participant: https://www.tsp.gov/PDF/formspubs/tsp-17.pdf.
The completed form and a copy of the certified death certificate should be sent to:

TSP Death Benefits Processing Unit
P.O. Box 4450
Fairfax, VA 22038-9998

Overnight Deliveries
Attn: TSP Death Benefits Processing Unit
1210 Fairfax Town Center
Unit 906
Fairfax, VA 22033

Fax the completed form & death certificate to: (703) 592-0170.

d. For additional information and forms concerning TSP, go to www.tsp.gov or call toll-free: 1-877-968-3778.

5. Unpaid Compensation

a. Remove all original Designation of Beneficiary for Unpaid Compensation (SF1152) forms or print out the eOPF form with the watermark. The SF1152 generally is filed on the left-hand side of OPF, but review both sides in case of misfiling. Open any sealed envelopes to check for beneficiary forms.

b. Any uncashed government checks payable to the deceased must be voided and returned to the US Department of Treasury.

Make sure the TSP and Unpaid Compensation forms are not sent to OPM

6. Other Steps:

- Prepare Section 3 of the SF2800A or Section 6 of the SF3104B, Agency Information and Certification.

- Establish a working folder for copies of documents that you have prepared or that are not otherwise filed in the OPF.

- Complete the Employee Death Case Summary (Attachment 6 of this BAL) and file in the working folder.
Phase 3 – Send Condolence Letter To Survivor

1. Complete and send the *Summary of Benefits Checklist* (Attachment 2 of this BAL) with a condolence letter, applicable claim forms and annuity estimate. Send one complete packet for each survivor who is or may be eligible to file for benefits.

2. Keep in touch with the survivor(s), answering any questions that he/she may have.

Phase 4 – Complete OPM Quick Pay

If there is a spouse eligible for a monthly survivor annuity, the preferred method of sending Quick Pay information to OPM is via the on-line application *Report the Death of a Federal Employee* at: [https://rsreporting.opm.gov/EmployeeDeath](https://rsreporting.opm.gov/EmployeeDeath). You may also complete and fax the *CSRS or FERS Death In Service Quick Pay* form (Attachment 5 of this BAL) to OPM at: (724) 794-1112 or (724) 794-1220.

**Note:** Quick Pay is to be used by agencies to notify OPM of a death when there is a surviving spouse that is eligible for survivor benefits. It is NOT to be used solely for a notification of death. The Quick Pay forms have been revised effective May 2014. Previous editions and/or altered editions are not acceptable and will be returned.

Phase 5 – Prepare SF50

Create and process the SF50, *Notification of Personnel Action* and send to Payroll Office.

Phase 6 – Follow-up with Survivor(s) If Necessary

If no response is received from the survivor(s) within 10 calendar days of mailing the applicable forms, contact the survivor(s) to determine if forms were received and answer any questions.

Phase 7 – Mail Retirement Documents to OPM via Payroll Office

a. After preparing the required documents, promptly forward the following to OPM via your Payroll Office, keeping copies for the case file. Payroll will perform its required actions and submit the package to OPM.

   a. Preliminary Information to OPM Regarding the Death of An Employee.

   b. SF50, Notification of Personnel Action.

   c. SF 2800, Application for Death Benefits Civil Service Retirement System and all applicable documentation (Death Certificate, applicable Marriage Certificate or common law documentation; applicable Court Order(s); applicable Birth Certificate(s)).
d. SF 3104, Application for Death Benefits Federal Employees Retirement System and all applicable documentation (Death Certificate, applicable Marriage Certificate or common law documentation; applicable Court Order(s); applicable Birth Certificate(s)).

e. SF2800A/SF3104B, Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death and all applicable documentation.

f. All original, or printed electronic OPF form with watermark, SF3102, FERS Designation of Beneficiary form(s).

g. All copies, or the printed eOPF form with watermark, FEHB SF2809’s and SF2810’s from the OPF/eOPF.

**Phase 8 – Mail Claim For Unpaid Compensation To Payroll Office**

Upon receipt of the completed SF1153 from survivor(s), review the form, including:

1. Ensuring that the applicant(s) completes the appropriate parts on the form. Instructions are very clear as to who completes which parts.

2. Ensuring the claimant(s) and two witnesses signed and dated Part G.

3. Forward the following documents (and any other applicable documents not listed) to Payroll within 1 business day using expedited service. (Keep copies for the case file.)

   a. Information to Payroll Regarding The Death of An Employee

   b. SF1153, Claim For Unpaid Compensation

   c. For payroll offices with the capability to direct deposit a one-time check, Election Regarding Method of Payment for Unpaid Compensation (Attachment 4)

   d. Death certificate

   e. SF1152, Designation of Beneficiary For Unpaid Compensation (from the OPF, or printed form from eOPF with watermark) or Statement Regarding Designation of Beneficiary For Unpaid Compensation
Phase 9 – Close Case

1. Ensure all action items are updated and closed.

2. Shred the working folder 6 months from the date of the last activity.
PRIMARY REFERENCES

Refer to the following references regarding processing benefits upon the death of a Federal employee. Benefits Administration Letters (BALs) can be found at: www.opm.gov/retire/pubs/bals/index.asp

For information on the Federal Erroneous Retirement Coverage Corrections Act (FERCCA), go to: www.opm.gov/retire/pre/fercca/index.asp


4. BAL 98-205, dated 9/17/1998, FEGLI Court Orders

5. BAL 99-110, dated 12/15/1999, Court Orders Applying to FEGLI & CSRS/FERS Benefits

6. BAL 00-105, dated 5/10/2000, New Procedures to Expedite Payments to Spouses of Federal Employees who have Died

7. BAL 01-108, dated 6/19/2001, Expanded procedures to Expedite Payments to Spouses of Federal Employees who have Died


9. BAL 04-103, dated 11/9/2004, Current Versions of FERS Death Benefit Application Forms/Pamphlet


Benefits (CSRS) When Deceased was an Employee at the Time of Death, SF2800A, dated June 2006; and Applying for Death Benefits Under CSRS, SF2800-1, dated October 2006

13. BAL 09-101, dated 1/2/2009, Annual Changes

ATTACHMENT 2

Summary of Benefits Checklist Upon the Death of a Federal Employee

The benefits based on the death of a Federal employee applicable to your claim are checked below. Only the items checked below apply to you. In most cases, you have the option of filling out the forms on-line at: www.opm.gov/forms

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI)

❑ Attached is an FE-6, Claim for Death Benefits that must be completed to file for life insurance benefits (You may fill out the form on-line). Each claimant must submit a separate form. Mail the completed claim form together with a certified copy of the death certificate and any other required documents listed under “Additional Information” to:

Office of Federal Employees’ Group Life Insurance
PO Box 6080
Scranton PA  18505-6080

If the amount payable to you is $5,000 or more, the Metropolitan Life Insurance Company, administrator of the FEGLI program, will open a Money Market Option Account in your name. You will receive a checkbook giving you complete control of and immediate access to all of your funds. You may write checks for all or part of the money (minimum amount is $250.00) in your account beginning the first day you receive your checkbook.

Life insurance cannot be paid directly to a minor. In most states, adulthood is attained at 18 years of age. When a minor is entitled to payment of benefits, the Office of Federal Employees' Group Life Insurance (OFEGLI) will: pay the court-appointed guardian of the minor child's estate; pay the parent(s) of the minor child, if the proceeds are $10,000 or under; or hold the proceeds on deposit until the minor child reaches adulthood.

If there is no guardian and there are no plans to appoint one, and the proceeds are greater than $10,000, OFEGLI will hold the funds in the minor’s name in an interest-bearing account until the minor reaches age 18. For additional information for payment to a minor child(ren):

If you mailed your claim form(s) no sooner than 30 days ago and have questions about the status, you may call OFEGLI at 1-800-633-4542.

❑ Attached is an SF2819, Notice of Conversion Privilege, because the employee was enrolled in Option C-Family. You have the opportunity to convert Option C-Family coverage.

❑ There are no life insurance benefits payable under FEGLI because the deceased Federal employee did not participate in the program.
You do not appear to be eligible for FEGLI benefits or you are not the designated beneficiary; however, you may still file a claim. Contact the Benefits Specialist for a claim form or you may complete the form FE-6 on-line. OFEGLI will determine your eligibility for benefits.

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**BENEFITS FROM THE RETIREMENT SYSTEM**

**Survivor and Lump Sum Death Benefits**

**Civil Service Retirement System (CSRS)**

- You appear to be eligible for a monthly survivor annuity payable by the U.S. Office of Personnel Management (OPM).

- You do not appear to be eligible for a monthly survivor benefit, but appear to be eligible for a lump sum payment of the Federal employee’s retirement contributions.

- You do not appear eligible for any benefits payable by the U.S. OPM. However, if you believe benefits are payable to you, you must apply to OPM which will provide you with a formal decision.

- Enclosed is a SF 2800, *Application for Death Benefits (CSRS)* (Most recent edition November 2011).

**Federal Employees Retirement System (FERS)**

- You appear to be eligible for spousal FERS lump sum death benefits Basic Employee Death Benefit (BEDB) in the amount of ____________.

- You appear to be eligible for a monthly survivor annuity payable by the U.S. Office of Personnel Management (OPM).

- You do not appear to be eligible for a monthly survivor benefit, but appear to be eligible for a lump sum payment of retirement contributions.

- You do not appear to be eligible for a monthly survivor benefit and you are not the designated beneficiary for lump sum benefits.

- You do not appear eligible for any benefits payable by the U.S. OPM. However, if you believe benefits are payable to you, you must apply to OPM and OPM will provide you with a formal decision.

- Enclosed is a SF 3104, *Application for Death Benefits (FERS)* (Most recent edition May 2013).
**Computation of Survivor Annuity**

- **Estimate of Monthly Annuity.** Enclosed is an estimate of your monthly survivor annuity (without deductions for taxes). This is just an estimate since only the Office of Personnel Management (OPM) can authorize benefits. Contact the Benefits Specialist (listed on Page 8 of this Checklist) if you need an explanation of the survivor benefits payable to you.

- **Deposit For Military Service.** The deceased Federal employee performed active duty military service on or after January 1, 1957. There is no indication that the Federal employee had made a deposit for this service. Therefore, you will have to make a written election concerning whether to include this service in the computation of your benefits. To include the military service in the computation of your survivor annuity, you will have to make a lump sum deposit.

The deposit amount is determined using base pay earned during the period of active duty service. The Benefits Specialist will provide you an estimate of the deposit required and an election form when the earnings have been received from the Military Finance Center.

- Based on the earnings received from the Military Finance Center, we have computed the survivor benefits with and without military service. We have included the computations for you to make an informed decision as to making the deposit.

- Survivor’s Military Service Election Form (SF 3104B) needs to be completed concerning military retired pay and whether or not you may want to pay the military deposit.

**Monthly Benefits For Children**

- It appears that children’s survivor benefits may be payable. The amount of the children’s survivor benefit is the lesser of __________ per child or __________ divided by the number of eligible children, if over 3 children. (This amount depends on the number of children and whether the child has a living parent who was married to the employee).

- Since the deceased was covered under FERS, you must apply for benefits from the Social Security Administration (SSA) for minor or disabled children as soon as possible. The amount of the children’s benefit is offset by the total amount payable to children by Social Security. You should submit a copy of SSA’s notice of award or denial with your application for death benefits, if available. If the notice of award or denial is not submitted, OPM will obtain the information from SSA, however, this may delay the processing of your claim.

- Enclosed is an RI 25-41, *Initial Certification of Full-time School Attendance*, which should be completed and included with the Application for Death Benefits for children between the ages of 18 and 22 who are full-time students. A sheet is needed per semester; please do not combine spring with fall semesters.
For general information about the Thrift Savings Plan (TSP), go to: www.tsp.gov.

- You appear to be eligible for TSP benefits; the Federal Retirement Thrift Investment Board administers TSP benefits.

If you are a spouse, your withdrawal options are to either receive a single, lump sum payment or roll the entire account balance into an Individual Retirement Account (IRA). Payments made to non-spouse beneficiaries cannot be transferred to an IRA or other eligible retirement plan. The TSP Office will provide you with information about death benefit payments.

Attached is “Important Tax Information About Thrift Savings Plan Death Benefit Payments and a TSP-17, Application for Account Balance of Deceased Participant. Complete the TSP-17 and mail it with a certified copy of the death certificate and any required documents listed below under “Additional Information” to:

TSP Death Benefits Processing Unit
PO Box 4450
Fairfax, VA 22038-9998

Once you have submitted your application, you may contact the Thrift Board toll free at: 1-877-968-3778 from 7:00 a.m. to 9:00 p.m. (Eastern Time) Monday through Friday, except Federal holidays, to request the status of your claim. Please allow sufficient time for the Thrift Board to process your application.

- You do not appear eligible for TSP benefits; however, you may file a claim. Please contact your Benefits Specialist (listed on Page 8 of this Checklist) for a claim form or you may download the TSP-17. The TSP Office will determine your eligibility for TSP benefits.

### UNPAID COMPENSATION

Unpaid compensation is any additional compensation that was earned by the deceased employee, but not paid. It includes unpaid salary, a lump sum payment for annual leave, unpaid travel vouchers, amount due as a refund of salary deductions for U. S. Savings Bonds and payment for any earned compensatory time.

Only the checked items below need your attention. You have the option of filling out the forms on-line at: [www.opm.gov/forms](http://www.opm.gov/forms)

- Attached is SF 1153, Claim For Unpaid Compensation of Deceased Civilian Employee that must be completed to file for the unpaid compensation benefits. Please note that you must sign this form in the presence of two witnesses who also must sign the form; it’s not necessary to have it notarized.
Attached is the *Election Regarding Method of Payment of Unpaid Compensation*. The completed form should be attached to the SF 1153.

Since the deceased Federal employee was not working at the time of death and does not appear to have any annual leave, there may not be any unpaid compensation benefits.

You do not appear eligible for any unpaid compensation benefits; however, you may still file a claim. Please contact your Benefits Specialist (listed on Page 8 of this Checklist) for a claim form or you may complete the form on-line.

Please return the completed forms with a certified copy of the death certificate and any required documents listed below under “Additional Information” to the Agency at the address listed below.

Agency Address:

**FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)**

- You are entitled to continue health benefits coverage under the FEHB program, and the coverage will be automatically transferred to your name by OPM. Your coverage will not be interrupted during this process.

- Since at least one family member appears to be eligible to continue FEHB coverage as a survivor annuitant, premiums will be withheld from the monthly survivor annuity.

- You appear eligible to continue FEHB coverage. Since you do not appear to be eligible for a monthly survivor annuity, OPM will notify you regarding premium payment procedures.

- You do not appear to be eligible to continue FEHB coverage since you were not a covered family member under an FEHB plan at the time of the employee’s death.

- You are not eligible for FEHB because you do not meet the eligibility requirements.

- The deceased Federal employee was not enrolled in FEHB.

**ADDITIONAL INFORMATION**

Please include a certified copy of the death certificate and the applicable documentation listed below for each of the completed claim forms you are submitting. Note: The death certificate should show the manner of death. If the death is pending investigation or a homicide, OPM would need to know this prior to processing payment.
For a spouse:
- Copy of marriage certificate (does not have to be a certified copy)
- If the deceased was previously married, copy of the complete court order of divorce or annulment

For a former spouse:
- If not previously submitted to OPM, a complete certified copy of the divorce decree, including property settlement

For a child:
- Copy of child’s birth certificate (does not have to be a certified copy but should show the names of both parents)
- Medical documentation for disabled child(ren)
- Adoption papers for adopted child(ren)
- Guardianship papers for child(ren) if there is a court appointed guardian
- Award Letter from the Social Security Administration for FERS

If you are the parents of the deceased employee:
- Copy of deceased employee’s birth certificate (does not have to be a certified copy)

If you are the executor of the estate:
- Court appointment documents for executor/administrator of estate

QUESTIONS

If you have any questions, please contact the Benefits Specialist listed below.

Benefits Specialist:

Agency:

Hours of Work (Eastern Time):

Telephone Number, including extension:

Email Address:

Note: Additional information can be found on the U.S. Office of Personnel Management website: www.opm.gov. Most claim forms can be downloaded from this site.
## 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 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:

<table>
<thead>
<tr>
<th>Benefits Specialist:</th>
<th>Date:</th>
</tr>
</thead>
</table>
ATTACHMENT 4

ELECTION REGARDING METHOD OF PAYMENT FOR UNPAID COMPENSATION

>>>Provide this form if the Payroll Office has the capability to offer Direct Deposit<<<

(To be completed by each person making a claim and attached to SF 1153)

Name of Claimant:
________________________________________________________________

Name of Deceased ____________________________  SSN of Deceased
__________________________________________

Attached is an SF 1153, Claim for Compensation of a Deceased Civilian Employee. I would like these benefits paid to me as indicated below (select only one option).

☐ I would like my unpaid compensation benefits, including any payment for lump sum annual leave, sent by direct deposit to the following financial institution. I understand that if the deceased employee is still listed as an owner of the account, the check may be returned to the agency which will delay my receipt of benefits.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Routing Number</td>
<td></td>
</tr>
</tbody>
</table>

(should be 9 digits)

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>☐ Checking  ☐ Savings</th>
</tr>
</thead>
</table>

| Account Number |   |

☐ I would like my unpaid compensation benefits, including any payment for lump sum annual leave, paid by check. Please mail the check to me at the following address:

<table>
<thead>
<tr>
<th>Street Address/ Post Office Box</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

_________________________  ____________________________
Signature of Claimant Date  Telephone Number w/Area Code
ATTACHMENT 5

CSRS DEATH-IN-SERVICE QUICK PAY

1. Deceased employee’s full name (last, first, middle initial):
   ______________________________________________

2. List all other names used by the deceased:
   ______________________________________________

3. Date of Death: _____/_____/_____
4. Health Benefit Code at Death: _______

5. Social Security Number: _____ - _____ - _____
6. Date of Birth: _____/_____/_____

7. Retirement SCD: _____/_____/_____
8. Final Salary: $ _______

9. Was any part-time service performed after 4/7/1986? _____ Yes _____ No
10. Is intermittent service involved? _____ Yes _____ No
11. Is this a CSRS-Offset case? _____ Yes _____ No
12. Was the employee divorced after May 7, 1985? _____ Yes _____ No

13. Current Spouse’s Name at time of death:
   ______________________________________________

14. Spouse’s Date of Birth: _____ /____ /_____
15. Date of Marriage: _____ /____ /_____

16. Spouse’s Social Security Number: _____ - _____ - _____

17. Spouse’s Telephone Number: Home (  ) ________________ Work (  )
   ______________________________________________

18. Spouse’s Mailing Address:
   ______________________________________________

19. Are there children of the deceased that are? Minor: _____ Yes _____ No
   Student: _____ Yes _____ No
   Disabled: _____ Yes _____ No

20. Are there children under age 26 that should be covered on health insurance? _____ Yes _____ No
21. Has a claim for OWCP benefits been filed or will be filed based on the death? _____ Yes _____ No
22. Was the death due to a work-related illness or injury? _____ Yes _____ No
23. Was the death ruled a homicide? _____ Yes _____ No

24. Agency Name: ______________________________________________

25. Agency Mailing Address: ______________________________________________

26. Name of Agency Contact: ______________________________________________

27. Commercial Telephone Number of Contact: (  ) ________________

28. Fax: (  ) ________________
29. Agency Contact’s Email Address: ________________________________________________
30. Name of Payroll Office Contact: ________________________________________________
31. Commercial Telephone Number of Contact: (      ) _________________
32. Fax: (      ) _________________
33. Printed Name of Certifying Official: ________________________________________________
34. Signature of Certifying Official: ________________________________________________

SUBMIT COMPLETED FORM TO OPM BY FAX AT (724) 794-1220 OR ONLINE AT OPM’S WEB PAGE

OPM Quick Pay Form
Revised May 2014
Previous editions are not usable.
Modifications to this form are not acceptable.
FERS DEATH-IN-SERVICE QUICK PAY

1. Deceased employee’s full name (last, first, middle initial):
   ________________________________________________

2. List all other names used by the deceased:
   ________________________________________________


5. Social Security Number: _____ - _____ - _____  6. Date of Birth: _____/_____/_____  

7. Total Creditable Civilian Service _____ Years _____ Months


10. Was there any part-time service performed?  ____ Yes  ____ No

11. Is intermittent service involved?  ____ Yes  ____ No

12. Was the employee divorced at any time during their employment?  ____ Yes  ____ No

13. Current Spouse’s Name at time of death:
   ________________________________________________

14. Spouse’s Date of Birth: _____/_____/_____  15. Date of Marriage: _____/_____/_____  

16. Spouse’s Social Security Number: _____ - _____ - _____

17. Spouse’s Telephone Number: Home ( ) _________________ Work ( )  
   ____________________________________________

18. Spouse’s Mailing Address: ________________________________________________

19. Are there children of the deceased that are?  
   Minor:  ____ Yes  ____ No
   Student:  ____ Yes  ____ No
   Disabled:  ____ Yes  ____ No

20. Are there children under age 26 that should be covered on health insurance?  ____ Yes  ____ No

21. Has a claim for OWCP benefits been filed or will be filed based on the death?  ____ Yes  ____ No

22. Was the death due to a work-related illness or injury?  ____ Yes  ____ No

23. Was the death ruled a homicide?  ____ Yes  ____ No

24. Agency Name: ________________________________________________

25. Agency Mailing Address: ________________________________________________

26. Name of Agency Contact: ________________________________________________

27. Commercial Telephone Number of Contact: ( ) _________________  28. Fax: ( )  
   ________________________________________________

29. Agency Contact’s Email Address: ________________________________________________
30. Name of Payroll Office Contact: ________________________________________________
31. Commercial Telephone Number of Contact: ( ) _________________ 32. Fax: ( ) _________________
33. Printed Name of Certifying Official: ________________________________________________
34. Signature of Certifying Official: ________________________________________________

SUBMIT COMPLETED FORM TO OPM BY FAX AT (724) 794-1220 OR ONLINE AT OPM’S WEB PAGE.

OPM Quick Pay Form
Revised May 2014
Previous editions are not usable.
Modifications to this form are not acceptable.
# Employee Death Case Summary

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Date notified of death</td>
<td></td>
</tr>
<tr>
<td>2 Date specialist contacted survivor</td>
<td></td>
</tr>
<tr>
<td>3 Date OPF requested</td>
<td></td>
</tr>
<tr>
<td>4 Date OPF received</td>
<td></td>
</tr>
<tr>
<td>5 Date reviewed for possible benefit elections and beneficiary forms not filed in the OPF</td>
<td></td>
</tr>
<tr>
<td>6 Date Quick Pay completed (if survivor annuity):</td>
<td><a href="https://www.servicesonline.opm.gov/RSR/EmployeeDeath">https://www.servicesonline.opm.gov/RSR/EmployeeDeath</a></td>
</tr>
<tr>
<td>7 Date forms sent to OFEGLI</td>
<td></td>
</tr>
</tbody>
</table>

## Action Item Details

- **Date package sent to spouse/beneficiary/next of kin**
  - Condolence letter
  - Summary of Benefits
  - Survivor annuity estimate, if spouse
  - FE-6, Claim for Death Benefits, if enrolled in FEGLI
  - SF 1153, Claim for Unpaid Compensation
    - Election Regarding Method of Payment for Unpaid Compensation, if applicable
  - SF 2800, CSRS Application for Death Benefits
    - SF 2800-1 Applying for Death Benefits Under the CSRS
    - SF 2800A, Section 2 - Survivor’s Military Service Election
  - SF 3104, FERS Application of Death Benefits
    - SF 3114, Applying for Death Benefits Under the FERS
    - SF 3104B, Section 2 - Basic Employee Death Benefit
    - SF 3104B, Section 3 - Health Benefits Election
    - SF 3104B, Section 4 - Survivor’s Military Service Election
    - SF 3104B, Section 5 - Death Benefit Payment Rollover Election Form
  - Military Deposit Information, if military service
    - Date RI 20-97 sent to Payroll for post-56 earnings, if required
    - Date RI 25-45 sent to Payroll, if retired military
  - RI 25-41, Initial Certification of Full-time School Attendance, if children between 18-22
  - TSP-17, Information Relating to Deceased Participant, if TSP benefits
  - TSP-583, Important Tax Information About Thrift Savings Plan Death Benefit Payments

| Date forms sent to OFEGLI | |

- SF 2817s (SF 76 and SF 76T), Election of Life Insurance
- SF 2821, Agency Certification of Insurance Status
- SF 2823, Designations of Beneficiary
- Death Certificate
<table>
<thead>
<tr>
<th>Action Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Date forms sent to OPM via Payroll</td>
</tr>
<tr>
<td></td>
<td>❑ SF 50, Notification of Personnel Action</td>
</tr>
<tr>
<td></td>
<td>❑ SF 2800A, Section 1 or SF 3104B Section 1, Certified Summary of Federal Service</td>
</tr>
<tr>
<td></td>
<td>❑ SF 2800A, Section 3 or SF 3104B Section 6, Agency Information and Certification</td>
</tr>
<tr>
<td></td>
<td>❑ SF 3102, Designation of Beneficiary (if FERS)</td>
</tr>
<tr>
<td></td>
<td>❑ All SF 2809s and SF 2810s (if enrolled in FEHB)</td>
</tr>
<tr>
<td></td>
<td>❑ SF 2800 Application for Death Benefits (CSRS)</td>
</tr>
<tr>
<td></td>
<td>❑ SF 3104 Application for Death Benefits (FERS)</td>
</tr>
<tr>
<td></td>
<td>❑ Death Certificate</td>
</tr>
<tr>
<td></td>
<td>❑ Marriage Certificate(s), if applicable</td>
</tr>
<tr>
<td></td>
<td>❑ Birth Certificate(s), of all children, if applicable</td>
</tr>
<tr>
<td></td>
<td>❑ Divorce Decree(s), if applicable</td>
</tr>
<tr>
<td></td>
<td>❑ Social Security Award Letter(s) for children (FERS)</td>
</tr>
<tr>
<td>10</td>
<td>Date SF 1153 and if applicable, Election Regarding Payment for Unpaid Compensation Received from Survivor</td>
</tr>
<tr>
<td>11</td>
<td>Date forms sent to Payroll</td>
</tr>
<tr>
<td></td>
<td>❑ SF 1153, Claim for Unpaid Compensation</td>
</tr>
<tr>
<td></td>
<td>❑ Election Regarding the Payment of Unpaid Compensation (if applicable)</td>
</tr>
<tr>
<td></td>
<td>❑ SF 1152, Designation of Beneficiary or Statement Regarding Beneficiary</td>
</tr>
<tr>
<td></td>
<td>❑ Death Certificate</td>
</tr>
</tbody>
</table>

Comments:

Benefits Specialist:

Date: