



**DEATH IN SERVICE**  
*A Guide for Human Resources Specialists*



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## INTRODUCTION

This guide was developed to be used as a checklist reference for the Human Resources (HR) representative or the designated agency representative whose duties include processing benefits as a result of the death of a Federal employee.

Website references, checklists, and job aids are provided as a resource for use in developing a case file for final adjudication by the Office of Personnel Management (OPM), and other applicable benefit offices.

Please note that the general term of HR Representative is used throughout this guide but, refers to the HR or agency representatives designated to assist with agency employee death in service cases.

**Section 1** provides an overview of general information for planning and constructing a case file.

**Section 2** provides detailed information pertaining to each benefit type and the associated election opportunities available to the survivor, and family members of the deceased employee.

**Section 3** provides general information for additional resources such as; Social Security benefits, Veterans benefits, Death resulting from a work related injury and important tax information from the Internal Revenue Service Publication #721.

**Section 4** provides job aids to include; preliminary notification of death and expedite processing forms for life insurance payments from the Office of Federal Employee Group Life Insurance (OFEGLI) and survivor annuity payments from the Office of Personnel Management, sample condolence letters and Order of Precedence list.

Employees should be reminded to periodically review and update their beneficiary forms to ensure their beneficiaries are listed as they intended. Countless survivors have experienced hardships due to beneficiary forms that were not changed upon marriage, divorce, birth of a child, or other events.

It is recommended that existing OPM pamphlets, brochures, and locally developed educational information pertaining to survivor benefits be distributed to the work force. Benefits seminars, newsletters, and bulletins are also excellent means of publicizing important information to employees, and family members.

If further assistance is required when processing death claims, or counseling surviving family members, contact a member of the Benefits & Entitlements Branch at (703) 696-6301 select option #1 or DSN 426-6301.

## **SECTION 1**

### **PLANNING FOR SURVIVOR COUNSELING AND CONSTRUCTION OF THE CASE FILE**

#### **General Information**

Normally, the current spouse or a family member of the deceased Federal employee will contact the employing agency to notify them of the employee's death. The HR representative will be required to obtain information, and commence with the construction of a death case file. The HR representative should obtain general information from the individual calling. Review the employee's Official Personnel File (OPF) or Electronic Official Personnel File (eOPF), construct a case file, process required documentation, counsel and assist the survivor or family members with completing forms as necessary, and close out the case by forwarding information to the Office of Personnel Management within 30 days of the notification of death.

#### **Initial Procedures Checklist**

\_\_\_ Obtain the name, phone number, relationship to the deceased employee from the individual calling, and funeral arrangements if available.

\_\_\_ Provide the agency point of contact information to include; name, phone number, email address, condolence on behalf of the agency, a general overview of the services that they will provide to assist with the death benefit application process. Schedule a date for counseling to include either pre-mailing forms and request eight death certificates.

\_\_\_ Obtain the deceased employee's OPF or eOPF for review, and removal of important documents needed for the construction of the case file.

\_\_\_ Contact and provide preliminary notice to the payroll office with the employee's name, Social Security number, and date/time of death. This information will assist payroll with processing unpaid compensation, and the initial close out of payroll records.

\_\_\_ If the employee's death is work-related, contact the Office of Workers' Compensation (OWCP) point of contact, if not previously notified. An overview of OWCP benefit information is listed in Section 3 of this guide.

\_\_\_ Request a Standard Form (SF) 52 from the deceased employee's office, and ensure the date of death is correct.

\_\_\_ Process the SF50 for Death in Service. Do not delay the processing of the SF50 pending receipt of the SF52. Additional guidance for completing the SF50 separations due to death can be found in the Guide to Personnel Processing Chapter 31.

## **SECTION 2**

### **BENEFIT CHECKLIST**

#### **Review of the Official Personnel File Folder or Electronic Personnel File**

The HR Representative should review the OPF or eOPF; obtain information regarding benefit elections for retirement, Federal Employees Health Insurance (FEHB), Federal Employees Life Insurance (FEGLI), and the Thrift Savings Plan (TSP).

The checklists below should be used to identify benefits, and to ensure all documentation is assembled for forwarding to the appropriate entitled benefits office.

**Federal Employee's Group Life Insurance (FEGLI)** - The FEGLI death benefit is payable to survivors or designated beneficiaries unless the beneficiary or survivor wrongfully caused the death to the employee. The amount payable will be the amount for which the employee was insured on the date the death occurred.

#### **FEGLI Checklist**

##### **Review and Remove the following:**

\_\_\_ Original SF 2817 (SF 176), Federal Employee Group Life Insurance election form. Review the most recently signed, and dated form to ascertain the level of coverage the deceased employee had at the date of death.

\_\_\_ Original SF 2823(SF 54), Designation of Beneficiary or RI 76-10, Assignment of FEGLI. Review to determine appropriate beneficiary, and include in the death case file.

##### **Complete the following (if coverage existed):**

\_\_\_ SF 2821, Agency Certification of Insurance Status  
(It is not necessary to obtain a death certificate prior to processing the SF 2821)

\_\_\_ Obtain two different signatures from the HR representative for;

\_\_\_ Personnel records certification of the document

\_\_\_ Payroll records certification of the document

##### **Expedite Processing:**

\_\_\_ Complete FEGLI Preliminary Information Form - Job Aid# 1,  
Section 4 of this guide

Attach the following to the Preliminary Information Form:

\_\_\_ Part 1 and 2 of the SF 2821, Agency Certification of Insurance Status

\_\_\_ All original SF 2817, Life Insurance Election (SF 76 and SF 76T)

\_\_\_ All SF 2823, (SF 54, RI 76-10) Designation of Beneficiary

\_\_\_ Certified Death Certificate if available

\_\_\_ Mail via expedited service (FedEx, Overnight mail) to:

Office of Federal Employees' Group Life Insurance (OFEGLI)  
5950 Airport Road  
Oriskany, NY 13424-3926

\_\_\_ Part 3 of SF 2821 - place in the OPF

**Case File Documents:**

\_\_\_ Place an original copy of FE-6, Claim For Death Benefits, Federal Employees Group Life Insurance Program form in case file for survivor (one for all claimants)

\_\_\_ Complete SF 2819, Notice of Conversion Privilege, if the employee was enrolled in Option C-Family benefits and place in case file to provide to survivors

\_\_\_ Retain copies of all completed forms in the OPF

**Information About Payments**

OFEGLI will pay benefits under \$5,000 in a single check mailed directly to each beneficiary. Beneficiaries entitled to proceeds of \$5,000 or more will automatically receive a checkbook for a Money Market Option Account. Payment is made approximately 4-6 weeks after receipt of required forms and documentation.

**Information About Taxes**

OFEGLI death benefits are not taxable, however any interest earned is taxable.

**Additional Reference**

Toll-Free OFEGLI Beneficiary Assistance: 1-800-OFE-GLIA (1-800-633-4542). Overseas beneficiaries should call 212-578-2975.

<http://www.opm.gov/insure/life/reference/handbook/claims2.asp#claims%20processing>

**FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHB)**

**FEHB Checklist**

Actions to remove forms, complete additional forms, or retain forms in the OPF will depend on the enrollment status at the time of death of the employee. The following checklist is divided into sections pertaining to each type of enrollment status:

**Self And Family coverage:**

\_\_\_ Remove **all** copies of SF 2809, Health Benefit Election Form, SF 2810, FEHB Notice of Change in Enrollment, and any medical certificates filed in the OPF. Place these forms in the case file that will be forwarded to OPM.

\_\_\_ Do **not** transfer the enrollment to OPM on the SF 2810, FEHB Notice of Change in Enrollment if the survivor is eligible to continue enrollment.

**Self Only coverage at the time of death or no survivors eligible to continue enrollment:**

\_\_\_ Complete the SF 2810, FEHB Notice of Change in Enrollment to Health Insurance Carrier.

\_\_\_ Terminate the enrollment and write in the Remarks section: "Enrollee died (date)." Leave all FEHB documents in the OPF.

**Case File Documents:**

\_\_\_ Part 1 - Place a copy of the completed SF 2810 form for the nearest living relative, or the representative of the deceased employee estate. If there is a survivor who was previously covered as a family member, and it appears that person may be eligible for conversion, send the copy to him or her.

\_\_\_ Part 2 - Send to the Health Insurance Carrier.

\_\_\_ Part 3 - Send to OPM

\_\_\_ Part 4 - Maintain in the OPF

**Not Enrolled:**

\_\_\_ Leave **all** FEHB forms in the OPF. No further action is necessary.

**Additional Information and References**

For additional information regarding survivor benefits as an employee, dependent children cared for by a grandparent, children of a prior marriage, and unprocessed changes made during Open Season refer to:

<http://www.opm.gov/insure/retirees/index.asp?ProgramId=1>

**References:** The Federal Employees Health Benefits (FEHB) Handbook for Personnel and Payroll Offices (formerly FPM Supplement 890-1) hereafter referred to as the FEHB Handbook; Title 5, United States Code Chapter 89; Title 5, Code of Federal Regulation Part 890; OPM Insurance Officers Bulletin No. 261; OPM Benefits Administration Letter No. 94-409.

## **FEDERAL EMPLOYEES DENTAL AND VISION PROGRAM (FEDVIP)**

### **General Information**

Survivors who will receive a survivor annuity are eligible to enroll or continue participation in the FEDVIP programs. The survivor does not have to be previously covered under the deceased person's FEDVIP enrollment. Eligibility to enroll occurs during Open Season or within 60 days of the first survivor annuity payment. Former spouse and insurable interest individuals are not eligible to participate.

### **Case File Documents and Information:**

\_\_\_\_\_ Provide information to eligible survivors

### **Additional Information and References**

For additional information on FEDVIP benefits contact a Benefeds Representative -or access the website at [www.benefeds.com](http://www.benefeds.com). The BENEFEDS Customer Service toll-free telephone number is 1-877-888-FEDS (1-877-888-3337)

## **THRIFT SAVINGS PLAN (TSP)**

### **General Information**

If the deceased employee completed the TSP-3, Designation of Beneficiary form it should be on file at the TSP office. If no beneficiary form exists the account will be paid according to the order of precedence set forth in Title 5 U.S.C. 8424(d) and listed on Job Aid #6, Section 4 of this guide. A legal will, court decree, annulment, or legal separation will not be used to designate a beneficiary of a TSP account.

### **Case File Documents:**

Provide the following forms to the survivor or designated beneficiary(ies) and assist survivor with completion if necessary:

\_\_\_ TSP 17, Information Relating to Deceased Participant - provide to a family member, executor, or potential beneficiary, and assist with completion. Only one copy is required regardless of the number of beneficiaries. If an estate or trust is the beneficiary, the Taxpayer Identification Number (TIN) must be provided instead of a Social Security number:

\_\_\_ Attach a certified death certificate to the TSP 17

\_\_\_ Mail completed TSP 17 form and certified death certificate to:

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

or Fax to: (703) 592-0170

For overnight delivery, send to:

TSP Death Benefits Processing Unit  
12210 Fairfax Town Center, Unit 906  
Fairfax, VA 22033

\_\_\_ TSP-583, Important Tax Information About Thrift Savings Plan Death Benefit Payments

### **Information About Payment**

If a FERS employee dies while employed in Federal service, he/she is deemed to be vested in the TSP, no matter how few years of service he/she had completed. Consequently, an employee's beneficiary (or beneficiaries, continuity) will be entitled to all the funds in the employee's account.

### **Information About Taxes**

Money from the deceased employee's account paid to the beneficiary(ies) is fully taxable. Any payment made directly to the surviving spouse is subject to a mandatory 20 percent federal income tax withholding. However, there is no withholding on any portion of the payment transferred directly by the TSP to an Individual Retirement Account (IRA). This rollover option applies *only* to the surviving spouse. Payments to beneficiaries other than spouses are subject to 10 percent Federal income tax withholding, but the beneficiary may waive withholding.

ThriftLine toll free number: 1-TSP-YOU-FRST (1-877) 968-3778; TDD (1-877) 847-4385 or access the website at <https://www.tsp.gov/index.shtml>.

**References:** Thrift Savings Plan (TSP) Bulletin 98-14 TSP Death Benefits, dated April 15, 1998; Title 5, Code of Federal Regulations 1651; Title 5, United States Code (5 U.S.C.) 8424 - Death Benefits.



## UNPAID COMPENSATION

### **General Information**

Unpaid compensation is comprised of monies due to the deceased employee at the time of death. This may include; final paycheck, annual leaves, travel expenses, and reimbursements. The following checklist should be used to ensure the appropriate forms are reviewed, removed from the OPF and completed for final processing:

### **Review, Remove and Complete Forms below:**

- \_\_\_\_\_ Review and remove SF 1152, Designation of Beneficiary (Unpaid Compensation of Deceased Civilian Employee). If there is no SF 1152, the order of precedence will be followed.
- \_\_\_\_\_ Complete SF 1153, Claim for Unpaid Compensation of Deceased Civilian Employee.
- \_\_\_\_\_ Attach a copy of the certified death certificate to SF 1153.
- \_\_\_\_\_ Make copies of all forms for the case file.
- \_\_\_\_\_ Forward the SF 1152, SF 1153, and death certificate to the agency payroll office.

### **Information about Payment**

Unpaid compensation is paid directly from the payroll office, usually within 4 weeks after forms are submitted.

### **Information about Taxes**

Salary earned by the employee, but paid to survivors is considered taxable to the survivor. This includes payment for accrued annual leave. There is a mandatory 28 percent Federal income tax withholding on unpaid compensation.

**References:** Guide to Processing Personnel Actions Chapter 31; DoD 7000.14-R, Volume 8, Chapter 7

## **RETIREMENT SYSTEMS**

### **CIVIL SERVICE RETIREMENT SYSTEM (CSRS), CSRS OFFSET and FEDERAL EMPLOYEES RETIREMENT SYSTEM (FERS)**

The type of death benefit payable for a deceased employee who was covered by CSRS, CSRS Offset or FERS depends on the amount of creditable Federal service (both civilian and military) the deceased performed, and the relationship of the applicant to the deceased.

There are two primary types of survivor benefits for **CSRS or CSRS Offset** benefits, which may be, payable upon the death of a CSRS employee. They are as follows:

- Survivor benefits for a current or former spouse, and eligible children
- Lump sum benefits payments.

There are three different types of Survivor benefits that may be payable upon the death of a **FERS** employee:

- Basic Employee Death Benefit,
- Survivor (Spouse) and or children's Annuity.
- If no survivor annuity is payable, Lump Sum Benefit equal to the employees' contributions to the Civil Service Retirement and Disability Fund is paid.

In some cases, Survivor benefits may be enhanced or creditable for surviving spouse eligibility if the survivor pays a deposit for the deceased employees' previous military or civilian deposit for non-deduction or refunded service time. A Military Deposit and Nondeduction Service and Redeposit information checklist is provided at the end of this section.

The checklist below should be used to ensure completion of the appropriate forms for retirement benefits:

### **DEATH BENEFITS APPLICATION CHECKLIST**

#### **Review Documents:**

\_\_\_\_ Review and verify current retirement coverage (ensure correct coverage was applied. If an error exists check to determine if Federal Erroneous Retirement Coverage Correction Act (FERCCA) rules apply).

\_\_\_\_ Review and verify Service Computation Date.

**Remove Documents:**

\_\_\_SF 2808, CSRS Designation of Beneficiary Form (Agency Certified original form must be maintained at OPM).

\_\_\_SF 3102, FERS Designation of Beneficiary Form.

\_\_\_Maintain Copies for OPF.

**Case File Documents:**

**CSRS/CSRS Offset**

\_\_\_SF 2800, Application for Death Benefits.

\_\_\_SF 2800A, Documentation and Elections in Support of Application for Death Benefits When Deceased Was an Employee at the Time of Death.

**FERS**

\_\_\_SF 3104, Application for Death Benefits.

\_\_\_SF 3104B, Documentation Elections in Support of Application for Death Benefits.

\_\_\_Attach a copy of the Social Security Administration letter verifying entitlement or non-entitlement to benefits.

**CSRS/OFFSET and FERS**

\_\_\_Prepare an estimate of benefits if survivor is eligible for monthly annuity benefits.

\_\_\_Include in case file a RI 25-41, Initial Certification of Full-time School Attendance, to spouse or guardian if there are children between the age 18 and 22 and they are a full-time student, they may be eligible for a monthly benefits.

\_\_\_If there are no survivors eligible for a monthly a benefit or the FERS Basic Employee Death Benefit (BEDB), a lump sum payment of retirement contributions will be paid based on the order of precedence, listed on Job Aid #6, Section 4 of this guide.

\_\_\_Attach the Certified copy of the death certificate and all supporting documents to the survivor's application for death benefits.

\_\_\_Forward the complete package to the payroll office.

\_\_\_\_\_ Close out the deceased employee's payroll records and forward the SF 2806 (CSRS/CSRS Offset), SF 3100 (FERS), Individual Retirement Record along with the death case to the OPM at the following address:

Office of Personnel Management  
Retirement Operations Center  
Post Office Box 45  
Boyers, PA 16017-0045

The case file should arrive at OPM within 30 days of the death.

**References:** The CSRS and FERS Handbook for Personnel and Payroll Offices (formerly FPM 830-1)

Title 5, United States Code Chapter 83 and 84


Title 5, Code of Federal Regulations Part 831 and 843

SF-3114, Applying for Death Benefits Under the Federal Employees Retirement System.

SF 2800-1, Applying for Death Benefits Under the Civil Service Retirement System.

### **EXPEDITED SURVIVOR PROCESSING**

The HR representative may assist the survivor with the expedited processing of the claim for benefits that will result in recurring monthly annuity payments under the CSRS or FERS. Job Aids # 3 and 4 can be used for Quick Pay processing or access the online processing form at <https://apps.opm.gov/deathinservice/index.cfm>.

The HR representative should complete all of the appropriate data requested online. Once completed, the data will be submitted electronically. Required fields will be noted with an icon” ” or a message indicating "this field is required."

### **Information About Retirement System Payments**

The OPM Retirement Operations Center (ROC) will assign a claim number, review the case file, and determine entitlement to benefits. Agency HR representative may contact the ROC at (724) 794-5216, or FAX (724) 794-1263.

The address is: OPM ROC  
P.O. Box 45  
Boyers, PA 16017

OPM will authorize recurring interim checks within 6 to 8 weeks. Interim payments are usually 85 percent of the regular monthly payment. Processing time for each case varies. OPM will send an annuity statement and other information to the survivor(s) after the final claim has been processed.

A child's annuity will be included in the surviving spouse's monthly payment if he/she has care, and custody of a surviving child under the age of 18 (or 22 if incapable of self-support).

Payment will be made to a parent or court appointed guardian on behalf of the child, if applicable. Children over age 18 may request separate payment.

### **Military Deposit Requirements**

- \_\_\_ Review OPF to determine if the employee had military service.
- \_\_\_ Review OPF for any DD 214's (or other military separation forms).

Deposit for service performed after 1956:

- \_\_\_ If deposit paid review OPF for proof of deposit paid in full or partial Payment. Adjust paging
- \_\_\_ If eligible for deposit but not paid do the following:
  - \_\_\_ Complete RI 20-97 Estimated Earnings for Military Service Annotate, "SURVIVOR BENEFIT ESTIMATE -- PLEASE EXPEDITE"
  - \_\_\_ Annotate the *Relationship to Employee* block, "other -- human resources office capitalize for survivor."
  - \_\_\_ Use OPM Form 1514, Military Deposit Worksheet.
  - \_\_\_ Compute benefit payment with and without Post 1956 Military Service.
  - \_\_\_ Retain one copy of the election form.
  - \_\_\_ Provide three copies to the survivor.
  - \_\_\_ Survivor should complete Part B (and Part C if appropriate) sign, date, and return two copies to the human resources office.
  - \_\_\_ Attach one copy of the election form to the application for death benefits.

If the deceased completed a military deposit prior to his/her death, include copies of the following documents from the OPF with the application for survivor annuity:

- \_\_\_ SF 2803, Application to Make Deposit or Redeposit (CSRS) **or**
- \_\_\_ SF 3108, Application to Make Service Credit Payment (FERS)
- \_\_\_ OPM RI 20-97, Estimated Earnings for Military Service
- \_\_\_ DD 214, Military

For further information on creditable military service and service credit payments, refer to the Retirement Handbook, Chapters 22, 23, and 70.

### **Refunded and Nondeduction Service Deposit**

All prior creditable civilian service counts toward eligibility for survivor benefits, whether or not a deposit or redeposit is paid. Generally, if the survivor benefit is based on 40 percent of the high-3 average salary, paying the deposit or redeposit **does not** increase the survivor annuity.

Review the OPF to determine the following non-deduction service or refunds received by the deceased employee:

\_\_\_\_ Refund received for service. No credit is given in the computation of the survivor benefit unless the survivor redeposits the refund plus any interest due.

This includes refunded service performed before March 1, 1991.

\_\_\_\_ Nondeduction service performed prior to October 1, 1982. Service is fully creditable for computation purposes, however if no deposit is made, the survivor's annuity will be reduced.

\_\_\_\_ Nondeduction service performed on or after October 1, 1982. Service is not creditable for computation purposes unless the survivor makes the deposit. The nondeduction service can, however, be used for high-3 salary purposes.

### **Creditable Civilian Service Includes All Prior**

- Service included in a CSRS component, including refunded CSRS service;
- CSRS Offset service for which the employee received a refund before becoming covered by FERS;
- FERS service for which the employee received a refund.
- Nondeduction service performed prior to January 1, 1989, regardless of whether a deposit for such service has been made.

For further information on deposits and redeposits, refer to the Retirement Handbook, Chapter 21.

### **Close Out and Final Processing Review**

The entire process for review, counseling and close-out of a death case should be completed within 30 days of receiving notification of a Federal employee's death in service.

After compiling all documents listed in the Case File Documents sections and providing counseling to the survivor or family members the following should be forwarded to OPM:

\_\_\_\_ Preliminary Information Memorandum Job Aid #2 and all applicable attachments.

\_\_\_\_ SF 50, Notification of Personnel Action.

\_\_\_\_SF 2800A/ SF 3104B, Certified Summary of Federal Service and Agency Information and Certification.

\_\_\_\_All original SF 3102, FERS Designation of Beneficiary forms.

\_\_\_\_All original FEHB SF 2809 and SF 2810 forms from the OPF.

\_\_\_\_Provide Payroll with all necessary documentation to close-out case.

## **SECTION 3**

### **ADDITIONAL RESOURCES**

#### **SOCIAL SECURITY**

##### **General Information**

Survivor benefits in the form of continuing cash income may be payable upon the death of a Federal employee. The human resources capitalize office should encourage survivors to contact the Social Security Administration (SSA) for application procedures. Payment is not automatic--survivors must file a claim to receive benefits. A visit to the SSA is not necessary. Most applications can be completed over the telephone by calling 1-800-772-1213 or via the website at <http://www.ssa.gov>. Hours of operation for the customer service line are 7:00 am to 7:00 pm EST, Monday through Friday. General eligibility requirements and applications to request benefits can be accessed online at <http://www.ssa.gov/pgm/survivors.htm> or in the CPMS/FAS Social Security Reference Guide accessible at; [http://www.cpms.osd.mil/fas/benefits/benefits\\_ref\\_guides.aspx](http://www.cpms.osd.mil/fas/benefits/benefits_ref_guides.aspx).

**References:** Social Security Administration (SSA) Fact Sheet No. 17, Benefits for Survivors; SSA Pamphlet, Survivors; SSA Publication No. 05-10007, Government Pension Offset.

#### **VETERANS AFFAIRS BENEFITS**

##### **Burial Benefits**

If the deceased employee was a veteran whose military service was terminated other than dishonorably, burial may be authorized in any national cemetery in which grave space is available. There is no charge for a grave in a national cemetery. The government may provide a headstone or marker with appropriate inscription. The next of kin or the funeral director can make application for burial at the time of death of the veteran by contacting the national cemetery where burial is desired.

##### **Other Benefits**

If the deceased employee was a veteran receiving compensation from the Department of Veterans Affairs (VA) at the time of death, the surviving spouse may be entitled to continuation of the benefit.

**Applying for Benefits**

The survivor must file in order to receive benefits. For more information, contact the regional VA office. Many states also offer benefits to veterans, which are independent of Federal benefits and differ from state to state. Contact the state VA office for more information.

**References:** Department of Veterans Affairs (VA) Pamphlet 27-82-2.

**IMPORTANT TAX INFORMATION****General Information**

The amount of federal income tax automatically withheld from any benefit paid is not necessarily the amount of tax that will be owed. The final amount, determined when annual income tax forms are filed and verified by the IRS, may be more or less than the mandatory withholding rate. IRS Publication 721, the following topics: Rules for Survivors of Federal Employees Part IV, includes detailed tax guidance covering Thrift Savings Plan, and Federal Estate Tax. IRS Publication 721 is accessible on the Internet at [www.irs.gov](http://www.irs.gov). For specific tax information, contact the IRS Tax Information and Assistance Office at 1-800-829-1040 or visit the IRS website at [www.irs.gov](http://www.irs.gov).

**References:** Internal Revenue Service Publication 721, Tax Guide to U.S. Civil Service Retirement Benefits.

**DEATH RESULTING FROM WORK INJURIES****General Information**

When an employee dies as a result of an injury sustained in the performance of duty, the human resources capitalize office should immediately notify the Office of Workers' Compensation Programs (OWCP). Contact the survivor(s) and assist them in preparing the appropriate forms. Upon receipt of all required forms and documentation, the human resources office will forward the package to OWCP for adjudication. The DoD Liaison should be advised of the death claim at the time the package is forwarded to OWCP. In this way, the Liaison can provide follow-up assistance to the servicing civilian human resources office where necessary.

**Applicable Forms:**

- CA-5, Claim for Compensation by Widow, Widower and/or Children.
- CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents or Grandchildren.
- CA-6, Official Superior's Report of Employee's Death.

If possible, the CA-5 and CA-5b should be submitted within 30 days of the death; however, claimants have up to three years to file. It is important that all forms be submitted even if the employee previously filed for and received a disability benefit from OWCP. A determination must be made by OWCP that the death resulted from the condition for which the disability claim was accepted.



**Claims Made By Widow, Widower, and/or Children:**

- The claimant or person filing the claim on their behalf completes the front side of the CA-5.
- The attending physician completes the medical report on the reverse of the CA-5.
- The claimant obtains a certified copy of the death certificate.
- The spouse must provide a copy of the certified marriage certificate. If the spouse or deceased employee was formerly married, the spouse must provide legal documents showing the dissolution of such prior marriage.
- Certified copies of birth certificates and/or adoption documents for each child must be provided for all children included as claimants.
- Claimants should be advised to submit all information and documentation to the deceased employee's supervisor or human resources office.

**Claims Made by Parent(s), Sibling(s), Grandparent(s), or Grandchild (ren):**

- The claimant or person filing the claim on their behalf completes the front side of the CA-5b.
- The attending physician completes the medical report on the reverse of the CA- 5b.
- The claimant obtains a certified copy of the death certificate.
- Certified copies of birth certificates must be provided for all claimants, as well as birth certificates of the deceased employee.
- Claimants should be advised to submit all information and documentation to the deceased employee's supervisor or human resources office.

**Responsibility of the supervisor of the deceased employee:**

- Reports the death to the OWCP by telephone or telegram as soon as possible.
- Completes the CA-6 within 10 days of receipt of notification of the employment-related death of the employee.
- Claimants should be advised to submit the CA-5 or CA-5b and CA-6, together with all appropriate documentation to the human resources capitalize office.

**Death Benefits:**

If the employee's death results from injury or illness sustained in the performance of duty, a **monthly benefit** equal to a percentage of the monthly pay of the employee will be paid to:

- **Widow or widower, if no child**, at rate of 50 percent.
- **Widow or widower with child**, an amount of 45 percent and an additional 15 percent for each child, not to exceed a total of 75 percent paid to widow or widower and children.
- **Children, if no widow or widower**, at a rate of 40 percent for 1 child and 15 percent for each additional child not to exceed a total of 75 percent with benefits divided equally among the children.
- **Parents, (if no widow, widower, or child)** at a rate of 25 percent for 1 dependent parent of the employee at the time death or 20 percent to each parent if wholly

dependent. With a maximum total compensation for both parents who were totally dependent is 40 percent.

- Provision for **brothers, sisters, grandparents, and grandchildren** (when there is no widow, widower, child, or dependent parent). Twenty percent is paid if one is wholly dependent on employee at time of death. A maximum of 30 percent if more than one was wholly dependent, divided equally among the dependents. Ten percent is paid if no one is wholly dependent but one or more are partially. This amount is shared equally among the dependents.

**Benefits are Payable From Date of Death Of Employee Until:**

- Widow or widower dies or remarries prior to age 55 (if marriage is after 5/29/90) or prior to age 60 (if marriage is between 9/7/74 and 5/28/90). In cases of remarriage before the age of 55 or 60, widow or widower is entitled to lump sum payment equal to 24 times the monthly compensation amount.
- Child dies, marries, or becomes 18 years of age -- benefits continue if the child over 18 is a full-time student pursuing education beyond high school **or** is incapable of self-support due to a physical or mental condition.
- Parent/grandparent dies, marries, or ceases to be dependent.

**Allowable Expenses Under Federal Employees' Compensation Act (FECA):**

- Reimbursement for medical services as allowed by Department of Labor.
- Payment of up to \$800 for funeral and burial expenses.

**Allowable Expenses under Joint Travel Regulation (JTR):**

- \$250 allotment is paid for preparation of remains if death occurred in CONUS. Actual cost of preparation of remains if death occurred outside CONUS.
- The cost is covered to transport the deceased employee's remains to the employee's actual residence, official station, or place of interment, if death occurred while the employee was performing duties away from the official duty station. Refer to the JTR for specific guidance on transportation of employee remains.
- Also covered are expenses to transport dependents, baggage, vehicle, and household goods of the deceased employee, if death occurred while the employee was performing duties outside CONUS or while in transit. Refer to the JTR for specific guidance on transportation entitlements.

**Processing Information**

When OWCP receives the death claim from the human resources office, a claim number will be assigned to the case. The claimant will receive notification of the number by mail. An OWCP examiner will adjudicate the case and the claimant will be advised of the outcome.

**References:** Title 5, United States Code Subpart G, Chapter 81; Title 20, Code Federal Regulation Part 10; Joint Travel Regulations (JTR), Volume 2, Chapter 6.

The Injury Compensation/Unemployment Division, Defense Civilian Personnel Advisory Service (CPMS/ICUC), manages the Department of Defense's (DoD) Worker's Compensation Program for the Department of Defense. Technical questions concerning the program, or the

processing of forms for benefits should be referred to this division by **calling (703) 696-1985 (DSN: 426)** or visiting their website at (<http://www.cpms.osd.mil/icuc/icuc.htm>).

## **DEATH GRATUITY PAYMENT**

### **General Information**

Effective September 30, 1996, a death gratuity payment is authorized when a civilian employee dies from a traumatic injury sustained in the line of duty on or after August 2, 1990. This includes a department or agency employee who dies after separation from service, if the death is the result of a traumatic injury sustained in the line of duty.

#### **Eligibility:**

The personal representative of the deceased employee will generally be eligible to apply for benefits. That individual is the formally designated executor or administrator of the employee's estate under state law (the state in which the deceased had declared as his/her primary residence at the time of death). In most cases, however, this will be the primary individual to whom the Office of Worker's Compensation Programs (OWCP) pays survivor benefits. There is no provision for multiple personal representatives.

#### **Amount of Gratuity:**

The gratuity is payable only when OWCP has approved the death claim. The \$10,000 death gratuity is payable minus the amount payable by OWCP under five U.S.C. 8133(f) and 8134(a). In most cases, OWCP will pay \$200 under 5 U.S.C. 8133(f) and \$800 under 5 U.S.C. 8134(a), with the remaining \$9,000 gratuity payment.

#### **Processing Information:**

In coordination with the OWCP, Human Resource Offices (HRO) should provide payroll written notification that a death gratuity is payable. The following information must be included: deceased's name and Social Security number; amount of gratuity to be paid; name and mailing address of personal representative to receive gratuity payment; and name and telephone number of the individual who can be contacted to obtain the proper fund cite for payment. HRO should send the personal representative a letter informing him/her that a death gratuity payment is being processed.

Defense Finance and Accounting Service (DFAS) or current Defense Civilian Payroll System (DCPS) will prepare an SF 1049, Public Voucher for Refunds in the amount indicated and make payable to the personal representative as indicated on the authorization letter received from the employing agency. DFAS or current DCPS will also prepare an IRS Form 1099R and forward to the personal representative.

**References:** Section 651 of Public Law 104-208, the Omnibus Consolidated Appropriations Act, 1997; OPM Benefits Administration Letter No.97-104; OPM Benefits Administration Letter No. 96-109; DASD/CPM Memorandum, dated November 8, 1996, Subject: Death Gratuity Payment.

**SECTION 4**

**JOB AIDS**

**Job Aid #1 MEMORANDUM FOR THE OFFICE OF FEDERAL EMPLOYEES GROUP LIFE INSURANCE (OFEGLI)**

SUBJECT: Department of Defense Death Claim for Life Insurance

We are sending you the **preliminary information** on a death case for you to begin processing the survivor's benefit. A copy of this memo was provided to the survivor with instructions to mail the FE-6, Claim for Death Benefits, (FE-6DEP, Statement of Claim, if appropriate) to you (OFEGLI) directly with the certified death certificate and copies of any other documents, as appropriate.

Employees Full Name	Social Security Number	
Date of Birth	Date of Death	
Survivor's Full Name	Relationship	Survivor's Social Security Number
Survivor's Mailing Address	Survivor(s) currently living outside the Continental United States Yes_____ No_____	
Survivor's Home Phone Number	Survivor's Alternate Phone Number (cell)	
Agency Name/Mailing Address		Agency Phone Number
		Agency Point of Contact
		Agency Fax Number

1. The survivor will mail the claim with the certified death certificate and other related documents to:

**Office of Federal Employees Group Life Insurance**  
P.O. Box 6512,  
Utica, NY 13504-6512

2. Attached are the following forms:  
SF 2821, SF2817s (SF 76 and SF 76T) from OPF, Election of Life Insurance  
SF 2823, Designation of Beneficiary  
Other documents:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_



Job Aid #2

PRELIMINARY FORM FOR THE OFFICE OF PERSONNEL MANAGEMENT

ATTN: Death Processing Section, Boyers, PA
SUBJECT: Department of Defense Death Claim

We are sending you the preliminary information on a death case for you to begin processing the survivor's benefit. A copy of this memo was provided to the survivor with instructions to mail the SF 2800 (CSRS) or SF 3104 (1/97) AND change to lowercase3104B (12/95) (FERS) to you (OPM) directly with the certified death certificate and copies of any other documents, as appropriate.

Form with fields: Employee's Full Name, Social Security Number, Date of Birth, Date of Death, Spouse's Full Name, Date Of Marriage, Mailing Address of Spouse, Home Phone Number of Spouse, Alternative Number (Cell), Survivor May Need Assistance and Possibly A Representative Payee: Yes No, Survivor is Currently Living outside the Continental United Sates: Yes No, Agency Name and Mailing Address, Agency Email Address, Agency Commercial Phone Number, Point of Contact, Agency Commercial Fax Number, OWCP Claim, CSA Number, Explain, Quick Pay Fax Sent: Yes No, Date.

- 1. The survivor will mail the claim with the certified death certificate and other related documents to:

The Office of Personnel Management
Retirement Operations Center Survivor Processing Section
1137 Branchton Avenue
Boyers, PA 16017

- 2. Attached are the following forms:
SF-50,
SF 2800A or SF 3104B,
Designation of Beneficiary Forms,



All SF 2809's and SF 2810's with memo transferring to OPM. Complete summary of service.

Job Aid #3

CSRS Death-In-Service Quick Pay

<b>EMPLOYEE INFORMATION</b>			
Employee's Full Name		Social Security Number	
Other Names Used			
Date of Death	Health Benefits Code at Death	Date of Birth	
Retirement SCD	Leave SCD	Final Salary \$	Is there part-time service after 4/7/1986? Yes___ or No___
Years of Active Military Service	Military Deposit Paid	Date First Covered by CSRS	Receiving Active Duty Military Retired Pay
_____/_____/_____ YYYY/MM/DD	Yes___/ No___	_____/_____/_____ YYYY/MM/DD	Yes___/No___
Is this CSRS Offset Case Yes___/ No___		Retirement Code	
<b>SPOUSE INFORMATION</b>			
Spouse's Name		Date of Birth	Date of Marriage
Social Security Number	Telephone Number	Work/Cell Phone Number	
Mailing Address			
<b>CHILDREN OF THE DECEASED</b>			
Children	Yes	No	How Many
Minor			
Student			
Disabled			
<b>AGENCY INFORMATION</b>			
Was Death Due to Work-Related Illness or Injury Yes___ No___			
Agency Name		Agency Address	Agency Point of Contact
Email Address		Phone Number	Fax Number
Signature of Certifying Official		Printed Name of Certifying Official	

SUBMIT COMPLETED FORM TO OPM AS SOON AS POSSIBLE. FAX (724) 794-1112 or EMAIL to: <http://www.opm.gov/retire> UNDER THE “CONTACTING US” MENU

**Job Aid #4**

**FERS Basic Death – In-Service Quick Pay**

<b>EMPLOYEE INFORMATION</b>		
Employee’s Full Name	Other Names Used	
Social Security Number	Date of Birth ____/____/____ YYYY/MM/DD	Date of Death ____/____/____ YYYY/MM/DD
Total Creditable Service ____/____ YYYY/MM	Final Salary \$_____	Average High-3 Salary \$_____
Is this a part-time case? If yes give tour of duty at death Yes____ No____ Tour_____		Retirement Code _____
Was death due to work-related illness or injury? Yes____ No____		
<b>SPOUSE INFORMATION</b>		
Spouse’s Name	Date of Birth ____/____/____ YYYY/MM/DD	Date of Marriage ____/____/____ YYYY/MM/DD
Social Security Number	Home Phone Number	Alternate Phone
Mailing Address		
<b>AGENCY INFORMATION</b>		
Agency Name and Mailing Address	Agency Point of Contact	Phone Number
	Email Address	Fax Number
Payroll Office Contact	Phone Number	Fax Number
Email Address		
Signature of Certifying Agency Official		
Printed Name of Certifying Official		

SUBMIT COMPLETED FORM TO OPM AS SOON AS POSSIBLE. FAX (724) 794-1112 or EMAIL to: <http://www.opm.gov/retire> UNDER THE “CONTACTING US” MENU

**Job Aid #5**

**SAMPLE LETTER OF CONDOLENCE**

This is a sample letter, which may be used to notify a deceased employee's family of the claims procedures. Fill in the blanks with the appropriate information and use only the paragraphs, which are applicable.

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**LETTERHEAD**

The (employing agency name) wishes to extend its deepest sympathy to you upon the loss of your (specify relationship, e.g. mother, father, etc.), (deceased employee's name).

While it is difficult to think of routine matters and business arrangements at this time, certain things should be handled at your earliest convenience. The (employing agency benefits section name) is prepared to assist you in filing the various benefit claims for which you may be entitled.

In order to process your claims, it will be necessary for you to obtain (insert number - dependent on applicable paragraphs used below) certified copies of the death certificate and any policies or designations of beneficiary, which may be helpful in the settling of claims. The following forms, which are enclosed, should be completed and returned to the employing agency office along with the copies of the death certificate.

**Insert appropriate paragraphs:**

Standard Form (2800 or 3104), Application for Death Benefits. This form is to be used in making application for benefits payable under the (Civil Service or Federal Employees Retirement System). The form should be completed and submitted to the Office of Personnel Management (OPM) along with a certified copy of the death certificate and copy of your marriage license (if you are married) as soon as possible. Please ensure that you sign this form before submitting it to OPM at the following address:

**Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045**

If you have been covered as a dependent under the Federal Employees' Health Benefits program and are entitled to continued health benefits coverage as a (spouse or dependent child), such coverage will be automatically transferred to your name by the Office of Personnel Management. Payments will be automatically deducted from your monthly survivor benefit check. If you are not entitled to coverage, the employing agency will advise you of your right to convert coverage to a private plan.

Standard Form 1153, Claim for Unpaid Compensation of Deceased Civilian Employee. This form should be completed and submitted to your employing agency office along with a certified copy of the death certificate. Unpaid compensation refers to such items as salary due to the employee, payment for unused annual leave; amount due as a refund of salary deductions for U.S. Savings bonds, and unpaid travel vouchers. Please ensure that you and two witnesses sign this form before mailing to the employing agency.





Federal Retirement Thrift Savings Plan (TSP) Form TSP 17, Application for Account Balance of Deceased Participant. This form should be completed and returned to the TSP Service office along with a certified copy of the death certificate. Submit the completed form to the following addresses:

**Thrift Savings Plans**

**Attn: Death Benefits Processing Unit  
Fairfax Post Office, DEDIS- P.O. Box 4450  
Fairfax, VA 22038-9998**

**or**

**Overnight delivery address:**

**For overnight delivery, send to:**

**TSP Death Benefits Processing Unit  
12210 Fairfax Town Center Unit 906  
Fairfax, VA 22033**

Office of Federal Employees' Group Life Insurance Form FE 6, Claim for Death Benefits. This form should be completed and submitted to the employing agency office along with a certified copy of the death certificate. The employing agency will complete the SF 2821, Agency Certification Form and then forward the completed claim, death and court appointment papers, if any to OFEGLI. If the claim is being made for death benefits by accidental means, submit the coroner's and police reports, news clippings, and any other available reports concerning the accident.

***Insert if deceased employee had military service, which was not verified:***

In addition to the above forms, it will be necessary for you to provide a copy of your (appropriate relationship)'s verification of military service. This form is called a DD 214 and it reflects the beginning and ending dates of military service.

***Insert ONLY if deceased employee was covered under FERS:***

As a member of the Federal Employees' Retirement System, your (appropriate relationship) was covered under Social Security. You should contact the Social Security Administration at 1-800-772-1213 to determine if you are entitled to any benefits and what action you must take to apply.

Please return the original forms to this office where they will be reviewed, processed, and forwarded for appropriate action. Payment will be made directly to you. Payment of benefits to beneficiaries usually occur as follows:

***Insert appropriate paragraphs:***

Unpaid Compensation: Usually paid within (locally determined) days after forms are submitted to the payroll office.

Survivor Benefits: Time for payment depends upon proof of survivorship. The Office of Personnel Management will require copies of your marriage certificate and birth certificates of



minor children as proof of survivorship. Copies of divorce decrees may be required, if applicable. Payments usually begin about 8 weeks after proof of survivorship is established with OPM.

Life Insurance: Usually paid within 4 - 6 weeks after forms are submitted to the Office of Federal Employees' Group Life Insurance.

Employing agency's point of contact will be contacting you to provide you with additional information or assistance in completing these forms. The employing agency's point of contact can be reached at (phone number).

***If the survivor resides in the commuting area, insert:***

If you are unable to visit our office, we would be glad to arrange for a representative to visit you in your home.

Sincerely,

**Job Aid #6**

**ORDER OF PRECEDENCE**

Refer to the appropriate form(s) to determine if a beneficiary was designated to receive a payment as part of the death claim.

FEGLI: SF 2823, SF 54  
TSP: TSP 3  
Unpaid Compensation: SF 1152  
CSRS Lump Sum: SF 2808  
FERS Lump Sum: SF 3102

If there is no designated beneficiary living, benefits payable after the death of an employee will be, payable to the first person(s) listed below who are alive on the date title to the payment arises:

1. To the widow or widower.
2. If none, to the child or children in equal shares, with the share of any deceased child distributed to the descendants of that child.
3. If none, to any surviving parents.
4. If none to the executor or administrator of the estate.
5. If none, to the next of kin who is entitled under the laws of the state in which the deceased employee was domiciled on the date of death.