



Death-in-Service Benefits

Working for America

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT



Message from the President

“Public Service is a high, high calling. And I’m so proud of the men and women who devote their lives to our great nation.”

- George W. Bush



Message from the Director



“The United States has one of the finest civil services in the world...so good that our citizenry has come to take its excellence for granted.”

- Kay Coles James

Topics

- Death-in-service notification process
- CSRS death-in-service forms
- FERS survivor benefits
- FERS death-in-service forms



Notifying OPM

- **Mail** **OPM. ROC**
 P.O. Box 45
 Boyers, PA 16017
- **Fax** **(724) 794-1112**
- **Internet** **www.opm.gov/retire**





United States Office of Personnel Management

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Write us at:
U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, Pennsylvania 16017

www.opm.gov/retire



Send comments on these pages to comment@opm.gov

CSRS Fax Sheet

CSRS DEATH-IN-SERVICE QUICK PAY

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

23. Children of the Deceased:
Minor: ____ Yes ____ No How Many _____
Student: ____ Yes ____ No How Many _____
Disabled: ____ Yes ____ No How Many _____
24. Was Death Due to Work-Related Illness or Injury? ____ Yes ____ No
25. Agency Name: _____
26. Agency Mailing Address: _____

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CSRS Forms Needed

- **SF 2800: Application**
- **SF 2800 A: Checklist**
- **SF 2801-1: Service Verification**
- **DD 214: Discharge**
- **SF 2809s**
- **SF 2810s**
- **OPM Form 1519**
- **Death Certificate**
- **Marriage Certificate**
- **Birth Certificate**
- **Divorce Decree**
- **SF 2806s**

www.opm.gov/forms



FERS Survivor Benefits

FERS Fax Sheet

FERS BASIC DEATH-IN-SERVICE

1. Employee's Full Name: _____
2. Other Names Used: _____
3. Date of Death: ____/____/____ 4. Social Security Number: ____-____-____
5. Date of Birth: ____/____/____ 6. Total Creditable Service ____ Years ____ Months
7. Final Salary: \$ _____ 8. Average High 3 Salary: \$ _____
9. Is this a Part-Time Case? ____ Yes ____ No 10. If Yes, give Tour of Duty at Death _____
11. Retirement Code: ____ 12. Was Death Due to Work-Related Illness or Injury? ____ Yes ____ No
13. Spouse's Name: _____
14. Date of Birth: ____/____/____ 15. Date of Marriage: ____/____/____
16. Spouse's Social Security Number: ____ - ____ - ____
17. Spouse's Telephone Number: Home (____) _____ Work (____) _____
18. Mailing Address of Spouse: _____

19. Agency Name: _____
20. Agency Mailing Address: _____

21. Name of Agency Contact: _____
22. Commercial Telephone Number of Contact: (____) _____ 23. Fax: (____) _____
24. Email Address: _____

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Less than 18 Months Creditable Civilian Service

- Lump sum credit



At Least 18 Months But Less than 10 Years of Service

- Lump sum credit
- Basic Employee Death Benefit
- Health benefits
- Child annuity



At Least 10 Years Creditable Service (with at least 18 months civilian service)

- Lump sum credit
- Basic Employee Death Benefit
- Health benefits
- Survivor annuity
- Child annuity



FERS Children's Benefit

FERS Children's Benefit – Social Security Benefit = **Monthly**
Number of Children **Rate**

$$\frac{\$784.00 - \$950.00}{2} = \frac{-\$166.00}{2} = \$0$$

$$\frac{\$784.00 - \$450.00}{2} = \frac{\$334.00}{2} = \$167.00$$



FERS Death-in-Service Forms

- SF 3104: Application
- SF 3104 B
 - Summary of Service
 - Basic Employee Death Benefit (BEDB)
 - Rollover Election
 - Health Benefits
 - Military Service

www.opm.gov/forms



Applicant Information

If the widow(er) of a Federal employee was married to a Federal employee for at least 9 months and the Federal employee had at least 18 months of creditable civilian service, the widow(er) is entitled to a Basic Employee Death Benefit (BEDB) equal to:

50 percent of the employee's final salary (or average salary, if higher)

Plus

\$15,000 (increased by Civil Service Retirement System [CSRS]
Cost of Living Adjustments [COLAs])

12/1/03 - \$24,866.19

The benefit due in your case is.....

\$ 0

If you wish, you can choose to receive it in 36 monthly installments of \$ _____ instead of a single lump sum. Note that the total amount paid in installments will be slightly higher than the single lump sum because interest is paid on the installments to give you an amount approximately equal (because of inflation) to the single lump sum. After installments have begun, you can ask the Office of Personnel Management (OPM) to stop the monthly payments, and pay you the remaining amount of the benefit in a single lump sum (your request must be made in writing). However, no interest will be paid on the remaining benefit after the date of the last installment. In other words, the balance paid will not equal the sum of the remaining installments.

You have two decisions to make -

1. You must make your choice about the method of payment of the BEDB (lump sum or 36 installments) in Part 1 of the Death Benefit Payment Election Form (on page 15), found in Section 5 of this forms package.
2. You must make an election to either have all or a part of any eligible benefit paid directly to you or rolled over into an Individual Retirement Arrangement (IRA) or eligible employer plan, in Part 2 of the Death Benefit Payment Election Form (on page 15), found in Section 5 of this forms package. It is very important that you read the information in Section 5, because it explains this option.

I elect to receive my BEDB payment in:

A Lump Sum 36 Installments

Part 2 - Death Benefit Payment Rollover Election

Select one of the following options.

Option 1

Pay any benefits eligible for a rollover directly to me. I do not want to roll over these benefits into an Individual Retirement Arrangement (IRA) or eligible employer plan. I understand that 20% of the taxable amount of the payment(s) will be withheld for tax but that I can roll over part or all of the taxable amount to a qualified account within 60 days to defer income tax.

Option 2

I want to roll over all or part of my eligible benefits into an IRA, eligible employer plan or Thrift Savings Plan account. *Answer items A and B and have Certification by Financial Institution or Eligible Employer Plan completed by your financial institution or employer plan.*

Item A - Amount to roll over into my IRA, eligible employer plan or Thrift Savings Plan account: *(Please state all or the specific amount in each category below. If you roll over less than all of the rollover to one institution, the total payment to each IRA, employer plan, or your Thrift Savings Plan (TSP) account must be at least \$500.)*

Roll the following amount over to _____
(Name of IRA/Plan)

Lump Sum \$ _____ of the taxable amount **BEDB Monthly Installment** \$ _____ of the taxable amount
\$ _____ of the non-taxable amount *(All of the BEDB amount is taxable.)*

Roll the following amount over to _____
(Name of IRA/Plan)

Lump Sum \$ _____ of the taxable amount **BEDB Monthly Installment** \$ _____ of the taxable amount
\$ _____ of the non-taxable amount *(All of the BEDB amount is taxable.)*

If I elect to roll over less than all, I understand that the taxable portion of any balance made payable to me will be subject to 20% tax withholding and that I can roll any part of it over to a qualified account within 60 days to defer income tax.

Item B - I want to have the rollover amount sent: *(Check one box below)*

Directly to my financial institution To me, made payable to my account. I will deliver it to the account.

Option 3

I do not want to make an election at this time. I want the Office of Personnel Management (OPM) to send me the complete rollover election package if I am eligible to receive a taxable lump sum of over \$200. I understand my application for benefits will not be processed until after I receive and return the election forms.

Certification by Financial Institution or Eligible Employer Plan

This part must be completed by your financial institution or eligible employer plan if all or part of your benefit is made payable to an IRA or eligible employer plan.

Name and address of financial institution or eligible employer plan

Account number

Certification: As a representative of the financial institution or employer plan named above, I confirm the account number for the individual named above and the address of this financial institution or plan. I certify that the financial institution or plan agrees to accept funds as a direct trustee-to-trustee transfer from the Office of Personnel Management, to deposit them in an eligible IRA or employer plan as defined in the Internal Revenue Code and to account for these monies in compliance with the Internal Revenue Code.

Signature of certifying representative

Typed or printed name of certifying representative

Telephone number (including area code)

Date (mm/dd/yyyy)

()

Certification by Financial Institution or Eligible Employer Plan

This part must be completed by your financial institution or eligible employer plan if all or part of your benefit is made payable to an IRA or eligible employer plan.

Name and address of financial institution or eligible employer plan

Account number

Certification: As a representative of the financial institution or employer plan named above, I confirm the account number for the individual named above and the address of this financial institution or plan. I certify that the financial institution or plan agrees to accept funds as a direct trustee-to-trustee transfer from the Office of Personnel Management, to deposit them in an eligible IRA or employer plan as defined in the Internal Revenue Code and to account for these monies in compliance with the Internal Revenue Code.

Signature of certifying representative

Typed or printed name of certifying representative

Telephone number (including area code)

Date (mm/dd/yyyy)

()

Applicant Instructions

If item 1, above, is checked, surviving spouse must make the election described below:

If you are not entitled to a monthly survivor annuity benefit (your spouse had less than 10 years of creditable service), but your spouse had at least 18 months of civilian service and was enrolled in a self-and-family plan at death, you may still be eligible to continue the health benefits enrollment. You must make payments on a monthly basis to cover the cost of your premiums. If you want to continue this coverage, OPM will send you instructions for making payments according to your election. **Indicate your choice below.**

- I elect to continue my spouse's health benefits enrollment. I will make payments to cover the cost of this enrollment after I receive instructions on how to do so. I realize that I must pay the premium on or before the first day of each month for coverage during the preceding month. I understand that if my payment is not received by the due date, my enrollment may be terminated with no right to reenroll.
- I elect **not** to continue my spouse's health benefits enrollment. I realize that this election cannot be changed at a later date.

Signature

Date (mm/dd/yyyy)



Military Service

No CSRS Component

- Deposit must be paid for all post-56 military service

CSRS Component

- Covered under CSRS before 10-01-82
- Covered under CSRS after 10-01-82
- Military Service came after deceased was under FERS



Survivor's Military Service Election

Deceased Employee Covered by the
Federal Employees Retirement System (FERS)

Part A. To be completed by employing agency before survivor completes elections in Parts B and C.

1. Deceased employee's name (<i>last, first, middle initial</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security Number
--	--	---------------------------

4. Was a deposit account opened for the employee? Yes, give information requested below No

Period of military service		Amount due (with interest)	Balance due
From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)	\$	\$

5. Agency records indicate that the above named employee had post-1956 military service for which deposit has not been completed. Records also show that the employee--

Qualified for a Civil Service Retirement System (CSRS) component in a FERS benefit and performed military service before being covered by FERS and was--

First employed under CSRS before October 1, 1982; or

First employed under CSRS on or after October 1, 1982.

Qualified for a CSRS component in a FERS benefit and performed military service after being covered by FERS.

Did not qualify for a CSRS component in a FERS benefit.

6. Name of agency representative to contact for information (<i>last, first, middle initial</i>)	Telephone number & area code ()
--	-------------------------------------

7. Agency personnel office address to which form should be returned	Date election should be received by (<i>mm/dd/yyyy</i>) (30 days from date form is given to applicant)
---	---

Part B. Deposit Election *(To be completed by survivor.)*

Our records indicate that you might be eligible for a survivor annuity. You have the right to make a deposit for the deceased employee's post-1956 military service. Your decision may affect your rights under FERS. Read "Information About Credit for Post-1956 Military Service for the Survivor of a Deceased FERS Employee" on page 7, carefully to be sure you understand the consequences of including the military service or of not making the deposit. Then make your election, sign and date the form, and return two copies to the employing office shown in item 7 above.

If you decide to pay the deposit, the deceased employee's employing agency will provide you with the necessary information. Payment must be made in a lump sum to the decedent's employing agency before the Office of Personnel Management (OPM) completes the processing of your application.

I have read this information concerning my right to make a lump sum deposit to the decedent's employing agency for post-1956 military service. (*Note:* An election to make a deposit may be changed at any time before the deposit is actually paid to the agency.)

I elect to make (or complete) the deposit to the employing agency for the deceased person's post-1956 military service. I understand that this deposit must be paid to the agency in a lump sum within 30 days after the agency notifies me of the amount due.

I elect not to make (or complete) the deposit for post-1956 military service. I understand this decision may not be changed at a later date.

Part C. Election to Exclude Military Service from the Annuity (To be completed by survivor of deceased employee who was in receipt of military retired pay at time of death.)

If the deceased employee received military retired or retainer pay that was **not** (1) awarded because of a service-connected disability incurred either in combat with an enemy of the United States or caused by an instrumentality of war and incurred in the line of duty during a period of war, or (2) awarded under reserve retiree provisions (chapter 1223, title 10, U.S. Code, formerly chapter 67, title 10, U.S. Code), you will receive credit toward your Federal Employees Retirement System (FERS) Survivor benefit for the military service subject to the rules for post-1956 military deposits. However, if you do receive credit for military service (including any pre-1957 military service), your FERS survivor benefit must be reduced by the amount of any military survivor benefits payable to you. In some instances, it may not be advantageous to receive a survivor benefit including the military service in the computation.

In order to compute your survivor annuity benefits, we need to know if you are eligible for military survivor benefits. If you are eligible to receive military survivor benefits, we need to know if you want to exclude the deceased person's military service from the computation of your FERS survivor benefit.

Are you entitled to receive military survivor benefits?

No Yes 

Specify monthly amount (*if known*),
and attach documentation, if available. \$

Credit for military service will be included in the computation of your FERS survivor annuity benefit unless you elect below to exclude it.

Do not use my deceased spouse's (*former spouse's*) military service in determining my FERS survivor annuity.

Part D. Signature

Signature

Date (*mm/dd/yyyy*)

In conclusion...

- Internet or fax notification expedites spouse's interim payment
- Complete package expedites finalization of survivor's claim
- Partnerships between OPM and agencies improve customer satisfaction



Contact Information

For more information and forms,
visit us on the web at

www.opm.gov

www.opm.gov/forms

Jack Craig: (724) 794-2005 x 5612

Dawn Neyman: (724) 794-2005 x 5292





DEATH-IN-SERVICE QUICK REFERENCE GUIDE

DETERMINING BENEFITS PAYABLE UPON THE DEATH OF A FERS EMPLOYEE

AMOUNT OF SERVICE	BENEFITS PAYABLE	PAYABLE TO
Less than 18 months creditable civilian service	Lump sum credit	Appropriate person(s) according to Order of Precedence
At least 18 months of creditable civilian service, but less than 10 years creditable service	Lump sum credit if no children's annuity is payable now or in the future	Appropriate person(s) according to Order of Precedence
	Basic employee death benefit (BEDB) This amount is 50% of the employee's final salary (or average salary, if higher) plus \$24,866.19, as of 12/01/03.	First to former spouse with qualifying court order awarding him or her BEDB; otherwise to surviving spouse. If former spouse is not awarded full BEDB, the surviving spouse can receive the balance.
	Children's annuity The monthly rate for a FERS children's annuity equals: The total children's benefit minus the total Social Security benefit divided by the number of eligible children. As of 12/01/03, the monthly FERS Single Orphan Rate is \$392.00 and the FERS Monthly Double Orphan Rate is \$461.00.	Children of deceased
At least 10 years of creditable service (with at least 18 months creditable civilian service)	Lump sum credit if no survivor annuity is payable	Appropriate person(s) according to Order of Precedence
	Basic employee death benefit (BEDB) This amount is 50% of the employee's final salary (or average salary, if higher) plus \$24,866.19, as of 12/01/03.	First to former spouse with qualifying court order awarding him or her BEDB; otherwise to surviving spouse. If former spouse is not awarded full BEDB, the surviving spouse can receive the balance.
	Children's annuity	Children of deceased
	Survivor annuity	First to former spouse with qualifying court order awarding him or her a survivor annuity; otherwise to surviving spouse. If former spouse is not awarded full survivor annuity, the surviving spouse can receive the balance.

DEATH IN SERVICE CONTACT INFORMATION

PHONE: (724) 794-2005 X 3012

FAX: (724) 794-1112

WEB: WWW.OPM.GOV/RETIRE

- Click on "How do I..."
- Select "...report the death of an employee?"

FERS DEATH-IN-SERVICE NOTIFICATION

1. Employee's Full Name: _____
2. Health Benefit Code at the time of death: _____
3. Date of Death: ____/____/____ 4. Social Security Number: ____-____-____
5. Date of Birth: ____/____/____ 6. Total Creditable Civilian Service ____ Years ____ Months
7. Total Paid (Post 56) Military Svc: __ Years __ Months 8. Is intermittent svc involved? __ Yes __ No
9. Full Time Final Salary: \$ _____ 10. Full Time Average High 3 Salary: \$ _____
11. Was there part-time performed after 4/7/86? __ Yes __ No
12. Retirement Code: _____ 13. Was Death Due to Work-Related Illness or Injury? __ Yes __ No
14. Spouse's Name: _____
15. Date of Birth: ____/____/____ 16. Date of Marriage: ____/____/____
17. Spouse's Social Security Number: _____ - _____ - _____
18. Spouse's Telephone Number: Home (____) _____ Work (____) _____
19. Are there any dependent children of deceased? __ Yes __ No
20. Mailing Address of Spouse: _____

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

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

SUBMIT COMPLETED FORM TO OPM AS SOON AS POSSIBLE – FAX to (724) 794-1112

CSRS DEATH-IN-SERVICE NOTIFICATION

1. Employee's Full Name: _____
2. Other Names Used: _____
3. Date of Death: ____/____/____
4. Health Benefit Code at Death: _____
5. Social Security Number: ____-____-____
6. Date of Birth: ____/____/____
7. Retirement SCD: _____
8. Leave SCD: _____
9. Final Salary: \$ _____
10. Is There Part-Time Service After 4/7/86? _____ Yes _____ No
11. Active Military Service: _____ Years _____ Months _____ Days
12. Military Deposit Paid: ____ Yes ____ No
13. Date First Covered by CSRS: _____
14. Receiving Active Duty Military Retired Pay: _____ Yes _____ No
15. Is this a CSRS-Offset Case? _____ Yes _____ No
16. Retirement Code: _____
17. Spouse's Name: _____
18. Date of Birth: ____/____/____
19. Date of Marriage: ____/____/____
20. Spouse's Social Security Number: _____ - _____ - _____
21. Spouse's Telephone Number: Home (____) _____ Work (____) _____
22. Mailing Address of Spouse: _____

23. Are there any dependent children of the deceased: ____ Yes ____ No
24. Was Death Due to Work-Related Illness or Injury? ____ Yes ____ No
25. Agency Name: _____
26. Agency Mailing Address: _____

27. Name of Agency Contact: _____
28. Commercial Telephone Number of Contact: (____) _____
29. Fax :(____) _____
30. Email Address: _____
31. Name of Payroll Office Contact: _____
32. Commercial Telephone Number of Contact: (____) _____
33. Fax :(____) _____
34. Signature of Certifying Official: _____
35. Printed name of Certifying Official: _____

SUBMIT COMPLETED FORM TO OPM AS SOON AS POSSIBLE – FAX to (724) 794-1112