

APPLICATION FOR DEATH BENEFITS

CIVIL SERVICE RETIREMENT SYSTEM

IMPORTANT.—To secure all possible benefits and to avoid delay: 1. Read carefully the "Information for the Applicant" on the reverse of this sheet; 2. Complete application in full; 3. If answer to any question is "no" or "none" so state; 4. Type or print in ink.

A. PERSONAL INFORMATION CONCERNING THE DECEASED

1. FULL NAME OF THE DECEASED <i>(Last) (First) (Middle)</i> MR. MRS. MISS	2. DATE OF BIRTH <i>(Month) (Day) (Year)</i>	3. DATE OF DEATH <i>(Month)(Day)(Year)</i>
4. DOMICILE <i>(Legal residence at time of death—City and State)</i>	6. GIVE NAME OF EACH SPOUSE <i>(Include all former marriages)</i>	7. HOW WAS MARRIAGE TERMINATED? <i>(Check one in each case)</i> <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE
5. HOW MANY TIMES WAS DECEASED MARRIED?		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE
8. DATE MARRIAGE WAS TERMINATED		

B. INFORMATION CONCERNING CIVILIAN AND MILITARY SERVICE OF THE DECEASED

1. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION	2. LOCATION OF LAST EMPLOYMENT <i>(City and State)</i>	3. DATE OF FINAL SEPARATION <i>(Month) (Day) (Year)</i>			
4. WAS DECEASED RETIRED AND RECEIVING CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. IF RETIRED, GIVE CLAIM NUMBER, IF KNOWN CSA—	6. DID DECEASED HAVE A SOCIAL SECURITY NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. IF ANSWER TO ITEM 6 IS "YES" GIVE DECEASED'S SOCIAL SECURITY ACCOUNT NUMBER					
8. IF DECEASED HAD RENDERED ACTIVE DUTY, WHICH TERMINATED UNDER HONORABLE CONDITIONS, IN ANY OF THE FOLLOWING SERVICES, COMPLETE THE SCHEDULE BELOW TO THE BEST OF YOUR ABILITY. IF AVAILABLE, ATTACH A COPY OF THE DISCHARGE CERTIFICATE. <i>(a) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (b) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (c) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (d) AS A COMMISSIONED OFFICER IN THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION.</i>					
BRANCH OF SERVICE	SERIAL NO.	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE <i>(Div., Regiment, Co., etc.)</i>

C. INFORMATION CONCERNING THE APPLICANT

1. YOUR NAME <i>(Last) (First) (Middle)</i> MR. MRS. MISS	2. YOUR RELATIONSHIP TO THE DECEASED	3. YOUR DATE OF BIRTH <i>(Month)(Day)(Year)</i>
4. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <i>(Place an "X" in proper box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		5. IF ANSWER TO ITEM 4 IS "NO," OF WHAT COUNTRY ARE YOU A CITIZEN?
Fill in items 6 through 18 if you are the widow or widower of the deceased.		
6. DATE OF MARRIAGE <i>(Month) (Day) (Year)</i>	7. PLACE OF MARRIAGE <i>(City and State)</i>	8. MARRIAGE WAS PERFORMED BY <input type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER <i>(Specify)</i>
9. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. WERE YOU EVER DIVORCED FROM DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. HOW MANY TIMES WERE YOU MARRIED?
12. GIVE NAME OF EACH SPOUSE <i>(Include all former marriages)</i>	13. HOW WAS MARRIAGE TERMINATED? <i>(Check one in each case)</i> <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	14. DATE MARRIAGE WAS TERMINATED
15. DO YOU HAVE A SOCIAL SECURITY ACCOUNT NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. IF ANSWER TO ITEM 15 IS "YES," GIVE YOUR NUMBER	
17. ARE YOU NOW RECEIVING OR HAVE YOU APPLIED FOR A SURVIVOR ANNUITY BASED ON THE FEDERAL SERVICE OF A DECEASED SPOUSE OTHER THAN THE ONE NAMED ABOVE IN ITEM A.1? <input type="checkbox"/> YES <input type="checkbox"/> NO	18. IF ANSWER TO ITEM 17 IS "YES," COMPLETE THE FOLLOWING:	
	NAME OF DECEASED FORMER SPOUSE	HIS (or her) BIRTH DATE
	RETIREMENT SYSTEM ADMINISTERING BENEFITS <i>(For example "Foreign Service")</i>	CLAIM NUMBER ASSIGNED TO YOU BY YOUR RETIREMENT SYSTEM

D. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS OF THE EXECUTOR OR ADMINISTRATOR.	2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	ADDRESS

(CONTINUE ON OTHER SIDE)

STANDARD FORM 2800

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FPM Supplement 831-1
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E. INFORMATION CONCERNING DEPENDENT CHILDREN OF THE DECEASED

1. LIST BELOW ALL SURVIVING UNMARRIED CHILDREN OF THE DECEASED WHO WERE UNDER AGE 18 AT THE TIME OF HIS (OR HER) DEATH. INCLUDE LEGALLY ADOPTED CHILDREN, STEPCHILDREN, AND ILLEGITIMATE CHILDREN, AND INDICATE AFTER THEIR NAMES THAT THEY ARE ADOPTED, ILLEGITIMATE, OR STEPCHILDREN. INCLUDE ALSO ANY UNMARRIED CHILD BETWEEN AGE 18 AND 22 WHO IS A FULL-TIME STUDENT IN A RECOGNIZED EDUCATIONAL INSTITUTION, WRITE THE WORD "STUDENT" AFTER EACH SUCH CHILD'S NAME. (A STUDENT WHOSE LAST BIRTHDAY FALLS DURING A SCHOOL YEAR (SEPTEMBER 1 THROUGH JUNE 30) IS DEEMED NOT TO ATTAIN AGE 22 UNTIL THE FOLLOWING JULY 1. HOWEVER, IF YOU LIST SUCH A CHILD, BE SURE TO SHOW HIS ACTUAL DATE OF BIRTH.) INCLUDE ALSO ANY UNMARRIED CHILD OVER 18 WHO BECAME DISABLED BEFORE AGE 18 AND WHO, BECAUSE OF THE DISABILITY, IS INCAPABLE OF SELF-SUPPORT WRITE THE WORD "DISABLED" AFTER SUCH CHILD'S NAME AND ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS ABOUT THE DISABILITY.

FULL NAME OF CHILD	DATE OF BIRTH (Month) (Day) (Year)	DID CHILD RECEIVE MORE THAN ONE-HALF HIS SUPPORT FROM DECEASED?	NAME AND ADDRESS OF PERSON WHO NOW HAS CHILD AND HIS (OR HER) RELATIONSHIP TO THE CHILD
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

2. IF ANY STEPCHILD OR ILLEGITIMATE CHILD LISTED ABOVE WAS NOT LIVING WITH THE DECEASED AT THE TIME OF HIS (OR HER) DEATH, GIVE NAME OF CHILD AND EXPLAIN BRIEFLY WHY THEY WERE LIVING APART.

3. IS THERE AN UNBORN CHILD OF THE DECEASED?
 YES NO

4. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR ANY OF THE CHILDREN LISTED ABOVE, GIVE GUARDIAN'S NAME AND ADDRESS.

NAME	ADDRESS

5. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?
 YES NO

F. INFORMATION CONCERNING NON-DEPENDENT CHILDREN AND OTHER RELATIVES OF THE DECEASED

1. LIST BELOW THE NAME, AGE, ETC., OF THE DECEASED'S WIDOW OR WIDOWER.
 2. IF NO WIDOW OR WIDOWER SURVIVES, LIST ALL CHILDREN OF THE DECEASED NOT NAMED IN ITEM E, AND THE DESCENDANTS OF ANY DECEASED CHILD OR CHILDREN.
 3. IF THERE ARE NO CHILDREN OR DESCENDANTS OF DECEASED CHILDREN, LIST THE DECEASED'S PARENTS (IF LIVING), BROTHERS, AND SISTERS, AND DESCENDANTS OF ANY DECEASED BROTHERS AND SISTERS. (INDICATE WHETHER THE BROTHERS AND SISTERS ARE OF WHOLE OR HALF BLOOD WHEN BOTH DEGREES OF KINSHIP ARE INVOLVED.)
 4. IF THERE ARE NO SURVIVORS WITHIN THE DEGREES INDICATED IN 1, 2, AND 3, LIST THE HEIRS WHO CAN INHERIT FROM THE DECEASED.

NAME	AGE	RELATIONSHIP TO DECEASED	ADDRESS

G. CERTIFICATION

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

NOTICE

Forward application to the Bureau of Retirement, Insurance, and Occupational Health, United States Civil Service Commission, Washington, D.C. 20415.

I hereby certify that all statements made in this application are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

SIGNATURE OF APPLICANT	DATE
NUMBER AND STREET	PHONE NUMBER, INCLUDING AREA CODE
CITY, STATE, AND ZIP CODE	

INFORMATION FOR THE APPLICANT

<p>EVIDENCE REQUIRED</p> <p>There must be submitted with this application a certified copy of the public record showing the death of the employee or annuitant. Failure to submit such death certificate will delay settlement of claim.</p> <p>Any other necessary evidence not of record in the United States Civil Service Commission will be requested after receipt of this application.</p>	<p>IF ASSISTANCE IS NEEDED</p> <p>If you need assistance in completing this application, contact the personnel office of the department or agency in which the deceased was employed, the nearest regional office of the United States Civil Service Commission, or the Bureau of Retirement, Insurance, and Occupational Health, United States Civil Service Commission, Washington, D.C. 20415.</p> <p>FINAL DETERMINATIONS</p> <p>Upon receipt of this application, the United States Civil Service Commission will determine what benefits, if any, are payable, the amount of such benefits, and to whom they are payable. The Commission will inform the applicant of the final determination.</p>
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