

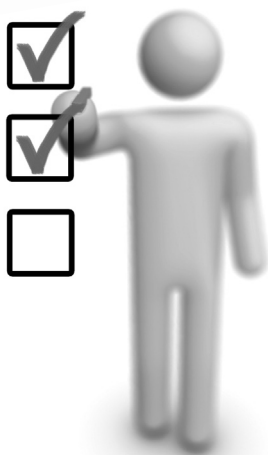


# NARFE

# BE PREPARED FOR LIFE'S EVENTS

*What Your Survivors Should Know*

PREPARE  
PREPARE



The purpose of this guide is to help you organize your personal and financial information in one location so your survivors will have the information they will need to handle your affairs upon your death.

While one's death is a difficult topic to discuss, reviewing this information with your family will help them to understand the steps they will need to take. Any questions that come up also can be addressed. You should ensure that your family members review this guide with you and know where it is located. You also should review this guide periodically to ensure that the information is up-to-date.

***NOTE: This booklet contains your private and personally identifiable information. Please keep it in a secure location.***

Date this document was prepared: \_\_\_\_\_

F-100 (01-17)



Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

NARFE member number: \_\_\_\_\_

Name of NARFE chapter service officer: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number of NARFE Service Center: \_\_\_\_\_

### FAMILY INFORMATION

#### Children

Name	Date of Birth	Social Security Number	Address

#### Grandchildren

Name	Date of Birth	Social Security Number	Address

#### Great Grandchildren

Name	Date of Birth	Social Security Number	Address

#### Husband's Family

##### Father

Name	Address	Deceased?

##### Mother

Name	Address	Deceased?

**Brothers and Sisters**

Name	Address	Deceased?

**Wife’s Family**

**Father**

Name	Address	Deceased?

**Mother**

Name	Address	Deceased?

**Brothers and Sisters**

Name	Address	Deceased?

Name and location of your computer file with relevant information: \_\_\_\_\_

Computer password: \_\_\_\_\_

**RETIREMENT ASSETS**

**FEDERAL RETIREMENT BENEFITS**

CSA number: \_\_\_\_\_ or CSF number: \_\_\_\_\_

Your retirement date: \_\_\_\_\_

Name of department/agency from which you retired: \_\_\_\_\_

If you have not yet retired, date of retirement eligibility: \_\_\_\_\_

If your annuity is paid by direct deposit to a bank or financial institution, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution’s routing number (on your checks or get from your bank or financial institution).

Name of bank/financial institution: \_\_\_\_\_

Routing number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If another person has signature authority on any of your accounts, provide the account number and enter the name and address of that person:

Account number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you elect a survivor's annuity for your spouse?  yes  no

Note: If you remarried, you need to make a request to provide a federal survivor's benefit for your new spouse within two years of the marriage (previously, it was within one year of the marriage).

## **MILITARY SERVICE AND RETIREMENT**

Branch of service: \_\_\_\_\_ Service number: \_\_\_\_\_

Period(s) of service: \_\_\_\_\_

Location of service discharge papers (DD-214, DD-215): \_\_\_\_\_

If you receive active duty and/or reserve duty retirement pay, enter the branch of service and service number under which the retired pay is made, benefit amount and address of the paying office:

Monthly amount: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Service number: \_\_\_\_\_

Address of paying office: \_\_\_\_\_

If your military retirement pay is paid by direct deposit, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution):

Name of bank/financial institution: \_\_\_\_\_

Routing number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If you are a retiree, did you set up a Survivor Benefit Plan for your surviving spouse? If yes, what is the benefit level or base amount that you elected? \_\_\_\_\_

## **VETERANS BENEFITS**

Are you receiving disability compensation or pension from the Department of Veterans Affairs? If yes, provide details and your VA claim number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the phone number of the VA Regional Office nearest you: \_\_\_\_\_

## SOCIAL SECURITY BENEFITS

Social Security number: \_\_\_\_\_

Do you receive Social Security payments?  yes  no

Monthly benefit amount: \_\_\_\_\_

If payment is made by direct deposit to a bank or financial institution, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution).

Name of bank/financial institution: \_\_\_\_\_

Routing number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

## OTHER RETIREMENT INCOME SOURCES

### Thrift Savings Plan (TSP)

Do you have a TSP account? If yes, provide your account number and TSP contact information:

\_\_\_\_\_

Provide user ID and password for online access: \_\_\_\_\_

Name beneficiary(ies) of your TSP account: \_\_\_\_\_

Address: \_\_\_\_\_

Location of designation form: \_\_\_\_\_

### IRAs

List the type of IRA: Traditional, Roth, SEP (Simplified Employee Pension Plan) IRA, Rollover, SIMPLE (Savings Incentive Matching Plan for Employees) IRA, Spousal

1. Type: \_\_\_\_\_

Account Balance: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Beneficiary: Primary: \_\_\_\_\_ Contingent: \_\_\_\_\_

Location of designation form: \_\_\_\_\_

2. Type: \_\_\_\_\_

Account Balance: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Beneficiary: Primary: \_\_\_\_\_ Contingent: \_\_\_\_\_

Location of designation form: \_\_\_\_\_

## Annuities

1. Annuity Company Name: \_\_\_\_\_

Account Value (as of \_\_\_\_\_): \_\_\_\_\_

Contract Number: \_\_\_\_\_

Type of Annuity: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

2. Annuity Company Name: \_\_\_\_\_

Account Value (as of \_\_\_\_\_): \_\_\_\_\_

Contract Number: \_\_\_\_\_

Type of Annuity: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

## Other Retirement Plans

1. Type of Plan:

401(k)  Profit-Sharing  ESOP (Employee Stock Ownership Plan)  Pension  Other

Account Balance: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Plan Sponsor Name: Same as Employer or: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Customer Service Telephone Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent: \_\_\_\_\_

2. Type of Plan:

401(k)  Profit-Sharing  ESOP (Employee Stock Ownership Plan)  Pension  Other

Account Balance: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Plan Sponsor Name: Same as Employer or: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Customer Service Telephone Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent: \_\_\_\_\_

# FINANCIAL INFORMATION

## ADVISERS

Financial Adviser: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

CPA/Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Stock Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## CASH AND EQUITY ACCOUNTS

1. Type of Account:  Checking  Savings  CD  Money Market  Other

Account Balance: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide user ID and password for online access: \_\_\_\_\_

2. Type of Account:  Checking  Savings  CD  Money Market  Other

Account Balance: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide user ID and password for online access: \_\_\_\_\_

3. Type of Account:  Checking  Savings  CD  Money Market  Other

Account Balance: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide user ID and password for online access: \_\_\_\_\_



4. Type of Account:  Checking  Savings  CD  Money Market  Other

Account Balance: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide user ID and password for online access: \_\_\_\_\_

## **OTHER INVESTMENTS**

### **Mutual Funds**

1. Fund Name: \_\_\_\_\_

Investment Amount/Amount of Shares: \_\_\_\_\_

Company/Investment Firm Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Fund Name: \_\_\_\_\_

Investment Amount/Amount of Shares: \_\_\_\_\_

Company/Investment Firm Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Stocks and Securities**

#### **Brokerage Accounts**

1. Account Balance: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Name(s) on account: \_\_\_\_\_

2. Account Balance: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Name(s) on account: \_\_\_\_\_

#### **Stocks**

1. I own the following stocks:

Company Name: \_\_\_\_\_

Estimated Value (as of \_\_\_\_\_): \_\_\_\_\_

Stock is:  Publicly Traded  Closely Held

Location of Certificates: \_\_\_\_\_

2. I own the following stocks:

Company Name: \_\_\_\_\_

Estimated Value (as of \_\_\_\_\_): \_\_\_\_\_

Stock is:  Publicly Traded  Closely Held

Location of Certificates: \_\_\_\_\_

### **Stock Options/Stock Purchase Plans**

1. Name of Stock Options: \_\_\_\_\_

Name of Issuing Company Issuing: \_\_\_\_\_

Address: \_\_\_\_\_

Grant Date: \_\_\_\_\_ Exercise Price: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Vesting Period: \_\_\_\_\_ Exercise Period: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

Location of Certificates or Documents: \_\_\_\_\_

2. Name of Stock Options: \_\_\_\_\_

Name of Issuing Company Issuing: \_\_\_\_\_

Address: \_\_\_\_\_

Grant Date: \_\_\_\_\_ Exercise Price: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Vesting Period: \_\_\_\_\_ Exercise Period: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

Location of Certificates or Documents: \_\_\_\_\_

### **Bonds**

1. Type:  Corporate  State Gov't.  Municipal  Federal  Other

Amount of Bond: \_\_\_\_\_ Interest Rate Paid: \_\_\_\_\_

Number of Bonds: \_\_\_\_\_

Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Type:  Corporate  State Gov't.  Municipal  Federal  Other

Amount of Bond: \_\_\_\_\_ Interest Rate Paid: \_\_\_\_\_

Number of Bonds: \_\_\_\_\_

Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## OTHER ASSETS

### REAL ESTATE

Type of Property:  Residential  Commercial  Rental

Owner(s): \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Address: \_\_\_\_\_

List Improvements Made and Dates:

\_\_\_\_\_  
\_\_\_\_\_

Provide locations of original abstract and/or title insurance certificate: \_\_\_\_\_

Provide location of lien if mortgage is paid off: \_\_\_\_\_

\_\_\_\_\_

### PERSONAL PROPERTY

If you have personal property that you may have stored, list the location of the storage facility and description of items stored: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have loaned any assets (furniture, art, etc.), list below:

Objects: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person Holding Them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Bequests

In addition to your will, have you prepared a list of bequests (heirlooms, art, etc.) and the individuals who you would like to receive the property upon your death? If yes, list below:

Description	Location	Name of Individual	Phone Number

# LIABILITIES

## MORTGAGE(S)

Are you still making mortgage payments?  yes  no

1. Loan Number: \_\_\_\_\_ Monthly payment : \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Loan Number: \_\_\_\_\_ Monthly payment \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CAR LOANS

Are you still making car payments?  yes  no

Loan Number: \_\_\_\_\_ Monthly payment : \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## OTHER LOANS (e.g., home equity)

List here:

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## CREDIT CARDS

1. Name of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4. Name of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Online Accounts**

Have you made purchases online (e.g., Amazon.com) using a credit card? If so, those accounts should be closed. List the websites below where you have accounts, as well as user IDs and passwords:

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### **Automatic Check Card Withdrawals**

If you pay for any services or products with automatic check card withdrawals (such as your newspaper), those payments should be cancelled. List the vendor and contact information:

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## **INSURANCE**

### **Federal Employees Health Benefits Program (FEHBP)**

Are you covered by an FEHBP health plan?  yes  no

If yes, is coverage:  Self Only  Self and Family  Self Plus One

Name of FEHBP plan, member identification number, address of insurance carrier and phone number:

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### **MEDICARE Part A and Part B**

Are you covered by Medicare Part A, Part B or both?

Part A only Date coverage began \_\_\_\_\_

Part B only Date coverage began \_\_\_\_\_

Parts A & B Date coverage began \_\_\_\_\_

Medicare number: \_\_\_\_\_

**MEDIGAP Insurance**  yes  no

Name of carrier, address, phone number, policy number and location of policy:

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**Long-Term Care Insurance**    yes    no

Name of plan(s), member identification number or policy number, address of insurance carrier, phone number and location of policy:

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**Dental/Vision Insurance**    yes    no

Name of plan(s), member identification number or policy number, address of insurance carrier, phone number and location of policy:

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**Federal Employees' Group Life Insurance (FEGLI)**    yes    no

List name of beneficiary and note location of designation form:

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**Veterans' Group Life Insurance**    yes    no

List name of beneficiary and note location of designation form:

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**Servicemembers' Group Life Insurance**    yes    no

List name of beneficiary and note location of designation form:

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**Any other insurance administered by the Department of Veterans Affairs?**    yes    no

If yes, list: \_\_\_\_\_

**Disability Insurance**    yes    no

Provide name of company, address, phone number, policy number and location of policy:

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**Homeowners' Insurance**    yes    no

Provide name of company, address, phone number, policy number and location of policy:

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**Car Insurance**    yes    no

Provide name of company, address, phone number, policy number and location of policy:

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Insurance agent's name and phone number:

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Any other insurance policies? If yes, enter names and addresses of the companies, phone numbers, policy numbers and designated beneficiaries, if applicable:

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## LIST AND LOCATION OF DOCUMENTS

<u>Document</u>	<u>Location</u>
Will:	_____
Living Trust:	_____
Living Will:	_____
Power of Attorney (General):	_____
Power of Attorney (Medical):	_____
Advanced Medical Directive:	_____
Beneficiary Designations:	_____
Personal Property List:	_____
Property Deeds:	_____
Family Partnerships or LCC:	_____
Organ donor form:	_____
Military Discharge Papers (DD-214; DD-215):	_____
Birth Certificates:	_____
Marriage License:	_____
Pre-Nuptial Agreement:	_____
Divorce/Separation Papers:	_____
Car Title(s):	_____
Burial Agreement:	_____
Tax Returns:	_____
Other:	_____
Other:	_____
Other:	_____

## NOTIFICATIONS IN CASE OF DEATH

Also see section on death and survivor's benefits, and how to apply for them.

### If still employed:

• Immediate Supervisor: \_\_\_\_\_

Office Phone: \_\_\_\_\_

• Spouse's Immediate Supervisor: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Notify NARFE Headquarters at 800-456-8410 to report a death.

List names, addresses, telephone numbers or email addresses of other family members and friends who should be notified upon your death:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_



## BURIAL INSTRUCTIONS

Have you prepared special burial instructions (in-ground burial, cremation, type of service, other preferences)? If yes, provide the location of the document or attach it to this guide:

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Do you have a pre-paid burial plan? Where is a copy located? \_\_\_\_\_

Have you purchased a plot? If yes, location of deed: \_\_\_\_\_

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Note information about yourself (employment history, military background, memberships, achievements, etc.) that you would like to have included in your obituary. Also note preferences regarding flowers vs. donations to specific charities.

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# DEATH AND SURVIVORS' BENEFITS

## **BENEFITS PAYABLE AFTER THE DEATH OF A CURRENT FEDERAL EMPLOYEE**

Survivors and family members of someone who is employed by the federal government at the time of death should contact the agency or department to report the death. If you leave federal service before becoming eligible for an immediate annuity and die, your heirs would be eligible for a lump-sum payment of your retirement contributions.

## **BENEFITS PAYABLE AFTER THE DEATH OF AN ANNUITANT**

The types of benefits and the amounts payable to survivors upon the death of a federal annuitant will depend on each particular case. Death benefits may be paid by Social Security, the Office of Federal Employees' Group Life Insurance (OFEGLI) and the federal agency administering the retiree's retirement system. The Office of Personnel Management (OPM) administers the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS), the two that cover most federal employees, retirees and survivors. Survivors and family members of deceased retirees can obtain valuable help from NARFE chapter service officers and NARFE Service Center volunteers.

### **Three-Step Process**

1. Payments and checks issued after the date of the retiree's death must be returned to the Treasury Department because government payments to a deceased person cannot be negotiated by any other person, including the executor or administrator of the deceased retiree's estate. The eligible survivor or person reporting the retiree's death needs to return any uncashed annuity checks to the return address shown on the envelope in which the annuity or Social Security check arrived. Any annuity that was accrued for the retiree through the date of his or her death will be included in the benefits payable to the eligible survivor(s). If payments have been sent directly to a bank or other financial institution, the bank or financial institution must be promptly notified of the retiree's death. Any payments deposited after the date of the retiree's death must be left untouched. The agency that issued the payment will ask the Treasury Department to recover it.
2. The eligible survivor or person reporting the retiree's death should notify the agencies that are paying benefits by telephone:
  - Social Security Administration: 800-772-1213
  - Office of Personnel Management (OPM): 888-767-6738 (toll-free)

If you cannot reach OPM by phone, you can report the death in writing by sending a notice to the OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017, Attn: Death Claims; or you can email the information to OPM at [retire@opm.gov](mailto:retire@opm.gov).

The person reporting the retiree's death will need to provide the information included in the Sample Notification included at the end of this guide. The individual will be able to talk to a customer service specialist or leave a message reporting the retiree's death. OPM will then have the information needed to identify the retiree's records. Once the agency receives the notification of death, it will stop benefits payments. OPM will then notify the person or persons who are eligible for death benefits that they may apply for those benefits. OPM also will send the application for life insurance, which must be completed and sent to the Office of Federal Employees' Group Life Insurance (OFEGLI). Once an application is received, OPM can finalize the survivor's death benefits, including any applicable Federal Employees Health Benefits Program coverage for survivor annuitants.

3. Certified copies of the retiree's death certificate should be obtained to enclose with death benefits applications [for example, from OPM, the Office of Federal Employees' Group Life Insurance (OFEGLI), Social Security Administration]. The retiree's death certificate is important because it establishes the retiree's exact date of death for the agencies that pay death benefits.

If additional information is needed, it will be requested by the agency responsible for the payment of the death

benefits for which applications have been submitted. Other evidence that might be requested may include copies of marriage certificates, birth certificates, divorce decrees, death certificates for deceased children or spouses, or other documents establishing identity or relationship to the deceased retiree -- the types of personal records that any reasonably prudent person would keep in a safe place. OPM, Social Security, OFEGLI, etc., will only request evidence that is not already on file with the deceased retiree's records.

As noted previously, if the retiree had FEGLI coverage, OPM will send out applications for benefits to designated beneficiaries or persons entitled to the life insurance under the FEGLI order of precedence. Survivors of a deceased retiree do not need to notify or contact OFEGLI. OPM will notify OFEGLI and will certify that the retiree was covered by FEGLI and the amount of the retiree's life insurance coverage. After that, OFEGLI will make payments to eligible survivors who have submitted applications for benefits.

## **DEATH OF AN ANNUITANT'S SPOUSE**

When an annuitant's spouse dies, the annuitant should act as soon as possible to send OPM a copy of the spouse's death certificate, along with any other applicable requests and statements (see Sample Notification at the end of this guide). The annuitant also can obtain assistance in notifying OPM from his or her chapter service officer or the local NARFE Service Center.

### **Restoration to Full Annuity Rate**

If an annuitant has elected a full or partial survivor annuity for his or her spouse, the annuitant can have the annuity restored to the full, unreduced rate if the spouse predeceases the annuitant. The restoration to the unreduced rate is effective as of the first day of the month after the date of the spouse's death. The annuitant should notify OPM that he or she wants to have the annuity restored to the full rate by writing to the OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-4500.

The Report of Death (Sample Notification) can be used to notify OPM, along with a copy of the spouse's death certificate. Any items applicable to the individual annuitant's situation should be covered in the letter.

### **Federal Employees Health Benefits Program (FEHBP)**

The annuitant should request that his or her FEHBP enrollment be changed from self-and-family coverage to self-only coverage, if there are no other family members (e.g., minor children, disabled or eligible grandchildren) who are entitled to FEHBP coverage under the annuitant's enrollment. This can be taken care of immediately by contacting OPM by phone at 888-767-6738.

### **Designations of Beneficiaries**

If the annuitant wants to designate a new beneficiary or beneficiaries for his or her unassigned FEGLI coverage, and for any unexpended retirement monies in the Civil Service Retirement Fund (which covers both CSRS and FERS), he or she should request that OPM send new designation forms. These are: SF 2823 for FEGLI, SF 2808 for CSRS, SF 3102 for FERS. In addition, if the annuitant has a Thrift Savings Plan (TSP) account, the annuitant should contact the TSP Office to request form TSP-3, "Designation of Beneficiary." The address is: Thrift Savings Plan Office, P.O. Box 385021, Birmingham, AL 35238. The phone number is 877-968-3778. The form also can be downloaded from the TSP website at [www.tsp.gov](http://www.tsp.gov).

**Make sure that all of your beneficiary forms are up to date, both with your designated beneficiary(ies) and to ensure that the addresses are current.**

### **Family Life Insurance**

If the deceased spouse was covered under the annuitant's Option C FEGLI Family Insurance, the annuitant also should request FEGLI form FE6-DEP, "Statement of Claim," to file for the life insurance benefits.

## **Income Tax Withholding**

If the annuitant wants to change the amount of federal or state income tax being withheld from his or her annuity, the annuitant can do this online at [www.opm.gov/retire](http://www.opm.gov/retire). The change also can be made by phone by calling 888-767-6738. The annuitant will need to have the retirement claim number and personal identification number or Social Security number. The annuitant also can write to OPM at the address above. OPM will change the tax withholding as requested by the annuitant. No special forms are required.

## **Legal Consultation**

The annuitant should consult with his or her legal adviser and review the will and other important financial and estate-related documents.

## **DEATH OF A SURVIVOR ANNUITANT**

If your spouse is deceased, you also may want to complete a designation of beneficiary form for FEGLI. If you do not receive this form when you report your spouse's death, you can request it from OPM. An executor or a survivor spouse of a deceased survivor annuitant must take certain actions pertaining to the survivor annuity of the deceased survivor annuitant as soon as possible. NARFE chapter service officers and NARFE Service Center volunteers are available to assist in taking the necessary actions.

When a survivor annuitant dies, his or her entitlement to survivor annuity payments ends at the end of the month prior to the date of the survivor annuitant's death. Any uncashed or non-negotiated annuity checks sent to the survivor annuitant, regardless of when received, and any annuity payments that are directly deposited to a bank or other financial institution after the date of death must be returned.

### **The following actions should be taken:**

1. Return any uncashed or non-negotiated survivor annuity checks to the return mail address on the Department of the Treasury envelope in which the check was mailed. If the payments are direct deposits in a bank or financial institution, notify the bank or financial institution of the survivor annuitant's death so that the bank will not accept any further survivor annuity payments for the deceased. Any payments deposited to the decedent's account after the date of death will be automatically returned to the Department of the Treasury. Any checks or payments issued after the date of the survivor annuitant's death will be recovered at the direction of OPM.
2. Send a letter reporting the survivor annuitant's death, along with a copy of the decedent's death certificate, to: OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-4500.

This letter should include the decedent's full name and address, civil service claim number, Social Security number, date of birth, date of death and the relationship of the decedent (if any) to the letter writer. The Sample Notification at the end of this booklet may be used for this purpose. OPM will remove the deceased survivor annuitant's name from the annuity rolls to prevent any further payments from being sent.

If the survivor annuitant had a TSP account or an annuity, the TSP Service Office should be contacted to report the death: Thrift Savings Plan Office, P.O. Box 385021, Birmingham, AL 35238. You also can call 877-968-3778. For TSP death benefits to be processed, survivors should submit form TSP17, "Information Relating to Deceased Participant," along with a copy of the participant's certified death certificate.

If there are any questions about these procedures or you need assistance, contact the nearest NARFE chapter service officer or NARFE Service Center volunteer. If you do not have the contact information, call the NARFE Member Records Department at 800-456-8410 and request the name, address and telephone number for the nearest chapter service officer or NARFE Service Center volunteer.

**SAMPLE NOTIFICATION INFORMATION** (Complete for your records)

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

Name of deceased: \_\_\_\_\_

Federal annuitant     Spouse of federal annuitant     Survivor annuitant

Name of annuitant: \_\_\_\_\_

Claim number (CSA or CSF): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Date of death: \_\_\_\_\_

My relationship to the deceased is:  Spouse     Other (specify) \_\_\_\_\_

If spouse, my Social Security number is: \_\_\_\_\_

My date of birth is: \_\_\_\_\_

I request the following change in enrollment in the Federal Employees Health Benefits Program:

Change from Self and Family/Self Plus One to Self Only

Continue Self and Family/Self Plus One because the deceased is survived by other eligible dependents

Death Certificate:  Enclosed     Will be included with claims

Please provide the undersigned with claim forms for available benefits, if any, at the address below.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Note: To make a toll-free death report or for general inquiries, call the OPM Retirement Information Office at 888-767-6738 (202-606-0500 in the Washington, DC, area).

## **VA BENEFITS**

If the annuitant is a veteran, some Department of Veterans Affairs (VA) benefits may be available for both the eligible veteran and the surviving spouse. These benefits could include dependency and indemnity compensation, and burial and memorial benefits. Burial benefits in a VA national cemetery are available for eligible veterans, their spouses and dependents at no cost to the family, and include the grave site, grave-liner, opening and closing of the grave, a headstone or marker, and perpetual care. The funeral director or next of kin can make interment arrangements by contacting the national cemetery in which burial is desired and where burial is available. VA also will pay a burial allowance and reimburse for burial expenses in some circumstances.

The forms that are needed to process any applicable claims include a copy of the veteran's marriage certificate for claims of a surviving spouse and the veteran's death certificate if the veteran did not die in a VA health care facility. For eligibility information, phone VA at 800-827-1000. The VA benefits handbook also is available on the NARFE website at [www.narfe.org](http://www.narfe.org).



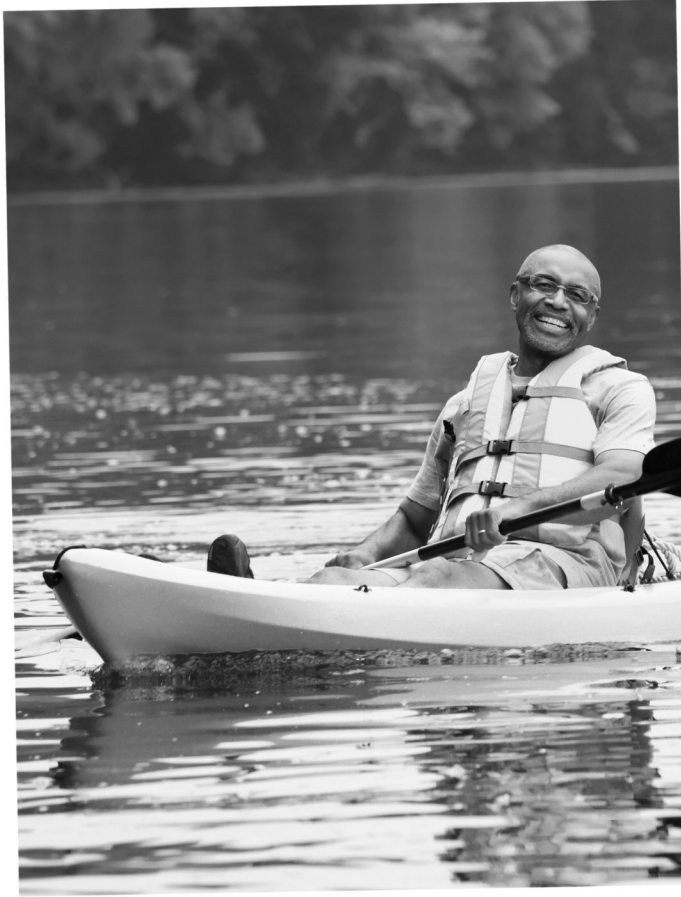
### **National Active and Retired Federal Employees Association**

The National Active and Retired Federal Employees Association (NARFE) is the only association dedicated to safeguarding and enhancing the benefits of America's active and retired federal employees, and their survivors. NARFE is an advocate for both active and retired federal employees before Congress and the White House. NARFE sponsors and supports legislation to protect the earned retirement benefits and general welfare of its members.

606 N. Washington St.  
Alexandria, VA 22314  
703-838-7760  
**[www.narfe.org](http://www.narfe.org)**



The **Federal** Long Term Care Insurance Program™



## **Make long term care insurance part of your retirement plan.**

Long term care is expensive, and it's not covered by traditional types of insurance plans. With benefits designed specifically for the Federal family, the Federal Long Term Care Insurance Program (FLTCIP) offers a smart way to help protect savings and assets should you need long term care services someday.

Note: Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. You need to apply to find out if you qualify for coverage under the FLTCIP.

### **The Federal Long Term Care Insurance Program**

**1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557**

**[www.LTCFEDS.com/NARFE](http://www.LTCFEDS.com/NARFE)**

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, and administered by Long Term Care Partners, LLC.

*John Hancock*

