



**Civil Service Retirement System
Survivor Annuitant Express Pay
Application for Death Benefits**

Form Approved:
OMB Number 3206-0233

Your name (*last, first, middle*)

Email address

CSF case label

Are there unmarried disabled or dependent children of the deceased? If so, please list them. Please also provide the name, address, and telephone number (*if known*) of the person who has custody and a date of birth and social security number for each child. If there are no such children, please write "none." Continue on a separate sheet of paper if you need to list more than two.

| | | | |
|--------------|----------------------------|------------------------|---|
| Child's name | Date of birth (mm/dd/yyyy) | Social Security Number | Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------|----------------------------|------------------------|---|

Custodian's name, address, and telephone number

| | | | |
|--------------|----------------------------|------------------------|---|
| Child's name | Date of birth (mm/dd/yyyy) | Social Security Number | Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------|----------------------------|------------------------|---|

Custodian's name, address, and telephone number

Federal law requires that most Federal payments be made by electronic funds transfer (EFT) for direct deposit to a checking or savings account. If receiving payments electronically would cause you a hardship because you have a disability or because of geographic, language, or literacy barrier, you may receive your payment by check. In addition, if enrolling in direct deposit would cause you a financial hardship because it would cost you more than receiving your payment by check, you may receive your payment by check. To enroll you in direct deposit we must have all the information requested below. You can obtain this information by calling the financial institution where you want your payments deposited. If direct deposit would cause you a hardship, check the box provided to let us know this.

| | | |
|-------------------------------|--------------------|---|
| Name of financial institution | EFT routing number | Telephone number (<i>including area code</i>) |
| Address | | Account number (<i>if applicable</i>) |
| | | Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Direct deposit would cause me a hardship. |

Your signature below certifies that you were married to the deceased and met the duration-of-marriage requirements (see instructions on the reverse) at the time of his or her death, that your date of birth and your social security number are as shown below, and that you are not eligible for survivor benefits based on the service of another former Federal employee. Please make corrections to your Social Security Number and date of birth as necessary. Your signature below also certifies that information provided in this application is true to the best of your knowledge and that no evidence necessary to the settlement of this claim has been withheld.

| | |
|-----------------|---|
| Signature | Telephone number (<i>including area code</i>) |
| Mailing address | Date of birth (mm/dd/yyyy) |
| | Social Security Number |

Warning: Any intentionally false or willfully misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than five years or both. (18 USC 1001).

Instructions for Civil Service Retirement System Survivor Annuitant Express Pay Application for Death Benefits

You cannot use this application if —

- You were not married to the retiree when he or she died.
- You are entitled to another survivor annuity under the Civil Service Retirement System or any other retirement system for Government employees.

Complete each item on the application form and include a copy of the death certificate.

Return the application and death certificate in the enclosed envelope within 30 days or call us at 1-888-767-6738 if you need additional time to apply.

Application from Current Spouse

You can use this form to apply for recurring monthly survivor annuity payments if:

- you were married to the deceased at the time of his or her death for at least nine months, and
- your spouse elected to receive a reduced annuity to provide you with a survivor benefit.

The nine month duration of marriage requirement does not apply if your spouse's death was accidental or you and the deceased had a child.

Children's Eligibility

Children born to the deceased and children the deceased adopted are eligible for monthly survivor annuity payments if:

- they are not married and under age 18,
- they are not married, are full-time students, and are age 18 to age 22,
- they are not married, age 18 or older, and OPM has already determined that they are disabled.

Payments to the Deceased

Any checks the retiree failed to negotiate must be returned to the U.S. Department of the Treasury. These checks are not negotiable by law. The Office of Personnel Management will authorize the lump-sum payment of any monies due the retiree as soon as possible. The lump sum will be paid to the person who is legally entitled to it.

The U.S. Department of the Treasury will recover any payments to the retiree deposited by Electronic Funds Transfer after the retiree died.

Payments to You

We have already started payments to you. These payments will be suspended after 60 days if we do not receive your application or you do not contact us.

If your payment includes your annuity and the annuity for your children, **you** are obligated to inform us if a child marries or if a disabled child recovers from the disability.

For More Information

If you have questions or believe you cannot use this form to apply, call us at 1-888-767-6738. Use the address shown at the top of this page if you need to write to us.

Privacy Act and Public Burden Statements

Title 5, U.S. Code, Chapter 83, authorizes the solicitation of this information. The data you furnish will be used to identify records properly associated with your application; to obtain additional information, if necessary; to determine and allow present or future benefits; and to maintain a unique identifiable claim file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security number as an individual identifier to distinguish between people with the same or similar names. Failure to furnish information may result in suspension of your payments.

We estimate providing this information takes an average 30 minutes per response, including the time for reviewing instructions, getting the needed data, and reviewing the requested information. Send comments regarding our estimate or any other aspect of this form including suggestions for reducing completion time, to the U.S. Office of Personnel Management, Retirement and Benefits Publications Team (3206-0233), Washington D.C. 20415-3430. The OMB number (3206-0233) is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.