<u>CŚŔS</u>
Civil Service

Form Approved:
OMB Number 3206-0233

Civil Service Retirement System					Form Approved: OMB Number 3206-0233					
<u>CSRS</u>	Survivor Annuitant Express Pay									
Civil Service Retirement System	Application for Death Be	enefits								
Your name (last	, first, middle)									
•	•									
					CSF case	label				
Email address										
			`							
telephone num	arried disabled or dependent children o ber <i>(if known)</i> of the person who has cu e write "none." Continue on a separate sh	stody and a dat	e of birth and	d social	security number fo	provide the r each child	name, ac	ddress are no	s, and such	
Child's name		Date of birth (m	Date of birth (mm/dd/yyyy)		Security Number	F	Full-time student			
							Yes		No	
Custodian's name	, address, and telephone number									
Child's name Date of birth (mm/dd/yy		nm/dd/yyyy)	Social	Security Number	F	Full-time student				
			,		·		Yes		No	
Custodian's name	, address, and telephone number						162		INU	
	,									
The U.S. Depar	tment of the Treasury will pay all feder	ral benefits elec	ctronically. Y	our pay	ments should be n	nade by Dire	ect Depos	it into	your	
checking or sa information see	vings account or you need to arrange f the instructions for using this applicatio	for a Direct Exp on form.	oress debit c	ard pro	vided by the Depar	tment of the	Treasur	y. For	more	
Lelect to rece	ive payments by:									
Direct Dep		Direct	t Express debit o	ard.						
Name of financia		EFT routing n	umber	Telephone number (including area code)						
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Address					Account number (if applicable)					
					(-4-1	,				
				Type	of account					
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				┨	Checking		_			
					I live ouside the Deposit and Dire					
reverse) at the for survivor ber of birth as nece	below certifies that you were married to time of his or her death, that your date of nefits based on the service of another for essary. Your signature below also certified the necessary to the settlement of this claim	f birth and your mer Federal em es that informat	social secur ployee. Pleas ion provided	ity numl se make	ber are as shown be corrections to your	elow, and that Social Secu	at you are rity Numb	not el er and	igible d date	
Signature				Teleph	none number (inclu	iding area c	ode)			
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).

U.S. Office of Personnel Management Civil Service Retirement System **Retirement Operations Center** P.O. Box 45

Boyers, Pennsylvania 16017-0045

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.

Direct Deposit Program/Direct Express Debit Card

The Department of the Treasury is no longer issuing paper checks to pay benefits to persons who live in the United States or in places where Electronic Funds Transfer [Direct Deposit/Direct Express] is available. To enroll in the Direct Deposit program, contact us or complete Standard Form 1199A, Direct Deposit Sign-Up Form, which you can get at your financial institution. To obtain a Direct Express card, go to www.godirect.org or call the Department of the Treasury at 1-800-333-1795.

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.

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