

United States
Office of Personnel Management
Retirement Operations
PO Box 45
Boyers, PA 16017-0045

Initial Certification of Full-Time School Attendance

| | |
|----------------------------|--|
| Reference | |
| Date (mm/dd/yyyy) | |
| Claim number | (suffix) |
| CSF | |
| Name of deceased employee | |
| Name of child | |
| Date of death (mm/dd/yyyy) | On roll? <input type="checkbox"/> Yes <input type="checkbox"/> No |

The *Application for Death Benefits* shows that the child named above, a survivor of a Federal employee or annuitant, is (*or soon will be*) age 18. After reaching age 18, a child is eligible for a survivor annuity only if unmarried and **(1)** a full-time student in an accredited school or **(2)** incapacitated for self-support because of a physical or mental disability that began before age 18.

If a child is unmarried and incapacitated for self-support because of a mental or physical disability, do not fill in the other side of this form. Instead, return the form to us with a doctor's certificate describing the nature and extent of the child's disability. After we review the documentation of the disability, we will write to you about the child's eligibility for benefits.

If the child is unmarried and a full-time student, you should complete **Part A** on the other side of this form; a school official (*the principal, administrator, registrar, etc.*) should complete **Part B**, and you should return the completed form to us promptly. If the child's school year was not in session on the date of death (*shown above*), have the school official complete Part B for the last school year attended.

Send the completed form to:

U.S. Office of Personnel Management
Retirement Operations Center
Attn: Survivor Claims
PO Box 45
Boyers, PA 16017

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information on this form by 5 U.S.C. Chapter 83 (Civil Service Retirement) and the 5 U.S.C. Chapter 84 (Federal Employees' Retirement). OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information in order to determine if the child is eligible to receive survivor benefits. **Routine Uses:** The information requested on this form may be shared externally as a "routine use" to other Federal, state, or local agencies and organizations for determination or continuation of benefits from OPM, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the *OPM/Central 1 Civil Service Retirement and Insurance Records system of records notice*, available at www.opm.gov/privacy. **Consequences of Failure to Provide Information:** Providing the information is voluntary. However, failure to provide this information may delay or prevent OPM from being able to determine whether unmarried dependent children (between age 18 and 22 years of age) are eligible to receive survivor benefits.

Public Burden Statement

We estimate this form takes an average 90 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0099), Washington, DC 20415-0001. The OMB Number 3206-0099 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

This Space is For the Use of the Office of Personnel Management Only.

| | | | |
|----------|-----------------------------------|--|----------------------------|
| Remarks: | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved Because | Call up (M-Card) processed |
| | | <input type="checkbox"/> Less than full-time school attendance | |
| | | <input type="checkbox"/> Not in school | |
| | | <input type="checkbox"/> Over 5-month break in attendance | |
| | | <input type="checkbox"/> Married | |
| | | <input type="checkbox"/> Non-recognized school | |
| | | <input type="checkbox"/> Other (specify): | Benefits specialist |
| | Inspector | Date (mm/dd/yyyy) | Date (mm/dd/yyyy) |

Part A To be completed by the payee (the person who expects to receive benefits for the student).

Read the reverse side this form before answering the questions below; give full information; typewrite or print in ink.

| | | | |
|---|--|--|--------------------------|
| 1. Student's name (first, middle, last) | 2. Student's date of birth (mm/dd/yyyy) | 3. Student's social security number | |
| 4. Is this student married? | | Date of marriage (mm/dd/yyyy) | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", show the date at right, sign item 7 of this part, and return this form. (It is not necessary to complete the rest of the form.) | | | |
| Current Status | 5. Is this student married? | Last date school was attended (mm/dd/yyyy) | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", show the date at right, the student last attended school on a full-time basis. | | |
| Future Plans | 6. After the end of the school year, does the student intend to continue as a full-time student with less than a 5-month break between school years? | | |
| | <input type="checkbox"/> Yes - If "Yes", give the details in items 6a and 6b. <input type="checkbox"/> No - If "No", go to item 7. <input type="checkbox"/> Undecided - If "Undecided", go to item 7. | | |
| | 6a. Enter the date (or approximate date) the next school year or term begins after current enrollment (mm/dd/yyyy) | 6b. Complete name and mailing address (including ZIP code) of the educational institution the student will attend next year. | |
| Payee Signs Here | 7. I certify that all information given in this certification is true and correct to the best of my knowledge and belief. I understand that I must immediately notify the Office of Personnel Management (OPM) if the student transfers to another school, discontinues school attendance, reduces attendance to less than full-time, marries, or dies. I further agree to return all overpayments of student benefits, including overpayments that may be erroneously made after I notify OPM of any terminating event. I authorize the appropriate school official to verify the student's school attendance status to OPM in the manner requested by that agency. | | |
| | Signature of payee | E-mail address | Daytime telephone number |
| | | | Date (mm/dd/yyyy) |

Part B

To be completed by an official of the educational institution for the school year _____ (month/year) to _____ (month/year).

| | | |
|--|--|--|
| 1. Is/was the student enrolled in and attending a full-time course of resident study or training (not correspondence) for the period requested? | 2. Actual date the student started school for the school year indicated above (mm/dd/yyyy) | 3. Official ending date of the school year (mm/dd/yyyy) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Check the type of educational institution: | | 5. Show the complete name and mailing address (including the ZIP code) of the educational institution. |
| <input type="checkbox"/> High school <input type="checkbox"/> Junior/community college <input type="checkbox"/> Trade school <input type="checkbox"/> College or university <input type="checkbox"/> Technical institute <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Vocational institute | | |
| 6. Show the total school hours per week: | | |
| a. If college or equivalent, show credit hours: _____ | | |
| b. If high school or equivalent, show actual clock hours: _____ | | |
| c. If in a work-study program sponsored by the school, | | |
| ❖ show hours at work: _____ | | |
| ❖ show hours at school: _____ | | |

Complete items 7 and 8 below if your institution is **not** a state college, state university, or public high school.

| | | |
|---|--|--|
| 7. Show the complete name and address (including ZIP code) of the organization which accredits, licenses, or otherwise recognizes the school. | 8. If the educational institution is licensed, show: | |
| | a. Current license number: | b. Expiration date of current license (mm/dd/yyyy) |
| | | |
| School Official Signs Here | I certify that the information given in regard to requested school enrollment of the above-named student is true and correct to the best of my knowledge and belief. | |
| | Signature of principal, administrator, registrar, etc. | Telephone number |
| | Title | Date (mm/dd/yyyy) |
| | Warning: Any intentionally false statement, willful concealment of material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, 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) | |