OMB Approval 3206-0172

FERS
Federal Employees Retirement System

Application for Death Benefits

Federal Employees Retirement System

This application is for use by persons applying for benefits which may be payable under the Federal Employees Retirement System (FERS) because of the death of an employee, former employee, or retiree who was covered by FERS at the time of his/her death or separation from Federal service. You can reference the informational pamphlet entitled, *Applying for Death Benefits Under the Federal Employees Retirement System*, SF 3114 online at *www.opm.gov/retirement-services/publications-forms/*. You can either write to the Office of Personnel Management at OPM, FERS, P.O. Box 45, Boyers, PA 16017-0045 or call OPM's Retirement Information Office at 1-888-767-6738.

If the deceased was an employee at the time of death, send your completed application, with any requested attachments, to the personnel office in the agency where the deceased was last employed. If the deceased was a former employee or annuitant at the time of death, send it to OPM, FERS, P.O. Box 45, Boyers, PA 16017-0045.

If your address changes before you receive your claim number, write to OPM, giving your name, date of birth, your Social Security Number, and the deceased person's name, date of birth and Social Security Number. If you have received your claim number, please refer to it.

Instructions For Completing Application

Type or print clearly in ink. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number, and the deceased person's name, date of birth and Social Security Number, written at the top. If you do not know an answer, write *"unknown."* If you are unsure of information *(for example, if you do not know an exact date)*, answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

Section A - Information About the Deceased

6. If deceased had ever applied for or received retirement benefits, show the CSA number (retirement claim number).
7. Recurring payments from the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor and FERS survivor annuity benefits and/or the FERS Basic Employee Death Benefit usually are not payable for the same period of time. If the deceased ever applied for or received benefits from OWCP based on an illness or injury resulting from a condition of employment, indicate here. The OWCP claim number appears on correspondence from OWCP.
8. See the pamphlet entitled, *Applying for Death Benefits Under the Federal Employees Retirement System*, SF 3114 to help you determine which block to check.
10. If the deceased had no former marriage(s), write *"none."* Attach copies of death certificates, divorce decrees from former marriage(s) or annulment(s). If you are the spouse of the deceased and were married to the deceased before, be sure to show the date your prior marriage(s) ended.

Section B - Information About the Applicant

5. If you checked *"Designated beneficiary"* and have a copy of the form designating you as beneficiary, attach it to the application. If you checked *"Parent,"* both parents must submit completed applications. If one is deceased, attach a copy of the death certificate. Otherwise, provide name and address of other parent in Section F, if known. If you checked *"Executor or administrator of estate,"* attach a copy of the court order appointing you executor or administrator. *(Note that a court must have appointed you; we will not pay you based on a will or other document prepared by the deceased.)*

Section C - Information About the Deceased Person's Spouse

1. Attach a copy of your marriage certificate.

   If you were married by a priest, rabbi, pastor, Justice of the Peace or other person empowered by the State to perform marriages, check *"Clergy/Justice of the Peace"*. If you were ***not*** married by someone empowered by the State to perform marriages, check *"Other"* and explain *(for example, "common law" or "tribal marriage")*.

   If marriage is common law and a State court has determined that you were married, send a copy of the court order or judgment. If you do not have a court order or judgment, attach two notarized affidavits from persons who are in a position to know the facts which clearly show: ***(1)*** the relationship between you, your spouse, and the person swearing to the affidavit; ***(2)*** the length of time you and the deceased lived together; ***(3)*** the address or addresses at which you resided while you lived together; ***(4)*** whether there was any public announcement in connection with your common law marriage; ***(5)*** whether you and the deceased were regarded among your neighbors, friends, and relatives as being husband and wife during the time you lived together; and ***(6)*** how the person swearing to the affidavit is in a position to know the facts being presented in the affidavit.

   In addition, your own affidavit is required. It should show: ***(1)*** the date on which, and the State in which, you and your spouse mutually agreed to become husband and wife; ***(2)*** whether you or your spouse were ever married, ceremonially or under common law, to anyone else before entering into the common law relationship *(if so, state in your affidavit all the facts of each previous marriage, including the date it took place and the date of the death or divorce which ended it)*; and ***(3)*** any other facts which you believe will help prove you were husband and wife. You may also submit other documents which show a husband and wife relationship such as a naturalization certificate, deeds, immigration records, insurance policies, passports, child's birth certificate, etc.

2. If you married the deceased more than once, give dates that each marriage began and ended.

Section E - Information About the Deceased Person's Dependent Children

1a. List, in order of birth date, all the surviving, unmarried, dependent children of the deceased. List all such children you know of, no matter where they live. A dependent child is a son or daughter who is unmarried and:

- ► was under age 18 at the time of the deceased person's death, including any:
  1. adopted child, and/or
  2. stepchild, and/or
  3. recognized child born out of wedlock who lived with the deceased in a regular parent-child relationship, and/or
  4. recognized child born out of wedlock if there was a judicial determination of support or if the deceased made regular and substantial contributions for the support of the child.
- ► is age 18 or older, but who became mentally and/or physically disabled before age 18 and who, because of the disability, is incapable of self-support. Attach a copy of the Social Security Administration's determination of disability (prior to age 18) for disabled child(ren) over age 18.
- ► is between ages 18 and 22 and who is unmarried and a full-time student in school.

1b. Attach a copy of the birth certificate for each child for whom you are applying.

1d. Show how each child is related to the deceased. For example, write "Child of marriage at death" for a child of the deceased person's marriage in force at the time of death.

1e. If the unmarried dependent son or daughter is 18 or over, state whether he or she is a full-time student and/or disabled.

2. The mother of the unborn child, the legal guardian or the person responsible for the child should send us the birth certificate, when available.

3d. If the person(s) in 3b. is (are) court appointed, indicate by checking the *"Legal guardian"* box. If you are the person who is court appointed, attach a copy of the court appointment to this application. If there is no court appointment, check *"Other"* and write in the relationship to the child, for example, mother, father, sister, etc.

4. You must apply for benefits from the Social Security Administration (SSA) for minor or disabled children of the deceased. Federal Employees Retirement System (FERS) benefits to children will not be paid until we have received verification of their entitlement to *(and amount of)* or lack of entitlement to SSA benefits. You should submit a copy of SSA's notice of award or denial with this application, if available. If it is not submitted, we will obtain the information from SSA, however, this may delay the processing of your claim.

Section F - Information About Other Heirs

Please give us information about other relatives who may be able to inherit from the deceased. If you can't give complete information, do the best you can. List only people who were living when the deceased died and who have the following relationships to the deceased:

- ► Widow(er) (unless named in Section C);
- ► Children of the deceased not included in Section E and the children of any deceased children *(on a separate sheet of paper, show the relationships of descendants of deceased children to the deceased, for example, John and Mary, children of deceased son John, and Sue, child of deceased daughter Ann)*;
- ► If there is no living widow(er) or child, list the deceased person's parents *(if only one parent survives, a copy of the deceased parent's death certificate should be attached, if available)*;
- ► If there are no living relatives of the deceased as described above and no court-appointed executor or administrator as described in Section G, list other relatives who can inherit from the deceased.

Section G - Information About the Deceased Person's Estate

1. If someone was named as executor or administrator in the deceased person's will, but hasn't been appointed by a court, check *"No."* If you have been appointed by a court, attach a copy of the court appointment.

Section H - Active Military Service

You do not need to complete parts 1 and 2 of this section if the deceased was retired at the time of death, since the Office of Personnel Management (OPM) already has this information.

1. Indicate whether the deceased performed active duty that terminated under honorable conditions in the Armed Forces or other uniformed services of the United States. Inactive service in reserve components of the uniformed services is not creditable for retirement purposes. Service in the National Guard is not usually considered active Federal military service except when ordered to active duty in the service of the United States. However, full-time National Guard duty *(as defined in Section 101(d) of Title 10)* is creditable, if the service interrupts creditable civilian service and is followed by reemployment *(as explained in Chapter 43 of title 38)* that occurs on or after August 1, 1990. If the deceased was a retiree, OPM already has information about his/her military service.

   If you have a copy of the deceased person's DD 214's or other discharge certificate(s) showing the dates of active duty and the deceased was a former employee at the time of death, you should attach it (them) to your application.

2. Persons who performed active military service after December 31, 1956, must pay or have paid a deposit to receive credit under the Federal Employees Retirement System (FERS) for the military service.

   If the deceased was an employee at the time of death, you may pay or complete the payment of the deposit by completing the election form contained in Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death, Standard Form (SF) 3104B, which can be obtained from the agency where the deceased was last employed. The deceased's agency can provide you with more information regarding this deposit.

3. Indicate whether the deceased ever received or applied for military retired pay.

   If you are receiving military survivor benefits, the deceased person's military service is used for survivor purposes, subject to a reduction equal to the amount of your military survivor benefits.

   However, if such retired pay was awarded on account of a service-connected disability incurred in enemy combat or caused by an instrumentality of war in the line of duty during a war period, or was awarded under Chapter 1223, title 10, U.S. Code *(formerly Chapter 67, Title 10)*, no such reduction is required. You should attach a copy of your award of military survivor benefits verifying the award was based on one of the above reasons.

Section I - Payment Instructions

Complete in all cases. The US Department of the Treasury pays all Federal benefit payments electronically. Most Federal payments are paid by Direct Deposit into a savings or checking account at a financial institution. If you do not have a bank account, or prefer not to have your survivor annuity payments deposited directly to your bank account, you can choose a Direct Express debit card.

If you choose this option, your annuity payment will be automatically deposited to the Direct Express card on the payment date. To obtain a debit card, go to *www.godirect.org* or call 1-800-333-1795. If your payments are not electronically deposited to your account and you do not have a Direct Express card, you must contact the Department of Treasury at 1-800-333-1795.

You cannot receive your survivor annuity payments by direct deposit or the Direct Express debit card program if your permanent payment address is outside the United States in a country where these programs are not available.

Section K - Applicant's Checklist

Use this section of the application to ensure that all required supporting documentation is attached.

SF 3104A

If the deceased was a retiree at the time of death and you are the surviving spouse, you should complete *Survivor Supplement (FERS)*, SF 3104A, which is attached to this application. Instructions for completing SF 3104A are contained on the form itself.

SF 3104B

If the deceased was an employee at the time of death and you are the surviving spouse or former spouse, you and the deceased person's agency should complete *Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death,* SF 3104B, which can be obtained from the deceased person's former employing agency. Instructions for completing SF 3104B are contained on the form itself.

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 requested on this form by Chapter 84, Title 5, U.S. Code. 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:** The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. **Routine Uses:** The information requested on this form may be shared externally as a *"routine use"* to other Federal agencies and third-parties when it is necessary to process your application for benefits. For example, OPM may share your information with other Federal, state, or local agencies and organizations 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. 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 the 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 this information to OPM is voluntary. However, if you fail to provide this information, it may result in a delay or prevent action on your application.

Public Burden Statement

We estimate this form takes an average of 60 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 United States Office of Personnel Management (OPM), Retirement Services Publications Team (3206-0172), Washington, D.C. 20415-0001. Completed application forms should not be sent to this address. The OMB Number 3206-0172, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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FERS
Federal Employees Retirement System

Application for Death Benefits

Federal Employees Retirement System

Section A - Information About the Deceased

1. Full name of the deceased *(last, first, middle)*
2. Date of birth *(mm/dd/yyyy)*
3. Date of death *(mm/dd/yyyy) [Attach a certified copy of the death certificate.]*
4. Social Security Number
5. List any other names the deceased used *(ex. maiden name or his/her middle name)*
6. CSA number *(if retired)*
7a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? ☐ No ☐ Yes →
7b. OWCP claim number
8. What was the employment status of the deceased at the time of death? *(see pamphlet entitled, **Applying for Death Benefits Under the Federal Employees Retirement System**, SF 3114)*

☐ Employee → *Complete SF 3104B, which can be obtained from the former employing agency of the deceased.* ☐ Former employee ☐ Retiree *(If you are the surviving spouse, complete SF 3104A [attached])*

9. Name of the spouse of the deceased at the time of death *(if not married at time of death write "none")*

10a. Name of the spouses from all former marriages of the deceased	10b. How did each marriage end?	10c. Date each marriage ended *(mm/dd/yyyy)*
	☐ Death ☐ Divorce/annulment	
	☐ Death ☐ Divorce/annulment	

Section B - Information About the Applicant

1. Your full name *(last, first, middle)*
2. Date of birth *(mm/dd/yyyy)*
3. Social Security Number
4. Are you a citizen of the United States of America?

☐ Yes ☐ No

5. I am applying for benefits as *(check all boxes that apply)*:

☐ Widow(er)
☐ Designated beneficiary *(attach copy of designation, if available)*
☐ Parent of decedent *(Each parent should complete a separate application. If one parent is deceased, attach a copy of the death certificate.)*
☐ Executor or administrator of estate *(attach copy of court order)*
☐ Former spouse *(complete Section D on page 2)*
☐ Child *(or as guardian of minor or disabled child)*
☐ Other *(specify)*:

6. Did you cash any check(s) issued to the deceased or did you withdraw funds paid by direct deposit from the deceased's savings or checking account after the date of death?

☐ Yes ☐ No

Section C - Information About the Spouse of the Deceased *(Complete if you are the widow[er].)*

1. Marriage performed by

☐ Clergy/Justice of the Peace ☐ Other *(explain)*

2. Date of marriage *(mm/dd/yyyy)*
3. Have you remarried after your spouse died?

☐ Yes ☐ No

4a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse *(**other than the one named above** in Section A.1)*?

☐ No, go to Section E ☐ Yes, *complete items 4b-4e below*

4b. Name of deceased former spouse
4c. Date of birth *(mm/dd/yyyy)*
4d. Name of retirement system *(e.g. Civil Service, Foreign Service)*
4e. Claim number *(assigned to you by retirement system in item 4d.)*

If you will be receiving monthly payments, make sure you complete the payment instructions in Section I.

Section D - Information About the Former Spouse of the Deceased *(Complete if you are a former spouse)*

1a. Date of marriage to the deceased *(mm/dd/yyyy)*

1b. Date of divorce from the deceased *(mm/dd/yyyy)*

2. Is there a court order awarding you any portion of the Federal Employees Retirement System (FERS) retirement or survivor benefits of the deceased?

☐ Yes, on record at OPM ☐ Yes, attached ☐ No

3a. Are you paying for Federal Employees Health Benefits coverage to a former employing office?

☐ No, *go to item 4a* ☐ Yes, *go to item 3b*

3b. Give name and address of agency where you send health benefit premiums:

4a. Have you married again since your marriage to the deceased?

☐ No, *go to item 5a*

4b. Date of first marriage after marriage to the deceased ended *(mm/dd/yyyy)*

☐ Yes, *go to item 4b*

5a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse or former spouse ***other than the one named on page 1***, Section A1??

☐ No, *go to Section E* ☐ Yes, *complete items 5b-5e below*

5b. Name of deceased former spouse *(last, first, middle initial)*

5c. Date of birth *(mm/dd/yyyy)*

5d. Name of retirement system *(ex. Civil Service, Foreign Service, etc.)*

5e. Claim number assigned to you by retirement system in item 5d.

If you will be receiving monthly payments, make sure you complete the payment instructions in Section I.

Special Note: *If you checked "Employee" in Section A.8, and your former spouse performed more than 18 months of creditable civilian Federal service, and a court awards you all or a portion of the Basic Employee Death Benefit or a survivor annuity, contact the former employing agency of the deceased in order to complete the necessary election forms in Standard Form 3104B.*

Section E - Information About the Deceased Person's Dependent Children

1a. Are there any ***unmarried*** dependent children as defined in the instructions?

☐ Yes, *complete items 1b-1f below* ☐ No, *go to Section F*

1b. Name(s) of unmarried dependent children *(list in order of birth)*	1c. Date of birth *(mm/dd/yyyy)*	1d. Child's relationship to the deceased *(child of former marriage, adopted, etc.)*	1e. Age 18 or over		1f. Child's Social Security Number
			Disabled	*Student*	

2. Is there a child of the deceased not yet born?

☐ Yes, *when born, send birth certificate for child to OPM* ☐ No

3a. Do you *(the applicant)* have the responsibility for all the children in Section E1?

☐ No, *complete items 3b-3d below* ☐ Yes, *go to item 4a*

3b. Name and address of person having responsibility for child	3c. Name(s) of children	3d. Custodian's Relationship to child
		☐ Legal guardian ☐ Other *(specify)*
		☐ Legal guardian ☐ Other *(specify)*
		☐ Legal guardian ☐ Other *(specify)*

4a. Has anyone applied for benefits from the Social Security Administration (SSA) for minor or disabled children of the deceased?

☐ No, *application required for payment of benefits* ☐ Yes

4b. Have you attached a copy of the SSA's Notice of Award of benefits, and/or denial of benefits, and/or disability determinations for each child?

☐ No, *not yet received (forward to OPM upon receipt)* ☐ Yes

Section F - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions.

1. Full name of relative	2. Complete address	3. Relationship to deceased	4. Social Security Number *(if known)*

Section G - Information About the Estate of the Deceased

1. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased?

☐ No, *go to item 3 below* ☐ Yes, *go to item 2*

2. Full name and address of person appointed *(street, city, state, ZIP code)*

3. If an executor, administrator or other official has not been court appointed, will one be appointed? ☐ Yes ☐ No

Section H - Active Military Service (Complete ONLY if you are the surviving spouse or former spouse)

Complete if deceased was an employee or former employee at time of death. Do not complete if the deceased was retired at the time of death, since OPM already has this information.

1. If the deceased performed active, honorable service in the Armed Forces or other uniformed services as described in the instructions, complete items 1a-b below and attach a copy of the discharge certificate or other certificate of active military service *(if available)*.

a. Branch of service	b. Dates of active duty	
	From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*

2. Complete if the deceased was an employee or former employee at time of death. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service?

☐ Yes ☐ Don't know ☐ No. *If the deceased was an employee at the time of death, complete and attach Standard Form 3104B which can be obtained from the former employing agency of the deceased.*

3a. All surviving spouses and former spouses complete.
Was the deceased receiving military retired pay at the time of death? ☐ Yes ☐ No

3b. Did the deceased ever waive military retired pay? ☐ Yes ☐ No

3c. Are you eligible for military survivor benefits? *(Attach verification of your eligibility/ineligibility for such benefits)* ☐ Yes ☐ No

Section I - Payment Instructions

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section I of this application and SF 3114 *(Applying for Death Benefits Under the Federal Employees Retirement System)* for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

☐ Please send my survivor annuity payments directly to my checking account or savings account. *(Go to item 2.)*

☐ Please send my survivor annuity payments directly to my Direct Express debit card. *(Go to Section J.)*

☐ My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. *(Go to Section J.)*

Section I - Payment Instructions *(Continued)*

2. Do you want to have your survivor annuity payments made to the same checking or savings account to which OPM made payments by direct deposit to the deceased before his or her death *(must be an active account and you must be a co-owner)*? ☐ Yes ☐ No

3. Do you want your survivor annuity payments made to a checking or savings account to which we have not already been making payments by direct deposit?
☐ Yes ☐ No

4. Financial institution routing number *(You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this number.)*

5. Checking or savings account number	6. What kind of account is this?

7. Name and address of your financial institution

8. Telephone number of your financial institution *(including are code)*

Special note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. *(Some institutions, especially credit unions, use different routing numbers on checks.)* OPM can use this information to start paying you by direct deposit.

Section J - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence relating to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

1. Signature of applicant named in Section B *(Sign in ink; do not print)*	3. Daytime telephone number *(area code)*	4. E-mail address
	3a. Best time to call you	5. Date *(mm/dd/yyyy)*
2. Mailing address	**Warning:** Any intentionally false or 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 5 years or both. (18 USC 1001)	

Section K - Applicant's Checklist

Attach copies of the following documents to expedite the processing of your application.

Document Title	Requirement	Attached			Comments
		Yes	*No*	*N/A*	
Death certificate	Certified copy required in ***all*** cases				
Marriage certificate	Required if ***you*** were the spouse of the deceased at time of death *(if married more than once, provide copies of all certificates)*				
Child(ren)'s birth certificate	Recommended for all children for whom ***you*** are applying for benefits				
Social security award determinations	Needed for ***all*** minor children ***and*** spouse ***if*** spouse is under 60 and is currently eligible for mother, father or disability benefits from the Social Security Administration (SSA), based on deceased person's service. Also needed for all children who are unmarried and are age 18 or older, but who became mentally and/or physically disabled before age 18 and who, because of disability, are incapable of self-support. If not submitted, the Office of Personnel Management (OPM) will obtain the information from SSA; however, this may delay the processing of your claim.				
Court papers appointing executor/administrator	Required if ***you*** are applying as executor or administrator of deceased person's estate				
Court papers appointing guardian for minor or disabled child(ren)	Required if ***you*** are applying on behalf of minor or disabled children of the deceased and guardian has been appointed by court.				
DD 214's or other military discharge certificates	Provide if you are applying as surviving spouse or former spouse, and the deceased was a former employee at time of death. Failure to attach the information may delay the processing of your claim.				

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FERS
Federal Employees Retirement System

Survivor Supplement

Federal Employees Retirement System

Complete this form if the deceased was retired at the time of death.
Attach this form to the *Application for Death Benefits, SF 3104, before forwarding it to the Office of Personnel Management (OPM).*

To be completed by surviving spouse if he/she is under age 60 and the deceased had at least 5 years of creditable civilian service.

Identifying Information

Full name of the deceased *(last, first, middle)*	Date of birth *(mm/dd/yyyy)*	Social Security Number	CSA claim number

A survivor's supplement is an additional benefit to the basic survivor annuity death benefit that is equal to the **lesser** of:

1. The amount by which the survivor annuity that would have been payable under Civil Service Retirement System (CSRS) rules exceeds the basic annuity payable under Federal Employees Retirement System (FERS) rules, or
2. The amount of a deemed widow/widower's Social Security benefit based on the service under FERS of the deceased.

The deceased retiree must have performed 5 years of service that could be creditable under FERS or CSRS rules, including one full calendar year of service creditable under FERS rules.

You may be eligible for a survivor supplement if you are the surviving spouse of a retiree and you are:

1. under age 60; and
2. entitled to Social Security benefits at age 60; and
3. not presently eligible for Social Security mother, father or disability benefits based on the deceased annuitant's account.

To help us determine your eligibility for a survivor supplement, you should provide the following information:

1. Name of surviving spouse *(last, first, middle initial)*

2. Spouse's date of birth *(mm/dd/yyyy)*

3. Are you disabled?
   - ☐ No, *go to item 4.*
   - ☐ Yes, *go to items 3a and 3b.*

3a. Are you eligible for Social Security disability benefits based on the deceased?
☐ Yes ☐ No ☐ Applied, but no response yet ☐ Have not applied

3b. Do you receive Social Security disability benefits based on your own service?
☐ Yes ☐ No ☐ Applied, but no response yet ☐ Have not applied

4. Are you eligible for Social Security mother or father benefits based on the deceased retiree's service?
☐ Yes ☐ No, I know I do not qualify for these benefits as there are no surviving dependent children under age 16 or disabled who are entitled to SSA child's insurance benefits. ☐ Applied, but no response yet ☐ Have not applied

5. If you are not currently receiving Social Security mother, father or disability benefits, do you agree to notify us promptly if you are later awarded any of these benefits?
☐ Yes ☐ No

6. Signature

7. Date *(mm/dd/yyyy)*

8. Telephone number *(including area code)*