



## **CBP Death Gratuity Information Sheet Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the information collection on this website.

### **AUTHORITY:**

U.S. Customs and Border Protection (CBP) is authorized to collect the information requested on this form in accordance with Section 651 of Public Law (P.L.) 104-208, the Omnibus Consolidated Appropriations Act, effective September 30, 1996.

### **PURPOSE:**

CBP will collect this information to determine if death gratuity is payable to a personal representative or beneficiary when there is clear and convincing evidence that a CBP employee dies from an injury or illness sustained in the line of duty, which occurred on or after August 2, 1990. These records are primarily used to document the processing and adjudication of claims concerning the settlement of the account for a deceased Federal law enforcement or civilian employee.

### **ROUTINE USES:**

The information requested on this form may be shared with appropriate agencies, entities, and persons within CBP and the U.S. Department of Agriculture to process the death gratuity payment. A complete list of the routine uses can be found in the system of records notice associated with this information collection, "U.S. Office of Personnel Management OPM\Govt-9 File on Position Classification Appeals, Job Grading Appeals, Retained Grade or Pay Appeals, Fair Labor Standard Act Claims and Complaints, Federal civilian employee Compensation and Leave claims, and Settlement of Accounts for Deceased Civilian Officers and Employees." The full list of system of records notices can be found on the Department of Homeland Security's website at <http://www.dhs.gov/system-records-notices-sorns>.

### **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:**

Providing this information to CBP is considered voluntary. However, providing information will allow individuals to gain further information and will avoid a delay in processing CBP death gratuity benefits.

**DEATH GRATUITY INFORMATION SHEET**

Name of Deceased CBP Employee: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Location of Death (State): \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Preferred Mode of Communication: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Mode of Communication: \_\_\_\_\_

Relationship to Employee (identify as applicable):

Spouse \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Domestic Partner \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Personal Representative (aka \_\_\_\_\_

Executor/Administrator of Estate) \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Parent (specify mother or father) \_\_\_\_\_

Sibling \_\_\_\_\_

Other (pls specify) \_\_\_\_\_

Did the Employee have children (biological or legally adopted): Yes No

Ages: \_\_\_\_\_

Claimant is also the parent: \_\_\_\_\_

If Claimant is not the parent, please identify other parent: \_\_\_\_\_

Did the Employee have an executed Will: Yes No If yes, identify the named executor.

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

Contact Information (if known): \_\_\_\_\_

Has a petition for probate or for administration of the employee's estate been or will be filed with the state court? Yes No

If yes, please indicate:

State: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

**Requested Documents (as applicable)**

Death Certificate

Marriage Certificate

Executed Will (if applicable). Only include 1<sup>st</sup> page, signature page, and page identifying executor.

Letter of Probate/Administration (if applicable)

*I hereby certify that the information I am providing is true and accurate to the best of my knowledge and understand that it will be used to identify the appropriate individual that is or could be designated the personal representative of the employee's estate in accordance with the Death Gratuity payments as authorized under Section 651 of Public Law 104-208, the Omnibus Consolidated Appropriations Act effective September 30, 1996.*

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date