



Civil Service Retirement System

APPLICATION FOR DEATH BENEFITS CIVIL SERVICE RETIREMENT SYSTEM

Form Approved OMB No. 3206-0156

Section A - Information About the Deceased

1. Full name of deceased (Last, first, middle) 2. Date of birth (Month, day, year) 3. Date of death (Month, day, year) 4. Legal residence at time of death (City, State) 5. Social Security Number 6. CSA Number (If applicable) 7. Department or agency in which last employed, including bureau or division 8. Location of last employment (City, State) 9. Date of final separation (Mo, dy, yr) 10a. Was the deceased applying for or receiving worker's compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? 10b. OWCP Claim Number 11. Name of deceased's spouse at time of death 12a. Name of deceased's spouses from all former marriages 12b. How did each marriage end? 12c. Date each marriage ended (Mo, dy, yr)

Section B - Information About the Applicant

1. Full name of applicant (Last, first, middle) 2. Date of birth (Month, day, year) 3. Social Security Number 4a. Are you a citizen of the United States of America? 4b. What country are you a citizen of? 5. Relationship to deceased 6. Are you a widow or widower of the deceased? 7. Marriage performed by 8. Date of marriage (Month, day, year) 9. Place of marriage (City, State) 10. Were you married to the deceased more than once? 10a. Date of prior marriage 10b. Date marriage ended 11. Have you married since the date given in A.3.? 11a. Date you married 12a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the one named above in A.1.? 12b. Name of deceased former spouse 12c. Date of birth (Mo, dy, yr) 12d. Retirement system 12e. Claim number

Section C - Information About the Deceased's Dependent Children

1. Are there any unmarried dependent children as defined in the instructions? a. Name(s) of Unmarried Dependent Children (List in order of birth) b. Date of Birth (Month, day, year) c. Age 18 or over (Student, Disabled) d. Child's relationship to deceased (Child of marriage at death, Child of previous marriage, Adopted child, Stepchild, Child born out of wedlock) e. Social Security Number 2. Is there a child of the deceased not yet born? Yes No

3. Do you (the applicant) have responsibility for all the children in C.1.?

Yes → Go to C.4. No → Complete a-c below

a. Name and Address of Person Responsible	b. Name(s) of Children	c. Custodian's Relationship to Child
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify

4. Has a legal guardian (other than any shown in C.3) been appointed for any child listed in C.1.?

Yes → Complete a-b below No → Go to Section D

a. Name and Address of Legal Guardian	b. Name(s) of Children

Section D - 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

Section E - Information About the Deceased's Estate

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

No → Go to 3 below Yes →

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 F - Active Military Service

(Complete ONLY if deceased was a Federal employee covered under the Civil Service Retirement System at the time of death AND if you are the surviving spouse)

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

a. Branch of Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank
		From (Mo, Dy, Yr)	To (Mo, Dy, Yr)	

2. 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 No

Complete and attach OPM 1519 (See Instructions)

3. Was the deceased receiving military retired pay at the time of death?

No → Go to Section G Yes →

3.a. Do you want the military service used to compute your Civil Service annuity?

No Yes

Section G - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary 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.)	2. Mailing address	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 5 years or both (18 USC 1001)
3. Telephone number (including area code)		
4. Date		