



Claim for Death Benefits

Federal Employees' Group Life Insurance Program



(Do not use this form to claim Option C-Family Benefits. Please use form FE-6 DEP to claim those benefits.)

Instructions

General

The Office of Federal Employees' Group Life Insurance (OFEGLI) pays claims under the Federal Employees' Group Life Insurance Program. "We" and "our" on this form refer to OFEGLI. "I" and "you" refers to the individual completing this form.

FEGLI death benefits are not subject to Federal income tax, but the interest that we pay on those benefits is subject to such tax. We will report all interest payments to the Internal Revenue Service.

Who receives the death benefits?

We will pay benefits in the following order of payment:

If the deceased assigned ownership of his/her life insurance to someone else (generally by filing an RI 76-10, Assignment form), then we will pay:

- First, to the beneficiary(ies) the assignee(s) validly designated;
- Second, if none, to the assignee(s).

If the deceased did *not* assign ownership and there is a valid court order on file with the agency or OPM, as appropriate, we will pay benefits according to the court order.

If the deceased did *not* assign ownership and there is *no* valid court order on file with the agency or OPM, as appropriate, then we will pay:

- First, to the beneficiary(ies) the deceased validly designated;
- Second, if none, to the deceased's widow or widower;
- Third, if none of the above, to the deceased's child or children and descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
- Fourth, if none of the above, to the deceased's parents in equal shares, or the entire amount to the surviving parent;
- Fifth, if none of the above, to the court-appointed executor or administrator of the deceased's estate;
- Sixth, if none of the above, to the deceased's other next of kin, entitled under the laws of the state where the deceased lived.

How will I receive benefits?

If we are paying you \$5,000 or more, we will open a money market account in your name and mail you a checkbook. You may write checks for some or all of the money in your account as soon as you receive the checkbook. See page 2 for details.

If we are paying you less than \$5,000, we will mail you a check.

How do I complete this form?

Please type or print legibly in ink.

If you need help completing this form, call our service representatives, toll-free, at 1-800-OFE-GLIA (1-800-633-4542).

Here is a summary of what parts of the form you must complete:

If you are a:	Then Complete These Parts of the Form:							Page 2
	A	B	C 1-3	C 4-13	D	E	F	
Widow or Widower	✓	✓	✓	✓			✓	✓
All Others	✓	✓	✓		✓	✓	✓	✓

Don't skip any questions you're supposed to answer. That will delay our action on your claim. If a question doesn't apply, write "N/A" or "not applicable". If the answer is "No" or "Unknown", write that. If you are completing this claim on behalf of someone else (such as a minor), complete items 1-3 of Part C with that person's information, not yours. In part F and page 2, sign your own name "on behalf of" the other person. Fill in **your** name, address and phone numbers. However, the Social Security Number should be the other person's, not yours.

What else do I have to submit?

In addition to this claim form, you must submit a certified copy of the deceased's death certificate that contains the cause and manner of death. (However, if you know for sure that another claimant is submitting the deceased's death certificate, you don't have to). You can get the certificate from your city or state's Bureau of Vital Statistics or equivalent agency. We cannot process your claim until we receive the certified death certificate.

Please submit an English translation of any foreign language death certificate.

In addition, send us all Designation of Beneficiary Form(s) (SF 2823 and/or SF 54) that you may have which show the agency receipt date on the bottom.

If you are an executor or administrator filing this claim on behalf of the deceased's estate, send us a copy of the court appointment papers.

We will let you know if we need anything else.

Where do I send this form and other documents?

If the deceased was employed at the time of death

Send everything to the deceased's employing office. We will process your claim after we receive certification from the agency. However, if you are the deceased's widow(er) and the agency told you to send your claim form and other documents directly to us, you should do that. Please include copies of any letters you received from the agency that mention death benefits.

If the deceased was retired or receiving Federal Workers' Compensation benefits at the time of death

Send everything to OFEGLI, P.O. Box 2627, Jersey City, NJ 07303-2627.

Instructions to the employing agency

Forward the completed claim, death certificate and court appointment papers, if any, to OFEGLI, P.O. Box 2627, Jersey City, NJ 07303-2627, together with:

1. The original Agency Certification of Insurance Status (SF 2821);
2. The original Designation of Beneficiary form(s) (SF 2823 or SF 54), if any;
3. All court orders on file, if any; and
4. All other FEGLI forms (for example, SF 2817 or RI 76-27 election forms, RI 76-10 assignment form, etc.)

IMPORTANT INFORMATION ABOUT MONEY MARKET ACCOUNTS

AUTOMATIC

- If we are paying you \$5,000 or more, we will automatically open a money market account in your name and mail you the checkbook. If we are paying you less than \$5,000, we will mail you a check.

SAFE

- The account earns interest starting the first day we open it.
- Metropolitan Life Insurance Company guarantees the full amount in the account, including all interest.

FREE

- You pay nothing for this account. There are no monthly service charges or charges for checks.
- You can write checks from \$250 up to the full balance at any time.

FLEXIBLE

- You can withdraw all or part of your money at any time, with no penalty.
- You can name a beneficiary for your funds, in case something happens to you.

We will send you detailed information about the account when we open one in your name.

SPECIAL NOTE

Please complete, in ink, the information below and sign your name in the first box. We need this information to open a money market account. Even though you may be giving the same information elsewhere on this form, you must also give it here. We cannot process your claim without this information.

Your signature (<i>Do not print</i>)									
Your name (<i>Please print</i>)									
Address (<i>Number, street, apt. no.</i>)									
City, state, ZIP code									
Your Social Security Number OR Estate/Trust Identification Number									
Date (<i>mm/dd/yyyy</i>)	Daytime telephone no. () Area Code				Evening telephone no. () Area Code				



Part A. Information About the Deceased (Everyone must complete this part.)

1. Deceased's full name (Last) (First) (Middle)		2. Date of birth (mm/dd/yyyy)	3. Date of death (mm/dd/yyyy)
4. Social Security Number		5. Legal residence at time of death—(City and state)	
6. Department or agency in which last employed, including bureau or division		7. Location of last employment (City, state, ZIP code)	
8. At the time of death, was the deceased retired and receiving a monthly annuity under any Federal civilian retirement system ?			
Yes	No	Unknown	If "Yes", provide the Claim number (CSA, CSF, CSI) _____ *Special Note: Social Security monthly payments are not Federal civilian retirement annuities.
9. At the time of death, was the deceased receiving Federal Worker's Compensation benefits ?			
Yes	No	Unknown	If "Yes", provide the effective date of Federal Workers' Compensation benefits _____ (mm/dd/yyyy)

Part B. Information About the Deceased's Family (Everyone must complete this part.)

1. How many times was the deceased married?	2. Give the name of each spouse (include ALL marriages)	3. How did the marriage end? (Check one in each case)	4. When did the marriage end? (mm/dd/yyyy)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
5. Did the deceased have any living children on the date of his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? _____		6. Did the deceased have any children who died before the date of his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? _____	

Part C. Information About You (Everyone must complete items 1, 2 and 3.)

1. Your name (Last) (First) (Middle)	2. Your relationship to the deceased	3. Your date of birth (mm/dd/yyyy)
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Complete Items 4 through 13 only if you are the deceased's widow or widower.

4. Date of marriage (mm/dd/yyyy)	5. Place of marriage (City and state)	6. Marriage was performed by: <input type="checkbox"/> Clergy or Justice of the Peace <input type="checkbox"/> Other (specify)	
7. Were you living with the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Were you divorced from the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. If you were divorced from the deceased, give the date (mm/dd/yyyy) and place of the divorce.	
10. How many times were you married?	11. Give the name of each spouse (include ALL marriages)	12. How did the marriage end? (Check one in each case)	13. When did the marriage end? (mm/dd/yyyy)
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	