

United States Office of Personnel Management Retirement Programs Washington, DC 20415	Initial Certification of Full-Time School Attendance
--	---

Reference	
Date (mm/dd/yyyy)	
Claim number CSF	(suffix)
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 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.

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.

Send the completed form to:

U.S. Office of Personnel Management
Retirement Programs
P.O. Box 956
Washington, DC 20044-0956

Privacy Act Statement

The Office of Personnel Management (OPM) administers the Civil Service Retirement System (Chapter 83, title 5, U.S. Code) and the Federal Employees Retirement System (Chapter 84, title 5, U.S. Code). The information requested on the enclosed form is needed to document a retirement benefit or claim. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits from OPM, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Provision of the information is voluntary; however, failure to supply all the requested information may delay or prevent action on the benefit or claim. Intentionally false statements and/or suspected illegal activities are reportable by us to the appropriate law enforcement agencies.

Public Burden Statement

We think 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 (OPM), Reports and Forms Coordinator, (3206-0099), Washington, DC 20415-7900. 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)