

FERS DEATH-IN-SERVICE QUICK PAY

1. Employee's Full Name: _____
2. Health Benefit Code at the time of death: _____
3. Date of Death: ____/____/____ 4. Social Security Number: ____-____-____
5. Date of Birth: ____/____/____ 6. Total Creditable Civilian Service ____Years ____Months
7. Total Pre-57 and PAID Post 56 Military Service: ____Years ____Months
8. Is intermittent service involved? ____Yes ____No 9. Full Time Final Salary: \$_____
10. Full Time Average High 3 Salary: \$_____
11. Was there ANY part-time service? ____Yes ____No
12. Retirement Code: _____ 13. Was Death Due to Work-Related Illness or Injury? ____Yes ____No
14. Spouse's Name: _____
15. Date of Birth: ____/____/____ 16. Date of Marriage: ____/____/____
17. Spouse's Social Security Number: _____ - _____ - _____
18. Spouse's Telephone Number: Home(____) _____ Work(____) _____
19. Are there any dependent children of deceased ? ____ Yes ____ No
20. Mailing Address of Spouse: _____

21. Agency Name: _____
22. Agency Mailing Address: _____

23. Name of Agency Contact: _____
24. Commercial Telephone Number of Contact: (____) _____ 25. Fax:(____) _____
26. E-Mail Address: _____
27. Name of Payroll Office Contact: _____
28. Commercial Telephone Number of Contact: (____) _____ 29. Fax:(____) _____
30. Signature of Certifying Official: _____
31. Printed name of Certifying Official: _____

SUBMIT COMPLETED FORM TO OPM AS SOON AS POSSIBLE – FAX to (724) 794-1112