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**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**



Survivor Supplement
Federal Employees' Retirement System

Form Approved
OMB No. 3206-0172

Complete This Form If Deceased Was Retired At The Time Of Death. Attach this form to the SF 3104 (Application for Death Benefits) before forwarding it to OPM.

Survivor Supplement: To be completed by surviving spouse if he/she is under age 60 AND the deceased had at least 5 years of creditable civilian service.

Identifying Information:

Name of deceased annuitant (<i>Last, first, middle initial</i>)	Date of birth (<i>mo, dy, yr</i>)	Social Security Number	CSA claim number

A survivor's supplement is an additional benefit to the basic survivor annuity death benefit that is equal to the LESSER of:

1. The amount by which the survivor annuity that would have been payable under CSRS rules exceeds the FERS basic annuity, or
2. The amount of a widow/widower's Social Security benefit.

The deceased annuitant must have performed 5 years of service that could be creditable under CSRS rules and one full calendar year of service creditable under FERS rules.

You may be eligible for a survivor supplement if you are the surviving spouse of an annuitant and you are:

1. under age 60; and
2. entitled to Social Security benefits at age 60; and
3. not presently eligible for Social Security mother, father or disability benefits based on the deceased person's account.

To help us determine your eligibility for a survivor supplement, you should provide the following information.

1. Name of surviving spouse (<i>Last, first, middle initial</i>)		2. Spouse's date of birth (<i>Mo, dy, yr</i>)	
3. Are you disabled? <input type="checkbox"/> No → Go to item 4 <input type="checkbox"/> Yes		3a. Are you eligible for Social Security disability benefits based on the deceased person's service? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>attach denial</i>)	
		<input type="checkbox"/> Applied, but no response yet <input type="checkbox"/> Have not applied	
4. Are you eligible to Social Security mother or father benefits based on the deceased person's service? <input type="checkbox"/> Yes <input type="checkbox"/> Applied, but no response yet <input type="checkbox"/> No (<i>attach details</i>) <input type="checkbox"/> Have not applied			
5. If you are not currently receiving Social Security mother, father or disability benefits, do you agree to notify us promptly if you are subsequently awarded any of these benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Signature		7. Date	8. Telephone number (<i>Include area code</i>)