

ATTACHMENT 6

Employee Death Case Summary		
Employee Name:	SSN:	Date of Birth:
Specialist Name:	Date of Death:	
HR Region:		
Action Item	Date	
1	Date notified of death	
2	Date specialist contacted survivor	
3	Date OPF requested	
4	Date OPF received	
5	Date reviewed for possible benefit elections and beneficiary forms not filed in the OPF	
6	Date Quick Pay completed (if survivor annuity): http://apps.opm.gov/deathinservice/index.cfm	
7	Date package sent to spouse/beneficiary/next of kin <ul style="list-style-type: none"> <input type="checkbox"/> Condolence letter <input type="checkbox"/> <i>Summary of Benefits</i> <input type="checkbox"/> Survivor annuity estimate, if spouse <input type="checkbox"/> FE-6, <i>Claim for Death Benefits</i>, if enrolled in FEGLI <input type="checkbox"/> SF 1153, <i>Claim for Unpaid Compensation</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Election Regarding Method of Payment for Unpaid Compensation</i>, if applicable <input type="checkbox"/> SF 2800, <i>CSRS Application for Death Benefits</i> <ul style="list-style-type: none"> <input type="checkbox"/> SF 2800-1 <i>Applying for Death Benefits Under the CSRS</i> <input type="checkbox"/> SF 2800A, Section 2 - <i>Survivor's Military Service Election</i> <input type="checkbox"/> SF 3104, <i>FERS Application of Death Benefits</i> <ul style="list-style-type: none"> <input type="checkbox"/> SF 3114, <i>Applying for Death Benefits Under the FERS</i> <input type="checkbox"/> SF 3104B, Section 2 - <i>Basic Employee Death Benefit</i> <input type="checkbox"/> SF 3104B, Section 3 - <i>Health Benefits Election</i> <input type="checkbox"/> SF 3104B, Section 4 - <i>Survivor's Military Service Election</i> <input type="checkbox"/> SF 3104B, Section 5 - <i>Death Benefit Payment Rollover Election Form</i> <input type="checkbox"/> Military Deposit Information, if military service <ul style="list-style-type: none"> <input type="checkbox"/> Date RI 20-97 sent to Payroll for post-56 earnings, if required _____ <input type="checkbox"/> Date RI 25-45 sent to Payroll, if retired military _____ <input type="checkbox"/> RI 25-41, <i>Initial Certification of Full-time School Attendance</i>, if children between 18-22 <input type="checkbox"/> TSP-17, <i>Information Relating to Deceased Participant</i>, if TSP benefits <input type="checkbox"/> TSP-583, <i>Important Tax Information About Thrift Savings Plan Death Benefit Payments</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
8	Date forms sent to OFEGLI <ul style="list-style-type: none"> <input type="checkbox"/> SF 2817s (SF 76 and SF 76T), <i>Election of Life Insurance</i> <input type="checkbox"/> SF 2821, <i>Agency Certification of Insurance Status</i> <input type="checkbox"/> SF 2823, <i>Designations of Beneficiary</i> <input type="checkbox"/> Death Certificate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	

9	Date forms sent to OPM via Payroll <ul style="list-style-type: none"> <input type="checkbox"/> SF 2800A, Section 1 or SF 3104B Section 1, <i>Certified Summary of Federal Service</i> <input type="checkbox"/> SF 2800A, Section 3 or SF 3104B Section 6, <i>Agency Information and Certification</i> <input type="checkbox"/> SF 3102, <i>Designation of Beneficiary (if FERS)</i> <input type="checkbox"/> All SF 2809s and SF 2810s (if enrolled in FEHB) <input type="checkbox"/> SF 50, <i>Notification of Personnel Action</i> <input type="checkbox"/> Death certificate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
10	Date SF 1153 and if applicable, <i>Election Regarding Payment for Unpaid Compensation Received from Survivor</i>	
11	Date forms sent to Payroll <ul style="list-style-type: none"> <input type="checkbox"/> SF 1153, <i>Claim for Unpaid Compensation</i> <input type="checkbox"/> <i>Election Regarding the Payment of Unpaid Compensation</i> (if applicable) <input type="checkbox"/> SF 1152, <i>Designation of Beneficiary or Statement Regarding Beneficiary</i> <input type="checkbox"/> Death Certificate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
Comments:		
Benefits Specialist: Date:		