

"Finally, a book written in a way I can understand on issues I need to know."

# The



# POSTAL BOOK

A POSTAL  
EMPLOYEE'S  
GUIDE TO  
EVERYTHING  
BENEFITS  
FROM HIRING  
TO RETIRING



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# The Postal Book

By David Fielder

# INTRODUCTION

Congratulations. If you are holding this book, you are about to step out of the darkness and take a big step towards understanding your benefits.

Our goal in writing this book is to empower you to make good decisions. Most Postal employees go through their entire career not understanding the most basic aspects of their benefits. While this isn't a problem in the short-run, it can cause significant problems later. Small misunderstandings can compound into major problems over a 30-year career.

One of the most important things we wanted to accomplish in putting THE POSTAL BOOK together was to make sure everyone could understand the basic concepts. The Postal Service expects you to read the 554 page employee manual AND determine what parts of it apply to you. What good is a source of information if you can't understand what it means to you?

Wherever possible we have used examples from real situations we have encountered in our seminars and conventions. There aren't many situations we haven't seen, so we have a pretty good handle on how this stuff works. In the event you have a question about something we did not cover, please visit [www.thepostalbook.com](http://www.thepostalbook.com) and submit your questions. We will do our absolute best to answer your questions and make sure those answers are included in upcoming versions of our book.

[www.thepostalbook.com](http://www.thepostalbook.com)

Postal Benefits Group is the only company specializing in retirement and benefit seminars for Postal employees. We love working with unions and presenting our information at local district meetings and state conventions. There is no charge for our services, so please let your local union officials know of our services and bring this valuable information to your area.

Whether you are two years into the job or you only have two years left, we hope you find the information in THE POSTAL BOOK helpful. After reading the book, we would appreciate you introducing it to your coworkers—odds are they needed the information just as badly as you did.

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The views expressed in this book are opinions of the author and based upon his expertise in the federal benefit plan and actual employee situations. Each employee should take time to review the information and consider their own personal situation in determining what is best for them. If an employee needs further guidance on what is best for them, please contact the author through [www.thepostalbook.com](http://www.thepostalbook.com).

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# CHAPTER 1

## FEDERAL EMPLOYEES GROUP LIFE INSURANCE

This chapter will discuss your Federal Employees Group Life Insurance (FEGLI) Coverage. FEGLI Life Insurance is very important and we believe you need to know everything there is to know about this most important coverage.

FEGLI coverage is available to all Career Employees. We will discuss all coverage available to you, and then help you determine what coverage you have by teaching you how to read the codes on your check stub.

### BASIC INSURANCE

Basic Coverage is very easy to calculate. You can calculate your Basic Coverage using the following formula:

Example 1: Basic Coverage

Base Pay

Round up to the next thousand

Add \$2,000

---

Total Basic Coverage

Let's take a look at an example to make sure you understand how to calculate your Basic Coverage. Joe has a Base Pay of \$45,300. Joe's Basic Coverage would be as follows:

Example 2: Basic Coverage

\$45,300 (Base Pay)

\$46,000 (Round Up)

\$48,000 (Total Basic Coverage)

As you get raises and Cost of Living Adjustment (COLA), your Basic Coverage will also increase. Use the same formula except insert your new base pay after the raise.

## EXTRA BENEFIT

Your Basic Coverage has an additional feature called the Extra Benefit. The Extra Benefit is basically a bonus on your Basic Coverage for being under the age of 45.

Employees who are under the age of 45 will get a multiple of their Basic Coverage depending on their age. The ages and applicable multiples are listed in table 1: Extra benefit Coverage.

Table 1: Extra Benefit Coverage

|          |         |           |
|----------|---------|-----------|
| 35...2.0 | 39..1.6 | 43....1.2 |
| 36...1.9 | 40..1.5 | 44....1.1 |
| 37...1.8 | 41..1.4 | 45....1.0 |
| 38...1.7 | 42..1.3 |           |

Here is an example of how the Extra Benefit works. Let's take Joe from our previous example who has a Basic Coverage of \$48,000. Assuming Joe is 38-years-old, he is under 45 and qualifies for the Extra Benefit. Joe's Extra Benefit would be calculated by taking his Basic Pay and multiplying that amount by the Extra Benefit Factor of 1.6 from table 1.

Example 3: Extra Benefit

\$48,000 (Base Pay)

Multiplied by 1.6 (Extra Benefit Factor)

\$76,800 (Total Basic & Extra Benefit)

It's important to understand that when Joe turns 39, his Extra Benefit will be reduced to 1.5 and will continue to reduce as he gets older. At the age of 45, Joe will not have an Extra Benefit. Met Life (the government's life insurance contractor) is willing to extend this additional Extra Benefit at no cost because younger employees are less likely to pass away.

Postal Employees do not pay for Basic Coverage. All other divisions of the government do pay for Basic.

## LIVING BENEFITS ACT

The Living Benefits Act was passed in 1995. It is very important if you are ever in this unfortunate situation. If you are diagnosed with the terminal illness and physicians document that you have nine months or less to live, you can access your full Basic Coverage, plus any applicable Extra Benefit AT THE TIME YOU SUBMIT DOCUMENTATION OF YOUR CONDITION. In other words, if you are terminally ill you can collect \$50,000 or more in tax free cash BEFORE you pass away.

Hardly anyone knows about this benefit; therefore, it is rarely used. This is also a great example of how important it is to understand ALL of the details concerning your Postal Benefits.

## OPTION A

Option A is the first of the Optional Coverages we will review. You will have elected to pay for this coverage when you were hired. Option A is a very straight forward coverage under your FEGLI.

Option A provides a \$10,000 Death Benefit to your beneficiaries in the event of your death. This coverage is not expensive and some employees refer to this coverage as an affordable Burial Policy. The price increases every five years, but because the coverage is so small the cost is not an issue.

## OPTION C

Option C is your Family Coverage. It is another optional coverage that you elected to pay for when you are hired on with the government. Family Coverage places you as the beneficiary should something happen to your family members.

Family Coverage is offered in units. An employee can take 1-5 units of Family Coverage. Each unit of Family Coverage represents \$5,000 on your spouse and \$2,500 on each dependent child.

Let's look at an example of an employee who took five units of Family Coverage. With five units of Family Coverage, the spouse will be covered for \$25,000, and each dependent child will be covered for \$12,500.

It is important to note that there is no limit to the number of dependent children that can be covered under your Family Coverage. Another important aspect of your Family Coverage is that you cannot drop part of the coverage. For example, if your children are no longer dependants, you cannot drop the coverage on your children and keep the coverage on your spouse. When it comes to Family Coverage, you either have it or you don't.

## OPTION B

Option B within government Life Insurance is very popular among postal employees. This option allows an employee to pay for one to five times their Base Pay in additional Life Insurance. In most cases, this decision is made when the employee is first hired.

### Example 4: Option B

If Joe has a \$50,000 Base Pay and he takes five units of Option B, he would have an additional \$250,000 of Life Insurance Coverage. The cost of this coverage is based upon his age.

Below is the government and Met Life's plan for pricing (prices per thousand dollars of Insurance Coverage):

Table 2: Option B Pricing Schedule

|          |           |                |            |
|----------|-----------|----------------|------------|
| Under 35 | \$0.03/th | \$250,000 cost | \$7.50/pd  |
| 35-39    | \$0.04/th | \$250,000 cost | \$10.00/pd |
| 40-44    | \$0.06/th | \$250,000 cost | \$15.00/pd |
| 45-49    | \$0.09/th | \$250,000 cost | \$22.50/pd |
| 50-54    | \$0.14/th | \$250,000 cost | \$35.00/pd |
| 55-59    | \$0.28/th | \$250,000 cost | \$70.00/pd |

|       |           |                |             |
|-------|-----------|----------------|-------------|
| 60-64 | \$0.60/th | \$250,000 cost | \$150.00/pd |
| 65-69 | \$0.72/th | \$250,000 cost | \$180.00/pd |
| 70-74 | \$1.20/th | \$250,000 cost | \$300.00/pd |
| 75-79 | \$1.80/th | \$250,000 cost | \$450.00/pd |

As you can see, the rates increase with the employee's age. They don't increase very fast until the age of 50, and then the price rises exponentially. The cost increases because the employee never had to get a physical exam to receive this additional coverage. The only thing Met Life knows about you is your age, so that is the basis they use to increase coverage. As you get older, you are more likely to pass away. As a result, they charge you more and more as you age.

As a general rule, if you are healthy you are better off getting your Life Insurance through a private company. This will protect you from the increases that the federal program allows. If you are unable to obtain approval from a private company, you are better off keeping the Federal Life Insurance because you would not have had the coverage otherwise.

#### Example 5: Option B

A healthy 40-year-old male would pay \$21.00/month for the same \$250,000 of Coverage. That price would be locked in for 20 years.

Another example includes a healthy 50-year-old male who pays \$52.00/month for the same \$250,000. Again, the price is locked in for 20 years.

Very few people in the federal government understand the details of their Life Insurance program. The cost of not understanding how the program works can be thousands of dollars in lost premiums. This can be avoided by simply learning the facts.

If you have just learned what you are paying or about to pay for your FEGLI life insurance and would like to compare your current coverage to what you might be able to get in the private world, we suggest you visit [www.replacefegli.com](http://www.replacefegli.com). This company is very familiar with the FEGLI program and can not only validate and verify what coverage you have right now, but also give you quotes on up to 14 companies in the private sector.

## FILING A CLAIM ON YOUR POSTAL LIFE INSURANCE

Order of Precedence of payment:

Upon the employee's death, the government will pay benefits in this order:

1. Beneficiary on file.
2. Widow or widower.
3. The deceased's child(ren). If a guardian is not available, they will pay the child(ren)'s surviving parent. If no parent exists, they will open an account in the child(ren)'s name and hold the benefit until the child(ren) become 18-years-old.
4. If none of the above apply, the executor of the employee's estate will receive the benefit.
5. Next of kin are then entitled under your home state's laws.

It is very important for you to review the beneficiaries listed on your Postal Life Insurance. This is especially important if you have had a divorce or your spouse has passed away. If

you would like to change your beneficiaries, please see the FEGLI Designation of Beneficiary form in Appendix B.

## FREQUENTLY ASKED QUESTIONS

### *How will I receive benefits?*

If you are receiving \$5,000 or more, the government opens a money market account in your name and then sends you the checkbook. You can write a check for some or all of the balance as soon as you get the checkbook. If the benefit is less than \$5,000, the government will send you a check.

### *What documentation do I need to submit if an employee dies while they are an active employee?*

Those who are entitled to receive benefits will need to notify the employing office. The employing office will provide form FE-6 (FEGLI Claim for Death Benefits form found in Appendix C).

The Post Office is responsible for sending the Agency Certification of Insurance Status SF2821, plus all of the original enrollment, designation of beneficiaries forms, divorce orders, etc.

A copy of the death certificate must also be provided.

### *How do I report the death of a retired employee?*

The employee needs to report the death to OPM by calling 888-767-6738. Upon notice of the claim, OPM will mail form

FE-6 (FEGLI Claim for Death Benefits form found in Appendix C) to the person who reports the death.

Beneficiaries (all who are entitled to receive benefits) need to complete form FE-6, plus provide a proof of death certificate. The documents should then be mailed to the following address:

Office of Federal Employees Group Life Insurance  
(OFEGLI)  
P.O. Box 6512  
Utica, NY 13504-6512

***Special Note: OPM will provide Agency Certification of Insurance Status to the Office of Federal Employees Group Life Insurance.***

***I am an employee. How can I file a claim on one of my family members under my Family Coverage?***

If you are not sure if you have Family Coverage, please contact Postal Benefits Group and a certified specialist will review the codes on the employee's check stub to confirm coverage and the amount of benefit. If you are an employee and an insured family member dies, you must complete Parts A through C of the Statement of Claim, Opipton C-Family Life Insurance (FE-6 DEP), and a certified copy of the death certificate to your employing office. Your employing office must complete Part D (Certification of Insurance Status) and send the completed form with the death certificate to OFEGLI.

***I am retired. How can I file a claim on my deceased spouse under my Family Coverage?***

You will need to refer to your retirement package to see if you elected to keep Family Coverage. If you are retired or insured as a compensationner, you must send the FE-6 DEP claim form and a certified copy of the death certificate to OPMT the following address:

Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045

OPM will complete Part D of the claim form and send the completed form with the death certificate to OFEGLI.

***I am an employye. How can I claim the benefit for the death of my child incapable of self-support?***

OFEGLI can only pay Option C Benefits for a child 22-years-old or over if the deceased child was incapable of self-support because of a mental or physical disability that existed before s/he reached age 22. If you do not have an employing office determination of incapability of self-support on file or if the determination has expired, you must provide your employing office with the information necessary to make this determination. This determination is made by your employing office, not OFEGLI.

# CHAPTER 2

## HEALTH INSURANCE

Everyone is concerned about Health insurance. The Federal Health Plan is a great plan, and it's important you know how to keep this coverage in force into retirement for both the employee and spouse.

### MAINTAINING COVERAGE

To be eligible for health insurance in retirement, the employee must be enrolled in the Federal Health Plan for the immediate five years preceding retirement or 100% of the time they have been with the Postal Service if it is less than five years.

We want to be very specific about who this pertains to and what you should do. The classic situation we see is where the Postal employee is on their spouse's health coverage because the cost was less or it was better coverage. This is no problem until the Postal employee starts to consider retirement. The Postal employee must enroll in the Federal Health Plan five years before they retire in order to carry health insurance into retirement.

### SURVIVING SPOUSES

This one is very simple. In the event of the employee's death, the spouse can still remain on the Federal Health Plan as long as the Postal employee elected a Survivor's Benefit for the

spouse at retirement. If there is not Survivor Benefit elected, the spouse will NOT be eligible for health insurance after the employee's death. WE STRONGLY SUGGEST EMPLOYEES ELECT SURVIVOR BENEFITS FOR THIS REASON UNLESS THE SPOUSE HAS AMPLE HEALTH COVERAGE FROM OTHER SOURCES.

## COST

Postal employees while active receive a subsidy to their Health Insurance premiums from the Postal Service. You receive this benefit for your entire career, and it represents a significant benefit.

The bad part about this subsidy is you lose it when you retire and when you are looking at a reduction in income. A lot of people ask us how much Health Insurance will increase. The most accurate number can be found on the Annuity Estimate you receive from the Postal Service. If you are not far along enough in your career to receive one of these, you can estimate your Health Insurance cost at about double what you are currently paying.

# CHAPTER 3

## CIVIL SERVICE RETIREMENT

This chapter will cover those employees who were under the Civil Service Retirement System (CSRS). CSRS employees were hired prior to Jan 1, 1984 or have had at least five years of CSRS service before returning to work between 1984 and 1987.

A Civil Service employee could fully retire at age 55 with at least 30 years of service. If the employee worked past the 30-year minimum, they could earn a higher annuity (pension) in retirement of 2% more per year. With 40 plus years of service, a CSRS employee could earn as much as 80% of their High 3 as a pension. The CSRS employee pays 7% of their income toward their CSRS retirement. (The total of your contributions to your CSRS retirement is listed in the bottom right hand corner of your check stub. This amount increases every year, and you can see your bi-weekly contribution to that number by looking at the Retire 1 deduction on your check stub). An easy way to determine how much your pension will be as a CSRS employee is to take your years of service, subtract two from it, and then multiply it by two. For example, if an employee has 28-years of service, you subtract two from it to get 26. Then when you double it, you get 52%.

## SOCIAL SECURITY

CSRS employees did not pay into Social Security. Those employees who earned their 40 quarters of Social Security credits prior to their federal service could earn a social security check on top of their pension check; however, because of the Windfall Elimination Provision, their Social Security checks would be cut in half. The government viewed a CSRS employee as double dipping by getting a full pension and Social Security from the government. This provision has been challenged by CSRS employees, but as of today it is still in effect. There are employees who have Social Security credits, but not a full 40 quarters. People ask us if they should get the extra quarters to qualify. The answer is *yes*. If you have 37 quarters of SSI, you are not getting paid for those quarters. If you work the additional 3 quarters, it gives you 50% of a Social Security check. And that is better than nothing!

*Special note: If you were hired under CSRS on or after October 1, 1982, you will automatically get credit for military time served post 1956. This "free credit" will be taken back if you qualify for Social Security under the "catch-62" reduction. If you have questions about "Catch-62" and how this can affect your retirement, please visit [www.thepostalbook.com](http://www.thepostalbook.com) and submit your questions.*

## SURVIVOR'S BENEFIT

One important choice or option for CSRS employees pertains to the Survivor Benefit. A Survivor Benefit is a benefit paid to your surviving spouse in the event of the employee's

death. A CSRS employee can elect as much as 55% of his/her pension check as a benefit. The employee can also select any amount smaller than 55% and will see a corresponding reduction in their pension check depending on that amount. There are instances where the employee's spouse will not need a Survivor Benefit. Maybe the spouse has a pension of his/her own and the employee wants the largest pension check possible. In this instance, the employee can elect (0) Survivor Benefit. By choosing this option, the spouse will have to sign and notarize forms within the retirement package confirming this decision.

One important thing to keep in mind when electing Survivor Benefits as a CSRS employee is Health Insurance. An employee's spouse is eligible to maintain Health Insurance in retirement as long as the employee elected a Survivor Benefit for their spouse. This means if an employee does not elect a Survivor Benefit, the spouse will not be eligible for Health Coverage under the Federal Health Plan. This election will allow the spouse access to health coverage for the rest of their life in the event of the employee's death.

CSRS employees who want Health Coverage for their spouse and the largest pension check possible, should elect a \$3,600 annual Survivor Benefit. This election will allow the spouse to access Health Coverage. The cost will reduce the employee's pension check by \$90/year. With the \$3,600 benefit annually, there is enough of a check coming to the spouse to cover Health Insurance premiums. In the event of the employee's

death, it is much easier on the spouse if the pension check covers the cost of the Health Insurance. This way, the spouse won't have to remember to write a check each month.

## THE COST OF CSRS SURVIVOR BENEFIT

When you make the decision to retire you will have the choice of survivor benefit for your spouse. CSRS employees have much more flexibility in what survivor benefit they choose, so it warrants a little better understanding of how the benefit works and what the cost is to the employee's pension.

First and most important, it is important to give your spouse some sort of survivor benefit in order for them to be eligible for the Federal Health Plan in the event you pass away before they do. As long as your spouse is getting a survivor benefit, they can get all the benefits of the Federal Health Plan just like a normal retiree.

The decision comes down to how much survivor benefit does your spouse want and need. In most cases, the employee gives their spouse full survivor benefit which equals 55% of the employee's pension. There are not many people who understand what this survivor benefit costs and how the math works.

Here's how the deduction from the employee's pension works: the first \$3,600 of survivor benefit awarded costs the employee \$90.00/year.

This number is very important for employees who do not wish to provide a survivor benefit to their spouse. For example, let's say we have a Postal employee whose spouse is a school teacher. The teacher gets a nice pension and she doesn't need the survivor benefit from the Postal employee. The teacher does like the idea of having access to the Federal Health Plan because the state will not give her that same coverage in retirement. This is the perfect situation where the employee should elect \$3,600 in survivor benefit for his spouse (allowing her to access the Federal Health Plan)—only costing the employee \$90/year. That's a small price to pay for such a large benefit in retirement.

For the rest of the survivor benefit cost we will plug in some actual numbers so you can fully understand the math. Let's say our employee is entitled to a pension of \$25,312. Here's how the rest of the survivor benefit is calculated:

Example 7: Sample Cost of CSRS Survivor Benefit

First:  
\$3,600 ..... (\$90.00)  
The rest:  
( $\$25,312 - \$3,600 = \$21,712$ )  $\$21,712 \times 10\%$ .....  
.....(\$2,171.00)  
Total Annual cost to employee's pension:  
..... \$2,261.00 or \$188/mo

## CSRS/OFF-SET

CSRS/OFFSET employees are employees who had five years of federal service prior to 1983, separated for at least one year, and

then returned to federal service in 1984 or later. The government required every federal employee after 1984 to pay Social Security. Because of this requirement, CSRS/Offset was created.

We will not bore you with the details, but we will try to help you understand how it affects your pension check. CSRS/OFFSET is a CSRS employee. The only difference is CSRS/OFFSET employees pay into Social Security while the regular CSRS employee doesn't.

Example 6: CSRS/OFFSET Pension Check Before and After Age 62

For example, Joe retires at age 55 with 30-years of service as a CSRS/OFFSET employee. He will receive the full 56.25% pension that is allowed for a normal CSRS employee. When Joe turns 62 and becomes eligible for Social Security, his pension check will be "offset" by his Social Security check.

|                                      |            |
|--------------------------------------|------------|
| Pension Check at age 55.....         | \$2,125.00 |
| Social Security Check at age 62..... | \$1,000.00 |

|                                  |            |
|----------------------------------|------------|
| Retirement Income at age 62:     |            |
| Pension Check .....              | \$1,125.00 |
| SSI Check .....                  | \$1,000.00 |
| Total Retirement at age 62 ..... | \$2,125.00 |

In a nutshell, you get the same monthly income as a regular CSRS employee. The only difference is at age 62, the income will come from two sources instead of one.

# CHAPTER 4

## FERS EMPLOYEES

The Federal Employee Retirement System (FERS) affects employees who were hired on or after January 1, 1984. The only exception to this rule applies to CSRS employees who switched from CSRS to FERS when FERS was rolled out.

This chapter will explain FERS, but also how an employee can effectively use the program to retire successfully. Very few FERS employees understand how the program works, and as a result they will be in for some serious surprises when they get ready to retire. Please pay close attention to the sources of income for a FERS employee. If you understand what the sources are and how much those sources can be, you will ensure success for you and your family.

### WHY WAS FERS CREATED?

While you will never find a direct answer from the government to this question, there are some obvious facts that cannot be ignored.

1. The government wanted to save money compared to the CSRS: After 30-years of service, FERS employees earn a 30% pension compared to 56.25% for a CSRS employee. Obviously, the government saved a ton of money by redesigning the program this way.
2. Social Security: FERS employees pay into Social Secu-

rity. About the time the FERS program was rolled out was when Social Security was underfunded. The government decided to put all federal employees in Social Security and that created four million federal payers into the Social Security System.

In a nutshell, the reason for FERS is saving money for the government. The program saved so much money that the government even hired people to call CSRS employees to convince them to switch to FERS.

## THREE PIECES TO THE PIE FOR FERS EMPLOYEES

FERS employees receive their retirement income from three different sources. These three sources include the following:

1. Pension
2. Social Security
3. Thrift Savings Plan

## WHAT EVERY FERS EMPLOYEE NEEDS TO KNOW

When the government created the FERS program, they never intended FERS employees to get any more money than CSRS employees. All they wanted to do was take the same pie and divide it three ways. Then two of the pieces would be your responsibility, while at the same time the government reduced their obligation. What are we talking about? Let's look at an example:

Example 8: FERS Employee with 30-years of Service

Joe is going to retire after 30-years with a High 3 of \$50,000. If he elects to take the full Survivor Benefit, his numbers will look something like this:

|                          |         |
|--------------------------|---------|
| Net Pension Check* ..... | \$850   |
| Social Security .....    | \$1,200 |
| TSP .....                | ??????? |
| .....                    | 56.25%  |

\* Net check assumes Health Insurance and taxes will deduct \$275/month. The gross check is \$1,125.

The example above shows FERS employees what they can count on from the government during retirement. In this case, a little over \$2,050/month. Any additional money the employee needs, will have to come from the Thrift Savings Plan (TSP). Many employees think the TSP is “bonus” money or something that is elective.

***Special Note: The TSP is an absolute must for FERS employees who wish to retire and maintain their same standard of living.***

Many Postal employees contribute 5% to their TSP because this allows them to get the full matching. In most cases, this is not enough! Just like the old rule you heard when you were young, “Put 10% of your money away, and you’ll be able to retire comfortably.” We believe this statement can be used as the golden rule for TSP as well as long as an employee is planning on working a full 30-years. If you are like a lot of employees, you became a career employee later in life and do not plan on working 30-years. If you are one of

those employees, the 10% number won't be enough because you don't have the same amount of time. To make up for lost time, you should consider contributing 15-20%.

## PENSION

The calculation for a FERS pension is pretty simple. FERS employees earn 1% for each year of service. No more, no less. Employees considering the Early Out are wondering how much more they would get if they worked another three years. Pretty easy math: The employee earns 3% more on their High 3. FERS employees must meet one of three objectives before they are eligible to retire:

1. Minimum retirement age with 30-years
2. Age 60 with at least 20-years service
3. Age 62 with at least 5-years of service

Minimum Retirement Ages are based on your year of birth.

Table 3: Minimum Retirement Ages provides this information:

Table 3: Minimum Retirement Ages

| <b>If you were born:</b> | <b>Your MRA is:</b> |
|--------------------------|---------------------|
| Before 1948              | 55                  |
| In 1948                  | 55 and 2 months     |
| In 1949                  | 55 and 4 months     |
| In 1950                  | 55 and 6 months     |
| In 1951                  | 55 and 8 months     |
| In 1952                  | 55 and 10 months    |
| In 1953-1964             | 56                  |
| In 1965                  | 56 and 2 months     |
| In 1966                  | 56 and 4 months     |

|                   |                  |
|-------------------|------------------|
| In 1967           | 56 and 6 months  |
| In 1968           | 56 and 8 months  |
| In 1969           | 56 and 10 months |
| In 1970 and after | 57               |

*Special Note: The only exception to the eligibility requirements above is in the event of an Early Out. The Early Out allows you to retire without meeting these requirements.*

## SOCIAL SECURITY

Social Security for FERS Employees is just like any private employee. If you have earned 40 quarters, you have the right to collect SSI at age 62 or later. The longer you wait, the more the check will be. THERE ARE NO REDUCTIONS IN SSI FOR FERS EMPLOYEES. CSRS employees do see substantial reductions in their SSI, but not FERS employees.

## FERS SPECIAL SUPPLEMENT

Very few FERS employees know about this supplement, much less understand how it should be considered in their retirement decisions. Through our training, we have taken a very complex subject and boiled it down to a very basic explanation that we hope each of you can fully understand.

In almost every case FERS employees are eligible to retire under the age of 62. Almost everyone knows that you don't qualify for Social Security until the age of 62. Social Security is a major part of FERS, so what is an employee supposed to

do between their Minimum Retirement Age and when they turn 62? Answer: FERS Special Supplement.

Think of the FERS Special Supplement as a “bridge” that gets you from Minimum Retirement Age to age 62 when you will qualify for Social Security. You do, however, have to qualify for the Supplement. There are two milestones that must be met in a normal retirement situation.

1. Minimum Retirement Age with 30-years of Service
2. Age 60 with 20-years of service

***Special Note: The exception is during an Early Out. In this instance, if the employee is retiring under an Early Out these two requirements are waived.***

Let’s look at an example to make thing more clear.

Example 9: FERS Special Supplement

Joe is retiring with 30-years of service at his Minimum Retirement Age of 56. His Social Security Check at age 62 is projected to be \$1,200 (from his Social Security statement). Joe’s Supplement will be calculated as follows:

30-years of service  
Divided by 40 total years possible service  
Equals 75%

This percentage gets applied to the Social Security check at age 62 (\$1,200), and now Joe is eligible to receive \$900/month Supplement ( $\$1,200 \times 0.75 = 900$ ).

If Joe had only worked for 20-years, it would be 20/40 and he would get 50% of his age 62 Social Security benefit.

## WHEN IS THE FERS SPECIAL SUPPLEMENT PAYABLE?

This is very important if you are retiring under Early Out and you do not meet the Minimum Retirement Age and 30-years of service or age 60 with 20-years of service. As we stated before under an Early Out, you will qualify for the Supplement even though you did not meet the two normal retirement objectives. However, the Supplement will be payable starting at either your Minimum Retirement Age or age 60, whichever is next.

Let's look at an example to make sure you understand how an employee retiring under an Early Out can influence the FERS Special Supplement.

### Example 10: Influence of Early Out on FERS Special Supplement

Let's take Joe again, and he is going to retire at age 53 with 18-years of service. Remember without the Early Out he would not be eligible to retire. Joe's Minimum Retirement Age is 56. His Social Security check at age 62 is \$1,200.

Joe's Supplement would be 18/40 or 45%. We apply that 45% to the \$1,200 and come up with \$540/month Supplement.

Joe won't be able to start drawing the supplement for three years (Current age 53- MRA 56). Just because you are eligible for the supplement doesn't mean you can start drawing it immediately after you retire. We've heard stories of people who retired thinking the Supplement check started right away; they found out after the fact, it wasn't going to start until years later.

Take the time to understand the FERS Special Supplement and how it can affect your retirement. Don't trust Shared Services to get it right—they have a long history of getting it wrong.

*Special Note: Taking the Supplement has no impact or penalty on employees who do not want to file for Social Security until age 66 for a higher check.*

# CHAPTER 5

## THRIFT SAVINGS PLAN

The Thrift Savings Plan (TSP) is the government's version of the 401k. Employees can set aside pre-taxed money and defer payment of taxes until retirement (see the Thrift Savings Plan form in Appendix D).

CSRS employees receive no match from the government. FERS employees receive matching on their contributions based on the following formula:

- 1%: free from the government
- First 3%: Dollar for dollar match
- Next 2%: 50 cents on the dollar match

There are six funds the employee can choose from within the TSP. All funds have different levels of risk and have their investment performance tied to different securities and indexes.

### G FUND

This fund is invested in Government Bonds. This is the safe place within the TSP. The down side, however, is the performance. In August 2009, the G Fund paid 1.65%. This percentage is not even keeping up with inflation, so employees are actually losing money.

### F FUND

The F Fund is slightly better than the G Fund. This fund is invested in high grade bonds that are not government bonds.

They are still safe, but with better returns than the G Fund. Year to date, the F Fund has paid 3.57%.

## C FUND

The C Fund is the common stock fund and is invested in the S&P 500. This is the fund that lost 40% in 2008 when a lot of employees lost a lot of money. Year to date, the fund has returned 11.13%; however, the 12 month average is still -19.89%.

## S FUND

The S Fund is invested in small cap stocks that are not in the S&P 500. Year to date, the S Fund is up 17.20%; however, the 12 month average is down -21.08%.

## I FUND

The I Fund is invested in international stocks. The fund is up 16.99% year to date, but down -21.59% over the last 12 months.

## LIFECYCLE (L FUNDS)

The government recently reviewed how employees were utilizing the TSP and saw that too many of them had all their money in the G Fund. Knowing that the average federal employee is not an investment manager and does not know how to invest money, the government then created the Lifecycle Funds. These funds are named with the employee's closest planned retirement year in mind.

Today employees have a choice of the following L Funds:

Table 4: Types of L Funds

|        |       |            |       |            |       |           |
|--------|-------|------------|-------|------------|-------|-----------|
| L2010  | ..... | G Fund 43% | ..... | C fund 27% | ..... | 30% other |
| L2020  | ..... | G Fund 27% | ..... | C fund 34% | ..... | 39% other |
| L2030  | ..... | G fund 16% | ..... | C Fund 38% | ..... | 46% other |
| L 2040 | ..... | G Fund 5%  | ..... | C Fund 42% | ..... | 53% other |

We list what the G and C allocations are, so you can see the purpose of the L Funds. The longer the employee has until retirement, the more money they have invested in the C and other risky funds. The L2010 is almost half in the G Fund and is very conservative.

The government went to the big banks on Wall Street and got their advice on how employees should invest their money based on their options within the TSP and how long they had to work. Now employees can pick the fund closest to their retirement date and have their TSP allocated across all the funds, as if a Wall Street bank was managing it for them.

One nice feature of the L Fund is that they re-allocate every quarter. Because every quarter the employee is closer to retirement, the investment gets a little safer each quarter. The best benefit of this feature for employees is it acts as an “auto pilot.” With the L Fund, the employee can turn it on and forget about it. The allocation automatically adjusts every quarter.

If an employee had their money in the L2010 account in 2008, they would have only lost 3.03%. If they were

in the 2020, they would've only lost 9.22% versus the 19.89% they would've lost if they were in the C Fund last year. These numbers are validation the L Funds work.

As a company, we suggest employees use the L funds if they have no strategy of their own. You can learn more about the TSP by visiting [www.tsp.gov](http://www.tsp.gov).

## ACCESSING FUNDS IN THE TSP

Because the TSP is pre-tax, the government puts limitations on how you can access that money with or without paying taxes. It's important to understand these options in the event you need these funds.

## CASHING OUT

An employee can withdraw cash from their TSP only with an acceptable hardship:

1. Documented Negative Cash-Flow: The employee has to fill out a worksheet to document their cash-flow to qualify
2. Medical Expenses
3. Legal Costs due to Divorce or Separation
4. Personal Property Loss: Home repairs that are necessary

***Special Note about Taxes: All funds the employee receives are after taxes have been taken out. If the employee was under 59.5-years of age, they will also pay a 10% penalty for early withdrawal.***

## AGE BASED IN-SERVICE WITHDRAWAL

Very few employees know about this fantastic option. If an active employee is 59.5-years or older (CSRS or FERS), they can rollover their TSP to another qualified annuity with no tax consequences or penalties. At the time of the transfer, the employee may elect some of their TSP funds to go directly into their checking or savings account (TSP-75 form is used for this request). We have met with a lot of employees who with a few thousand from their TSP have been able to pay off vehicles and other obligations. Most of them with the personal loans paid off are able to justify retirement much sooner and much easier.

*Special Note: FERS employees who are 59.5 and older who elect to take advantage of rolling over their TSP to a private IRA or annuity need to know they will still receive full matching on any future contributions they make to the TSP. There are FERS Employees who are 59.5 or older who still plan to work two or three more years. Those employees can transfer their TSP and still accumulate more funds in their TSP until they retire and then transfer the difference out at that time. If you have any questions about this option, please visit [www.thepostalbook.com](http://www.thepostalbook.com).*

## AFTER RETIREMENT

Once the employee retires, they can also rollover their TSP at any age to a qualified plan. The form that is used is the TSP-70.

If the employee chooses to put money directly in their account and they are under 59.5-years of age, they will be subject to tax and the 10% penalty.

## SHOULD YOU ANNUITIZE YOUR TSP AND CONVERT IT TO MONTHLY PAYMENTS?

This is a choice that a lot of Postal employees exercise because they aren't aware of their options and because it is the only option people in Shared Services are allowed to "support" during your pre-retirement counseling sessions.

The choice to annuitize your TSP has one benefit and several consequences. The only benefit to this option is you can have the assurance of a check each month in retirement and never worry about it changing or outliving your money. While these are strong benefits, they should be weighed against the consequences.

1. Your money no longer grows: Once you annuitize the TSP funds, the government applies an interest rate to calculate your payments. If you run an annuitization quote today, the rate of interest they use in calculating your monthly payments is 3.875%. There are rates much higher in the private sector that are just as safe.
2. You no longer have access to the cash: When you annuitize, you are handing over your pile of cash in exchange for the monthly payments. If later down the road you need a lump sum of cash, you will not have that option.
3. Your heirs are disinherited: When you annuitize your TSP you can elect a survivor benefit for your spouse in the event of your death. Once the spouse passes away, your children or other family members will receive

nothing. This consequence is huge in situations where there is a large TSP balance and the premature deaths of the employee and spouse.

When we learned of these consequences, we took a lot of time to research private options that would offer protection and safety for both the employee and their heirs. There are plenty of options available and most people choose to move their TSP balance into these better performing areas when they hear the significant advantages

## ANOTHER THOUGHT ON LEAVING YOUR TSP WITH THE GOVERNMENT

Many Postal employees retire and leave their TSP with the government. Many of these retirees are CSRS and have a much bigger pension than FERS employees, so they didn't need the money right away. What easier option than to just leave the money where it is, right?

Well, there are some things that we feel Postal employees need to understand when they choose to leave their TSP with the government. Take a few minutes and hear us out on this because we feel it is very important for Postal employees to understand.

Almost everyone knows of or has seen the LLVs (Postal delivery vehicles) around town. If you've ever looked inside one of those things or driven one, you will see they are the most basic of basic vehicles. Certainly the government

could've spent more on these vehicles to make the job a little easier for the drivers, but they didn't. We want you to notice the government's attitude because that was and is being used for the TSP. The government is not interested in giving their employees any more than the basics on just about anything. Yes, there are always options to make things better for employees; however, the government looks at these options as unnecessary expenses. Remember, they do not have to compete with anyone for your business.

All employees should take advantage of the many options available to them in the private market. To use our previous example of the Postal vehicle: if you could have the choice of a LLV or a Cadillac to deliver the mail, which would you chose? We have reviewed many of the IRAs and annuities available to Postal employees and have found options that are just as attractive as a Cadillac to what the TSP offers.

For many employees the TSP represents a large portion of their retirement savings. Don't assume the TSP is the best option available. Do some research and get advice from people who understand and know the TSP's options, so you can make the decision that is best for you and your family. If you would like more information about your options for your TSP, please visit our website at **www.thepostalbook.com**.

## CHAPTER 6

# MILITARY TIME AND THE POSTAL EMPLOYEE

There are thousands of Postal employees who had prior military time. One of the reasons for this is the preferential treatment of veterans on the entrance exam. While the Post Office gives veterans a preference upon entrance, they are hurting them by not fully explaining their options on buying military time as soon as they are hired by the Post Office.

## CSRS

CSRS employees who had prior military time that was post 1956 can buy their time by paying 7% of what they made the 1<sup>st</sup> year in the military and for each additional year in the military. An example will make the math easier to understand:

### Example 10: Buying Military Time

Military Service 1962.....Pay: \$10,000..... Buy back: \$700

Military Service 1963.....Pay: \$11,000..... Buy back: \$770

This math continues for each year the employee chooses to pay. There is an additional factor of interest that has to be included. The government charges different amounts of interest for each year of buy back because they lost the opportunity to invest your contributions during those years.

A great resource for calculating and estimating what your buy back would be can be found at [www.fedcalc.com](http://www.fedcalc.com). You can input your earnings and years of service and come up with an estimate of deposit.

## SHOULD YOU BUY THE TIME?

The question of whether to buy back or not really comes down to looking at the cost and the benefit of the purchase. An example of a real employee we spoke with this year will help you understand the choices.

### Example 11: The Choice to Buy Military Time

The employee had four years of military service and the buy back amount he had to pay was about \$7,000. He wasn't sure if it would be worth it to buy the time. For a CSRS employee, each year they buy is worth 2% more on their pension. In this employee's situation, he would receive another \$4,000 a year in pension by paying the one time fee of \$7,000. In just two years of retirement, he would recover his investment and then some. We advised him to buy the time immediately.

## FERS AND MILITARY TIME:

FERS employees have a pretty easy decision when buying their military time. **THEY SHOULD ALWAYS BUY IT, AND BUY IT AS QUICKLY AS POSSIBLE.** The government only charges a FERS employee 3% of pay in the military to buy their time. That's only \$300 for every \$10,000 earned in the military. As long as the employee did not fully retire from the military, it is in their best interest to

buy whatever years they have and have that time added to their creditable service.

## WHEN TO BUY THE TIME:

This is the area where we get a bit frustrated. A FERS employee should buy their military time as early as possible. In an ideal situation, the employee should buy their time in the first two years of working for the Postal Service. If they buy the time in the first two years, they will be exempt from any interest. The difference in buying the time in the first two years and waiting to do this before retirement is thousands of dollars. The frustrating aspect of this is the Postal Service knows if the employee had prior military service because they are giving the preference on the entrance exam. How hard would it be for them to add one document addressing the choices veterans have regarding buying their military time?

To sum it up, veterans should buy their time as early as possible. This not only limits applicable interest, but also gives the employee a longer time to pay for the time which will allow for lower payments coming out of their checks.

See chapter 7 for instructions on how to buy your military time.

# CHAPTER 7

## PROCEDURES FOR MAKING MILITARY DEPOSITS

### POST-56 MILITARY SERVICE

The time to consider your deposit option is now—the earlier in your civilian career is better.

Military service is generally creditable as federal service, provided it was active duty and the employee received an honorable discharge. If your military service was performed prior to 1957, it is included in your Service Computation Date and in the computation of your annuity.

Beginning January 1, 1957, military service became subject to Social Security. A 1982 change in the law states that CSRS employees hired after September 30, 1982 will receive Post-56 Military Service credit only if they make a deposit covering the service. CSRS employees hired before October 1, 1982 can receive credit for Post-56 Military Service without making a deposit, but will be subject to the elimination of this service if they become eligible for Social Security benefits at age 62. At this time, their annuity will be recomputed without the Post-56 Military Service.

#### Example 12: Post-56 Military Service

Sam had four years of military service covered by CSRS when he began his Department of Education career on May 1974. When he retired (with 34-years of civilian service, plus his military service), he did not meet eligibility requirements for Social Security since he only had 20 quarters of coverage. He elected not to make a Post-56 Military deposit, believing he would not work after retirement. At age 62 when Social Security reviewed his records, he had worked and was now eligible for Social Security. Since he had not made a deposit prior to retirement, his Department of Education annuity will be recalculated with only the 34-years of civilian service.

Under CSRS rules, Post-56 Military Service deposits will be 7% of the basic military pay earned during the period covered by the deposit, plus interest which is figured at a variable interest rate.

Employees may have more than one period of military service covered by this rule and elect to pay a deposit for all, some, or none of the periods.

## FERS

Military service that would be creditable under CSRS is also creditable under FERS, except all Post-56 Military Service must be covered under a deposit to receive credit under FERS for any purpose. Under FERS rules, Post-56 Military deposits will be 3% of the basic military pay earned during the period covered, plus interest which is figured at a variable interest rate.

If you transferred into FERS retirement system from CSRS, determination of whether military service is creditable under FERS rules or CSRS rules will depend on how many years of creditable CSRS service you had prior to transferring. If you had less than five years of CSRS service, all service is treated under FERS rules. If you had five years or more of CSRS service, this service plus your military service is treated under CSRS rules.

## REQUIRED ACTIONS

Employees must send a written request (Form RI 20-97) to the appropriate DFAS Center for their branch of service. You must use a separate request for each branch of service with a copy of the appropriate DD214(s) attached to each request. Form RI 20-97 may be requested at the following website: [www.opm.gov/forms/pdf.fill/RI20.97.pdf](http://www.opm.gov/forms/pdf.fill/RI20.97.pdf).

Addresses for the appropriate DFAS office may be obtained at the following website:

[www.dfas.mil.retiredpay/estimatedearning.html](http://www.dfas.mil.retiredpay/estimatedearning.html).

After completion of the employee portion of the RI 20-97, it should be mailed or faxed to the appropriate address/fax number.

DFAS will return the RI 20-97 to the employee, who then in turn should submit it to their HR Office for the computation of the required deposit.

[www.thepostalbook.com](http://www.thepostalbook.com)

Once the deposit computation is complete, you will be given the options available for payment. Keep in mind, the interest will continue to accrue while payments are being made. **Deposits must be paid in full prior to retirement.**

# APPENDICIES

## APPENDIX A:

FEGLI LIFE INSURANCE ELECTION FORM

## APPENDIX B:

FEGLI DESIGNATION OF BENEFICIARY FORM

## APPENDIX C:

FEGLI CLAIM FOR DEATH BENEFITS FORM

## APPENDIX D:

THRIFT SAVINGS PLAN FORM

## APPENDIX E:

TSP DESIGNATION OF BENEFICIARY FORM

SPECIAL NOTE: IF YOU NEED YOUR OWN COPIES OF THE FORMS REFERENCED HERE, YOU CAN FIND THEM ALL AT [WWW.OPM.GOV](http://WWW.OPM.GOV) BY SEARCHING FOR THE FORM NUMBER AS IT APPEARS ON THE FORMS ENCLOSED.

# APPENDIX A

## FEGLI LIFE INSURANCE ELECTION FORM



## Life Insurance Election

### Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

Form Approved:  
OMB No. 3206-0230

#### 1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

**This election supersedes all previous elections.**

|          |  |                                  |   |  |
|----------|--|----------------------------------|---|--|
| <b>2</b> | Fill in identifying information concerning the employee. |                                  |   |  |
|          | Name (Last) (First) (Middle)                             | Date of birth (mm/dd/yyyy)       | Social Security Number  |  |
|          | Employing department or agency                           | OWCP claim number, if applicable | Location of department or agency where employee works (City, state, ZIP Code) | Daytime telephone number (including area code) |

**3** To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

|              |  |                   |
|--------------|--|-------------------|
| <b>Basic</b> | <p><b>I want Basic.</b> I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> | Date (mm/dd/yyyy) |
|--------------|--|-------------------|

**4** If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

| Option A - Standard  | Option B - Additional   | Option C - Family  |                |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
|--|---|--|----------------|--|----------------|--|----------------|--|----------------|--|----------------|--|----------------|--|--|------------|--|-------------|--|-------------|--|-------------|--|-------------|--|-------------|
| <p>I want Option A.<br/>I authorize deductions to pay the full cost.</p>   | <p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">1 times my pay</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">3 times my pay</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">2 times my pay</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">4 times my pay</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">5 times my pay</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">5 times my pay</td> </tr> </table> |  | 1 times my pay |  | 3 times my pay |  | 2 times my pay |  | 4 times my pay |  | 5 times my pay |  | 5 times my pay | <p>I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">1 multiple</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">3 multiples</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">2 multiples</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">4 multiples</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">5 multiples</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">5 multiples</td> </tr> </table> |  | 1 multiple |  | 3 multiples |  | 2 multiples |  | 4 multiples |  | 5 multiples |  | 5 multiples |
|  | 1 times my pay  |  | 3 times my pay |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
|  | 2 times my pay  |  | 4 times my pay |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
|  | 5 times my pay  |  | 5 times my pay |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
|  | 1 multiple  |  | 3 multiples    |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
|  | 2 multiples   |  | 4 multiples    |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
|  | 5 multiples   |  | 5 multiples    |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
| <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> | <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p>  | <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> |                |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |
| Date (mm/dd/yyyy)  | Date (mm/dd/yyyy)   | Date (mm/dd/yyyy)  |                |  |                |  |                |  |                |  |                |  |                |  |  |            |  |             |  |             |  |             |  |             |  |             |

**5** If you want NO life insurance coverage, sign and date below.

|  |  |                   |
|--|--|-------------------|
| <b>Waiver of all life insurance coverage</b> | <p>I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> | Date (mm/dd/yyyy) |
|--|--|-------------------|

|   |  |  |   |
|---|--|--|---|
| <b>6</b>                                | Agency Remarks: Use                                | Number of event permitting change (See back of Part 2) |   |
|   | Name and address of employing office               | Date received in employing office (mm/dd/yyyy)         | Effective date of coverage (mm/dd/yyyy) |
|   | I followed the instructions on the back of Part 1. |  |   |
| Signature of authorized agency official |  |  |   |

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.

PART I - File in Official Personnel Folder

U.S. Office of Personnel Management  
Federal Employees' Group Life Insurance Handbook (RI 76-26)

NSN 7540-01-231-4280  
2017-105

April 1999 edition is usable.  
All other editions are obsolete and unusable.

Standard Form 2817  
Rev. June 2000

## Instructions for Agencies

### 1. Who Should File This Form

- New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, **unless** the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, **only** the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but **not** Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. **Exception:** Acquiring a foster child does not count as a life event for Option B purposes.

- For Option B, the number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.
- For Option C, he or she may elect from 1 to 5 multiples (up to 5 total) no matter how many family members he/she has or acquires with the event.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples is limited as listed above.

### 2. Review of Completed Form

Review the original and both copies of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

**Only** the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

**Exception:** If the employee assigned his or her insurance, only the assignee(s) may **wave** some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignments cannot **increase** the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

### 3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

### 4. Date Received

Enter the date the employing office received this form.

### 5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

### 6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

### 7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

### 8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI web site at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).



## Life Insurance Election

### Federal Employees' Group Life Insurance Program

Form Approved:  
OMB No. 3206-0230

| 1                 |       | SF 50 Equivalents of Insurance Codes |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
|-------------------|-------|--------------------------------------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|
| <b>INSURANCE</b>  | SF 50 |                                      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| <b>INELIGIBLE</b> |       |                                      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 0000              | AO    | 1005                                 | E5 | 1011 | I1 | 1114 | JA | 1025 | M5 | 1031 | Q1 | 1134 | R4 | 1045 | U5 | 1051 | Y1 | 1154 | Z4 |
| 1000              | BO    | 1101                                 | F1 | 1012 | I2 | 1115 | J5 | 1121 | N1 | 1032 | Q2 | 1135 | R5 | 1141 | V1 | 1052 | Y2 | 1155 | Z5 |
| 1100              | CO    | 1102                                 | F2 | 1013 | I3 | 1020 | K0 | 1122 | N2 | 1033 | Q3 | 1040 | S0 | 1142 | V2 | 1053 | Y3 |      |    |
| 1200              | DO    | 1103                                 | F3 | 1014 | I4 | 1120 | L0 | 1123 | N3 | 1034 | Q4 | 1140 | T0 | 1143 | V3 | 1054 | Y4 |      |    |
| 1300              | E1    | 1104                                 | F4 | 1015 | I5 | 1021 | M1 | 1124 | M4 | 1035 | Q5 | 1041 | U1 | 1144 | V4 | 1055 | Y5 |      |    |
| 1400              | E2    | 1105                                 | F5 | 1111 | J1 | 1022 | M2 | 1125 | M5 | 1131 | R1 | 1042 | U2 | 1145 | V5 | 1151 | Z1 |      |    |
| 1500              | E3    | 1010                                 | G0 | 1112 | J2 | 1023 | M3 | 1030 | S0 | 1132 | R2 | 1043 | U3 | 1040 | W0 | 1152 | Z2 |      |    |
| 1600              | E4    | 1110                                 | HD | 1113 | J3 | 1024 | M4 | 1130 | PD |      |    | 1044 | U4 | 1150 | X0 | 1153 | Z3 |      |    |

**2** Fill in identifying information concerning the employee.

|                                |         |                                  |   |  |
|--------------------------------|---------|----------------------------------|---|--|
| Name (Last)                    | (First) | (Middle)                         | Date of birth (mm/dd/yyyy)  | Social Security Number                         |
| Employing department or agency |         | OWCP claim number, if applicable | Location of department or agency where employee works (City, state, ZIP Code) | Daytime telephone number (including area code) |

**3** In item 7: If this block is not signed, enter 0 in ALL FOUR boxes. If this block is signed, enter 1 in box 1.

|              |   |                   |
|--------------|---|-------------------|
| <b>Basic</b> | Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Date (mm/dd/yyyy) |
|--------------|---|-------------------|

**4**

| Option A - Standard   | Option B - Additional   | Option C - Family   |
|---|---|---|
| In item 7, box 2:<br>If this block is not signed, enter 0<br>If this block is signed, enter 1   | In item 7, box 3:<br>If this block is not signed, enter 0<br>If this block is signed, enter the number marked "X" below                                 | In item 7, box 4:<br>If this block is not signed, enter 0<br>If this block is signed, enter the number marked "X" below   |
| <input type="checkbox"/> 1 times my pay<br><input type="checkbox"/> 2 times my pay  | <input type="checkbox"/> 3 times my pay<br><input type="checkbox"/> 4 times my pay<br><input type="checkbox"/> 5 times my pay                           | <input type="checkbox"/> 1 multiple<br><input type="checkbox"/> 2 multiples<br><input type="checkbox"/> 3 multiples<br><input type="checkbox"/> 4 multiples<br><input type="checkbox"/> 5 multiples |
| Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)   |
| Date (mm/dd/yyyy)   | Date (mm/dd/yyyy)   | Date (mm/dd/yyyy)   |

**5** If you want NO life insurance coverage at all, sign and date below.

|  |   |                   |
|--|---|-------------------|
| <b>Waiver of all life insurance coverage</b> | In item 7: If this block is signed, enter 0 in ALL FOUR boxes.<br><br>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Date (mm/dd/yyyy) |
|--|---|-------------------|

**6** Agency Remarks:

|  |  |  |
|--|--|--|
| Name and address of employing office               | Date received in employing office (mm/dd/yyyy) | Number of event permitting change (See back of Part 2) |
| Effective date of coverage (mm/dd/yyyy)            |  |  |
| I followed the instructions on the back of Part 1. |  |  |
| Signature of authorized agency official            |  |  |

**7** INSTRUCTIONS: Enter codes in the boxes on the right as directed in items 3, 4 and 5 above.

|                |                  |
|----------------|------------------|
| Insurance Code | SF 50 Equivalent |
| 1 2 3 4        |                  |



## Instructions for Employees

### 1. General Information

The major provisions of this program are described in the *Federal Employees' Group Life Insurance (FGLI)* booklet (RI 76-21 or RI 76-20 for Postal Service employees, available from your employing office). Please read the entire booklet carefully. Your completed copy of this election form and the FGLI booklet constitute your certification of coverage.

### 2. New Employees and Employees Newly Eligible for Life Insurance

You are automatically enrolled in Basic unless you waive it. If you waive Basic, you automatically waive all forms of Optional insurance. You will not have any Optional insurance unless you elect it.

**To elect Basic:** You do not need to submit this form unless you also wish to elect Optional insurance. If you do not submit this form, you will have Basic, but no Optional coverage.

**To waive Basic:** Sign Section 5 of the form and give it to your employing office. Your agency will withhold Basic premiums from your salary from your first day at work in a pay status UNLESS you submit your waiver before the end of your first pay period.

**To elect Optional:** Sign Section 3 and one or more of the blocks in Section 4 of the form and give it to your employing office within 31 days after the date you are appointed or first become eligible for life insurance.

**To waive Optional:** If you do not sign for a particular type of Optional coverage in Section 4, you automatically waive that coverage. If you do not submit the form at all, you will have Basic, but no Optional coverage.

### 3. Employees With Prior Government Service

A life insurance election or waiver on SF 2817 filed during a prior period of Federal employment stays in effect unless you change coverage or have a break in service of at least 180 days.

A break in service of at least 180 days cancels any previous waiver of insurance. Unless you file a new waiver, Basic becomes effective on the first day you actually enter on duty in a pay status in a position in which you are eligible for coverage. You can elect any amount of Optional insurance within 31 days of returning to service, regardless of the coverage you had during previous employment. If you fail to elect any Optional insurance, you will automatically get the Optional insurance you carried immediately before your break in service.

If you had a break in service of less than 180 days and were eligible in your last period of Federal employment, your life insurance in your new employment will be the same as you had then and if you waived coverage then, the waiver is still in effect. Your opportunities to cancel your waiver are strictly limited. See the FGLI booklet.

### 4. Reemployed Annuitants

If you waive your insurance as a reemployed annuitant, you also waive your insurance as an annuitant, and you will have no Federal life insurance.

### 5. Assignment

If you have assigned your insurance by filing an RI 76-10, *Assignment of Federal Employees' Group Life Insurance*, you may not cancel any of your current insurance coverage. Only the assignee(s) may cancel your coverage. However, you may elect new coverage if you otherwise meet the requirements for electing such coverage. Any new coverage you elect will automatically be subject to your existing assignment, except for Option C, which you cannot assign. All assignments are automatically canceled after a break in service of at least 31 days, or upon cancellation of all life insurance coverage by the assignee(s).

### 6. Attention Assignees

If you are completing this form in order to cancel some or all of the employee's life insurance coverage, you must sign the form. The information in Section 2 of the form refers to the employee, but you must sign in Section 3, 4 or 5, as applicable. Indicate "assignee" after your signature. Return the completed form to the employee's employing office. If the insured is an annuitant, return the completed form to OPM, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045. See #11 for where to return the completed form if the insured is a compensator.

### 7. How to Complete and Review Your Election Form

Follow the instructions for each item carefully. After you fill out the form, review it to be sure it is complete and correct. The following checklist should help.

**If you sign item 3, you elect (or retain) Basic.** Do not also sign item 5. (You cannot elect (or retain) and waive coverage.)

**If you sign any block in item 4, you must also sign item 3.** (To elect (or retain) an option, you must also elect (or retain) Basic.)

**If you sign item 4 for Option B and/or Option C, you must also mark one of the five boxes to show how many multiples you wish to elect (or retain).** Do not mark more than one.

**Be sure you sign for all options you want.** This election supersedes all previous ones. If you have optional coverage and wish to keep it, you must sign the appropriate box(es). If you do not sign for it, you have waived it.

**If you sign item 5, you waive Basic.** Do not sign item 3 or any block in item 4. (You cannot waive and elect coverage.)

**Only you, the employee, may sign this form.** Signatures by guardians, conservators, or through a power of attorney are not acceptable. **Exception:** If you have assigned your insurance, only the assignee(s) may cancel some or all of your coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to you).

**REMEMBER THAT YOU, NOT YOUR AGENCY, ARE RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS.**

### 8. 1999 Open Enrollment Period

If you elected coverage during the 1999 Open Enrollment Period, and that coverage has not yet become effective, and you want to make a further change to your FGLI coverage on this SF 2817, you should check with your employing office. That office can tell you about any special election procedures that may apply.

### 9. Waiving or Changing Your Insurance Coverage

If you do not sign for a particular type of coverage, you have waived that coverage. If you waive Basic or one or more of the options, your opportunities to enroll in the coverage you waived are strictly limited. A waiver may also affect your eligibility to continue coverage into retirement. See the FGLI booklet.

### 10. Where to Send Completed Form

After you have completed this form and verified that it accurately reflects your intentions, send the entire form (without separating the parts) to your employing office.

### 11. Compensation

If you are receiving compensation payments from the Office of Workers' Compensation Programs (OWCP), provide your OWCP number in Section 2 of the form. If you are still employed, return the completed form to your employing office. If you are not still employed or if you have been receiving compensation payments for at least 12 months, return the completed form to OPM, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045.

### 12. How to Verify that Your Agency Processed Your Election

After your employing office processes your election form, you will receive an SF 50, *Notice of Personnel Action*. A two digit code appearing on the SF 50 will explain your insurance coverage. These codes are explained on Part 2 of the SF 2817. Also check your pay statement for the correct withholdings. If you are insured as a compensator, you will receive a notice from OPM which will explain your insurance coverage.

### 13. Further Information

For further information, consult the *FGLI Handbook* (RI 76-26) or the *FGLI Booklet* (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FGLI web site at [www.opm.gov/insure/fli/](http://www.opm.gov/insure/fli/).

### Privacy Act and Public Burden Statements

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your life insurance coverage. This information may be shared and is subject to verification, via paper, electronic media, or through the use of the computer matching programs, with internal, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 28, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may result in OPM's inability to determine your life insurance coverage.

We think this form takes an average of 15 minutes to complete including the time for getting the needed data and reviewing both the instructions and 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 Manager, Paperwork Reduction Project (3206-0230), Washington, DC 20415-7900. The OMB Number, 3206-0230 is currently valid. OPM may collect this information, and you are not required to respond, unless this number is displayed.

APPENDIX B:  
FGLI DESIGNATION OF BENEFICIA-  
RY FORM



**Designation of Beneficiary**  
**Federal Employees' Group Life Insurance (FEGLI) Program**  
*(DO NOT erase or cross-out. Use a new form.)*

Form Approved  
 OMB No. 3208-0136

**Important:**  
 Read instructions on the  
 Back of Part 2 before completing this form.

**A. Information About the Insured (not the Assignee, if there is one) (type or print)**

|  |  |   |
|--|--|---|
| Name of Insured ( <i>Last, first, middle</i> )   | Date of birth of Insured ( <i>mm/dd/yyyy</i> ) | Social Security Number of Insured             |
| The Insured is: <input type="checkbox"/> an employee<br>Place an "X" in the appropriate box. <input type="checkbox"/> a retiree <input type="checkbox"/> a compensationeer |  |   |
| If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number: _____   |  |   |
| Department or agency where the Insured works ( <i>If retired, last department where the Insured worked</i> ):  |  |   |
| Department or agency   | Bureau or division                             | Location ( <i>city, state, and ZIP code</i> ) |

**B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)**

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address ( <i>Including ZIP code</i> ) | Relationship | Percent or fraction designated |
|---|------------------------|---------------------------------------|--------------|--------------------------------|
|   |                        |                                       |              |                                |
|   |                        |                                       |              |                                |
|   |                        |                                       |              |                                |
|   |                        |                                       |              |                                |
|   |                        |                                       |              |                                |

Total (Must equal 100% or 1.0) (Do not use dollar amounts) \_\_\_\_\_  
 (Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

**C. Statement of Insured or Assignee (type or print)**

|   |   |  |
|---|---|--|
| Your name and address ( <i>Including ZIP code</i> ) | Please check one: I am:                   | Please check all three:  |
| -----   | <input type="checkbox"/> the Insured      | <input type="checkbox"/> I have not assigned the insurance.                  |
| -----   | <input type="checkbox"/> an Assignee      | <input type="checkbox"/> Two people who witnessed my signature signed below. |
| -----   | <i>See Back of Part 2 for definitions</i> | <input type="checkbox"/> I did not name either witness as a beneficiary.     |

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, my designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

|   |                            |
|---|----------------------------|
| Signature of Insured/Assignee ( <i>Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.</i> ) This form is not valid unless the Insured/Assignee signs in this box. | Date ( <i>mm/dd/yyyy</i> ) |
|---|----------------------------|

**D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)**

|                      |                                       |
|----------------------|---------------------------------------|
| Signature of witness | Address ( <i>Including ZIP code</i> ) |
|                      |                                       |
| Signature of witness | Address ( <i>Including ZIP code</i> ) |
|                      |                                       |

**E. For Agency Use Only**

|                  |                                       |   |       |
|------------------|---------------------------------------|---|-------|
| Receiving agency | Date of receipt ( <i>mm/dd/yyyy</i> ) | Signature of authorized agency official | Title |
|                  |                                       |   |       |

**Examples of Designations**

- 1. How to designate one beneficiary** Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (including ZIP code)           | Relationship | Percent or fraction designated |
|---|------------------------|--|--------------|--------------------------------|
| Mary E. Brown   | 000-00-0000            | 214 Central Avenue<br>Muncie, IN 47303 | Niece        | 100%                           |

- 2. How to designate more than one beneficiary** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (including ZIP code)              | Relationship | Percent or fraction designated |
|---|------------------------|---|--------------|--------------------------------|
| Jose P. Lopez   | 111-11-1111            | 360 Williams Street<br>Red Bank, NJ 07701 | Nephew       | one-half                       |
| Rosa L. Rowe  | 222-22-2222            | 792 Broadway<br>Whiting, IN 46392         | Mother       | one-half                       |

- 3. How to designate a contingent beneficiary** (Someone to receive the benefits if the person you designate dies before the Insured dies)

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (including ZIP code)                | Relationship | Percent or fraction designated |
|---|------------------------|---|--------------|--------------------------------|
| John M. Parrish, if living                                    | 333-33-3333            | 810 West 180th Street<br>New York, NY 10033 | Father       | 100%                           |
| Otherwise to: Susan A. Parrish                                | 444-44-4444            | 810 West 180th Street<br>New York, NY 10033 | Sister       | 100%                           |

- 4. How to designate different beneficiaries for Basic and Optional insurance** You cannot designate Option C - Family.

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (including ZIP code)               | Relationship | Percent or fraction designated |
|---|------------------------|--|--------------|--------------------------------|
| Leroy D. White  | 555-55-5555            | 124 Elm Street<br>Dayton, OH 45420         | Father       | 100%<br>Basic                  |
| Jane M. Smith   | 666-66-6666            | 421 Spring Avenue<br>Portland, ME 04101    | Sister       | 100%<br>Option A               |
| Elizabeth J. Allen  | 777-77-7777            | 234 Fifth Avenue<br>New York, NY 10029     | Daughter     | 50%<br>Option B                |
| Ann J. Borden   | 888-88-8888            | 678 Ninth Street<br>Philadelphia, PA 19123 | Daughter     | 50%<br>Option B                |

- 5. How to designate an inter vivos trust (A trust that you set up during your lifetime)**

| First name, middle initial, and last name of each beneficiary  | Social Security Number | Address (including ZIP code)           | Relationship | Percent or fraction designated |
|--|------------------------|--|--------------|--------------------------------|
| Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 12/18/1999, if valid. Otherwise to: |                        |  | Trustee      | 100%                           |
| Mary E. Brown  | 000-00-0000            | 214 Central Avenue<br>Muncie, IN 47303 | Niece        | 100%                           |

- 6. How to designate a testamentary trust (A trust that is set up when you die, according to terms in your will)**

| First name, middle initial, and last name of each beneficiary   | Social Security Number | Address (including ZIP code)                    | Relationship | Percent or fraction designated |
|---|------------------------|---|--------------|--------------------------------|
| Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to: |                        |   | Trustee      | 100%                           |
| Maria Sufuentes   | 999-99-9999            | 5909 Pacific Avenue, NW<br>Washington, DC 20019 | Niece        | 100%                           |

- 7. How to cancel all designations of beneficiary**

| First name, middle initial, and last name of each beneficiary | Social Security Number | Address (including ZIP code) | Relationship | Percent or fraction designated |
|---|------------------------|------------------------------|--------------|--------------------------------|
| Cancel prior designations                                     |                        |                              |              |                                |



**Designation of Beneficiary**  
**Federal Employees' Group Life Insurance (FEGLI) Program**  
*(Do NOT erase or cross-out. Use a new form.)*

Form Approved  
 OMB No. 3209-0136

Important:  
 Read instructions on the  
 Back of Part 2 before completing this form.

**A. Information About the Insured (not the Assignee, if there is one) (type or print)**

|   |  |  |
|---|--|--|
| Name of Insured ( <i>Last, first, middle</i> )  | Date of birth of Insured ( <i>mm/dd/yyyy</i> ) | Social Security Number of Insured  |
| The Insured is:<br>Place an "X" in the appropriate box.   |  | If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number. |
| <input type="checkbox"/> an employee  |  |  |
| <input type="checkbox"/> a retiree  |  |  |
| <input type="checkbox"/> a compensator  |  |  |
| Department or agency where the Insured works ( <i>If retired, last department or agency where the Insured worked</i> ): |  |  |
| Department or agency  | Bureau or division                             | Location ( <i>City, state, and ZIP code</i> )  |

**B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)**

| First name, middle initial, and last name of each beneficiary                                      | Social Security Number | Address ( <i>Including ZIP code</i> ) | Relationship | Percent or fraction designated |
|--|------------------------|---------------------------------------|--------------|--------------------------------|
|  |                        |                                       |              |                                |
|  |                        |                                       |              |                                |
|  |                        |                                       |              |                                |
|  |                        |                                       |              |                                |
|  |                        |                                       |              |                                |
| Total (Must equal 100% or 1.0) (Do not use dollar amounts)   |                        |                                       |              |                                |
| <i>(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)</i> |                        |                                       |              |                                |

**C. Statement of Insured or Assignee (type or print)**

|   |   |  |
|---|---|--|
| Your name and address ( <i>Including ZIP code</i> ) | Please check one:<br>I am:                | Please check all three:  |
| -----   | <input type="checkbox"/> the Insured      | <input type="checkbox"/> I have not assigned the insurance.                  |
| -----   | <input type="checkbox"/> an Assignee      | <input type="checkbox"/> Two people who witnessed my signature signed below. |
| -----   | <i>See Back of Part 2 for definitions</i> | <input type="checkbox"/> I did not name either witness as a beneficiary.     |

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I am canceling any and all previous Designation of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

|   |                            |
|---|----------------------------|
| Signature of Insured/Assignee ( <i>Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.</i> ) This form is not valid unless the Insured/Assignee signs in this box. | Date ( <i>mm/dd/yyyy</i> ) |
|---|----------------------------|

**D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)**

|                      |                                       |
|----------------------|---------------------------------------|
| Signature of witness | Address ( <i>Including ZIP code</i> ) |
|                      |                                       |
| Signature of witness | Address ( <i>Including ZIP code</i> ) |
|                      |                                       |

**E. For Agency Use Only**

|                  |                                       |   |       |
|------------------|---------------------------------------|---|-------|
| Receiving agency | Date of receipt ( <i>mm/dd/yyyy</i> ) | Signature of authorized agency official | Title |
|                  |                                       |   |       |

Part 2 - Duplicate

**INSTRUCTIONS:** The Insured or assignee must sign this form. Two people must witness the signature and sign as witnesses. The Insured's agency (or U.S. Office of Personnel Management [OPM], if the Insured is an annuitant or insured as a compensationee) must receive the designation before the Insured's death. A person with a power of attorney or other similar legal authority may not sign for the Insured or assignee. A witness cannot be a beneficiary. The agency or OPM, as appropriate, must receive certified court orders involving FEGLI on or after July 22, 1998, and before the Insured's death.

**Please read the additional instructions below before completing this form.**

**"You" and "your" refer to the person completing this form (the Insured or an assignee). The "Insured" is the insured employee, annuitant or compensationee. The "Assignee" is a person(s), firm(s), or trust(s) (usually named on an Assignment form, RI 76-10) who owns and controls the Insured's life insurance coverage. An assignment is not the same as a designation of beneficiary.**

**Who receives benefits when the Insured dies?** By law, the Office of Federal Employees' Group Life Insurance (OFEGLI) pays benefits in that order:

◆ If the Insured assigned ownership of his/her insurance (usually by filing an RI 76-10, *Assignment of Life Insurance*), OFEGLI will pay:

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

◆ If the Insured did not assign ownership and there is a valid court order (see 5 Code of Federal Regulations Part 870) on file with the agency or OPM, as appropriate, OFEGLI will pay benefits according to the court order.

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

- First*, to the beneficiary(ies) the Insured validly designated;
- Second*, if none, to the Insured's widow or widower;
- Third*, if none of the above, to the Insured's child or children and the 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 Insured'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 Insured's estate;
- Sixth*, if none of the above, to the Insured's other next of kin entitled under the laws of the State where the Insured lived.

**Do I have to designate a beneficiary?** No. But if you want OFEGLI to pay differently than listed above and you have not assigned the life insurance and there is no valid court order on file with the agency or OPM, as appropriate, you need to designate a beneficiary.

**What if one of the beneficiaries dies or is disqualified for any reason?** Unless you indicate otherwise on your designation of beneficiary, OFEGLI will distribute that beneficiary's share equally among the surviving beneficiaries, or entirely to the sole survivor.

**What if none of the beneficiaries is living when the Insured dies?** OFEGLI will pay the benefits according to the order of precedence listed above.

**Can I cancel or change this designation at any time?** Yes, you may cancel or change your designation at any time, without the knowledge or consent of the beneficiary(ies), unless you assigned the insurance or there is a valid court order on file with the agency or OPM, as appropriate.

**Is a change or cancellation of beneficiary in my last will or testament valid?** It is valid only if you sign your will, two people who witnessed your signature sign your will, and your agency (or OPM, for retirees or insured compensationees) receives your will before the Insured's death.

**What if I don't know a beneficiary's social security number?** If you don't know the number, leave it blank. But having the number helps speed up the payment of benefits.

**Can a witness receive benefits as a designated beneficiary?** No.

**Who can I name as a beneficiary?** You may name any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia government).

**Can I use a common disaster clause?** Yes. A common disaster clause is a statement that says that a designated beneficiary is entitled to the benefits only if he/she survives the Insured by a specified minimum number of days. The number of days cannot exceed 30. You can name a contingent beneficiary. If you don't name a contingent and your beneficiary does not live long enough to qualify, OFEGLI will pay according to the order listed in the first column.

**Can I designate a trust?** Yes. See examples 5 and 6 on the Back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent, OFEGLI will pay according to the order listed in the first column.

**When is a designation canceled?** A designation of beneficiary is automatically canceled 31 days after the Insured stops being insured. It is also canceled if either the Insured or assignee assigns the insurance or if the Insured or assignee submits another valid designation.

**What if the Insured elected a full living benefit?** Then there is no Basic left. So if you want to designate different types of insurance to different beneficiaries (see example 4 on the Back of Part 1), you should only list Option A and Option B.

**Who can sign this form?** The Insured or Assignee (if applicable) must sign this form. The signature of a guardian, conservator or other fiduciary (including, but not limited to, those acting according to a Power of Attorney or a Durable Power of Attorney) is not acceptable.

**What if I erase or cross out something on this form?** You should complete another form. Erasures, cross-outs and alterations cause a delay in the payment of benefits and may make the entire designation invalid.

**What if I need more room?** Write "See Attached" in Part B of the form. Use a blank sheet. Print your name, date of birth and social security number at the top of the attachment. List the information required in Part B for each beneficiary. Sign the form and attachment. Have the same two people witness both of your signatures and sign the form and attachment.

**Where can I get more information?** The FEGLI Handbook (RI 76-26) and FEGLI Booklet (RI 76-21 or RI 76-20) for Postal employees contain more information. You can read them at [www.opm.gov/insure/ife](http://www.opm.gov/insure/ife).

**Where should I send this form?** Send it to the Insured's employing agency if the Insured:

- ◆ is an employee; or
- ◆ has been receiving compensation payments from the Office of Workers' Compensation Programs for less than 12 months and is still on the agency's rolls as an employee.

Send it to the Office of Personnel Management, Retired Operations Center, P.O. Box 45, Boyers, PA 16017-0045 if the Insured:

- ◆ is a retiree; or
- ◆ is receiving compensation payments from the Office of Workers' Compensation Programs and is not still employed or has been receiving compensation payments for at least 12 months.

The agency or OPM will note receipt in section E of the form and return a copy to you as evidence that it received and filed the original.

Properly completed designations are not valid unless the appropriate office listed above receives them before the Insured's death.

**Privacy Act and Public Burden Statements**

Title 5, U.S. Code, chapter 87, Life Insurance, authorizes solicitation of this information. The Office of Federal Employees' Group Life Insurance (OFEGLI) will use the information you furnish to determine your beneficiary(ies) for benefits under the Federal Employees' Group Life Insurance Program. OFEGLI is not a Federal agency. It is staffed by employees of the contracted life insurance carrier. It may share this information with the Office of Personnel Management (OPM). Agencies under OPM will place this information in the Insured's Official Personnel Folder or retirement file. OPM or OFEGLI may disclose this information to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also 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 to determine and make benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

requires that any person doing business with the Federal government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701.

While the law does not require you to supply all the information requested on this form, doing so will help in the prompt processing of your designation.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time you complete this form.

We think this form takes an average of 15 minutes 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, Reports and Forms Coordinator, (3306-0136), Washington, D.C. 20415-7000. The OMB number, 3306-0136, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

We also ask for the Insured's Social Security Number to use it as an individual identifier in the Federal Employee's Group Life Insurance Program. Public Law 104-124 (April 26, 1996)

**Keep Your Designation Current. Submit a New One If the Address of One of Your Beneficiaries Changes or If Your Intentions Change** (for example, due to a change in family status, such as marriage, divorce, death, birth, etc.).

APPENDIX C:  
FEGLI CLAIM FOR DEATH BENEFITS  
FORM



## 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" refer 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 at    | Then Complete These Parts of the Form: |   |     |      |   |   |   |
|------------------|--|---|-----|------|---|---|---|
|                  | A                                      | B | C   | C    | D | E | F |
| Widow or Widower | ✓                                      | ✓ | 1-3 | 4-13 |   |   | ✓ |
| 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 6512, Utica, NY 13504-6512.

### Instructions to the employing agency

Forward the completed claim, death certificate and court appointment papers, if any, to OFEGLI, P.O. Box 6512, Utica, NY 13504-6512, together with:

- The original Agency Certification of Insurance Status (SF 2821);
- The original Designation of Beneficiary form(s) (SF 2823 or SF 54), if any;
- All court orders on file, if any; and
- 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.

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## SPECIAL NOTE

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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<br><b>OR</b><br>Estate/Trust/Tax ID Number |   |  |  |  |  |   |  |  |  |  |  |  |
| Date ( <i>mm/dd/yyyy</i> )   | Daytime telephone no.<br><br>(     )<br>Area Code |  |  |  |  | Evening telephone no.<br><br>(     )<br>Area Code |  |  |  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Office of Federal Employees'<br>Group Life Insurance<br>P.O. Box 6512<br>Utica, NY 13504-6512 |  | <b>Claim for Death Benefits</b><br>Federal Employees' Group Life Insurance Program | Read the instructions carefully<br>before filling out this form. |
|---|--|--|--|

**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<br><input type="text"/> <input type="text"/>                          | 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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If "Yes", provide the Claim number (CSA, CSF, CS) _____<br><small>*Special Note: Social Security monthly payments are not Federal civilian retirement annuities.</small> |  |                               |
| 9. At the time of death, was the deceased receiving Federal Worker's Compensation benefits?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> 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)   |   |
| <b>Complete Items 4 through 13 only if you are the deceased's widow or widower.</b>                                    |  |  |   |
| 4. Date of marriage (mm/dd/yyyy)   | 5. Place of marriage (City and state)  | 6. Marriage was performed by:<br><input type="checkbox"/> Clergy or Justice of the Peace<br><input type="checkbox"/> Other (specify) _____ |   |
| 7. Were you living with the deceased at the time of death?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Were you divorced from the deceased at the time of death?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 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  |   |

**Everyone must complete Parts D and E unless you are the deceased's widow or widower.**

**Part D. Information About the Deceased's Next of Kin**

1. List below the name, age, relationship and address of:
- (a) Widow or widower;  
 (b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (include adopted children and children born out-of-wedlock) and the descendants of any deceased child or children (use additional sheets if necessary);
- (c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;  
 (d) If there are no survivors in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.). (Use additional sheets if necessary).

| Name | Age | Relationship to the deceased | Full address |
|------|-----|------------------------------|--------------|
|      |     |                              |              |
|      |     |                              |              |
|      |     |                              |              |
|      |     |                              |              |

Fill in items 2 and 3 only if any of the persons listed above are under age 18.

|  |                                    |   |
|--|------------------------------------|---|
| 2. If the court appointed a guardian for the estate of any minor children above, give the name and address of the guardian and attach a copy of the court appointment papers. <b>Natural parentage or custody as a result of a divorce do not constitute guardianship.</b> | Name                               | 3. If the court did not appoint a guardian for the estate of any minor children, will it appoint one later?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Address (Number, street, apt. no.) |   |
|  | City, state, ZIP code              |   |

**Part E. Information About the Deceased's Estate**

|  |                                    |  |
|--|------------------------------------|--|
| 1. If the court appointed an executor or administrator to settle the deceased's estate, give his/her name and address and attach a copy of the court appointment papers. | Name                               | 2. If the court did not appoint an executor or administrator, will it appoint one later?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Address (Number, street, apt. no.) |  |
|  | City, state, ZIP code              |  |

**Part F. Your Certification (Everyone must complete this part.)**

Are you claiming accidental death benefits (did the deceased die solely through violent, external, and accidental means)? If "Yes", submit coroners and police reports, news clippings, and any other available reports concerning the accident. OFEGLI cannot consider a claim for such benefits if the deceased separated or retired before the accident.  Yes  No

|   |  |
|---|--|
| If the amount payable to you is \$5,000 or more, OFEGLI will open a money market account in your name, giving you complete control of and immediate access to all your funds. You may write checks for all or part of the money in your account when you receive your checkbook.<br><br>See page 2 for more information, and be sure you complete the information on page 2 under "Special Note".<br><br>If the amount payable to you is less than \$5,000, OFEGLI will send you a check. | Your name (Please print)   |
|   | Address (Number, street, apt. no.)   |
|   | City, state, ZIP code  |
|   | Your Social Security Number OR Estate / Trust / Tax ID Number<br><input type="text"/> - <input type="text"/> - <input type="text"/> |

**Under penalty of perjury, I certify:**

1. That the number shown on this form is my correct taxpayer identification number; and

2. That I am NOT subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding.  
 If you are currently subject to backup withholding, check this box:

3. I am a U.S. citizen or a U.S. resident for tax purposes. Check one  Yes  No  
 If you are not a U.S. citizen or resident for tax purposes, we will send you a W-SBEN that you are required to complete to certify your foreign status.  
 The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

My signature (Do not print) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Area Code Daytime telephone no. Area Code Evening telephone no.

**Warning**—If you knowingly and willfully make any materially false, fictitious or fraudulent statement or representation on this form, or conceal a material fact related to the requests for information on this form, you may be subject to a monetary fine or imprisonment for not more than five years, or both, under 18 U.S.C. 1001.

APPENDIX D:  
THRIFT SAVINGS PLAN FORM



**Form TSP-17**

**Information Relating  
to Deceased Participant**

**May 2006**

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**INFORMATION AND INSTRUCTIONS**

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**GENERAL INFORMATION**

Use this form to provide information about potential beneficiaries of a deceased participant's Thrift Savings Plan (TSP) account. If a valid Form TSP-3, Designation of Beneficiary, is on file with the TSP record keeper, payment of the account will be made according to the designation(s). In that case, the information provided on this form may be used to update beneficiary information (e.g., addresses) that is on file with the record keeper.

Type or print all information on this form. Make a copy for your records and mail the original form to: **TSP Death Benefits Processing Unit, Fairfax Post Office, DEDIS — P.O. Box 4450, Fairfax, VA 22038-9998.**

For overnight delivery, send the form to: **SI International, Fair Oaks Facility, ATTN: DEDIS/TSP Death Benefits Processing Unit, Suite 700, 11781 Lee Jackson Memorial Highway, Fairfax, VA 22033.**

Or fax the completed form to: **1-703-592-0170.**

If you have questions, call the (toll-free) ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

---

**I. INFORMATION ABOUT DECEASED PARTICIPANT**

Complete all items in this section. This information is needed to identify the deceased participant's account. **You MUST include a copy of the participant's death certificate with this form.** The death certificate must state the cause or manner of death. (Note: Some states do not routinely include cause or manner of death on death certificates, so you may have to request specifically a death certificate with cause or manner of death included.)

---

**II. INFORMATION ABOUT YOU**

Complete all items in this section.

- If you are **not a potential beneficiary**, you may leave Item 11 (Social Security number) blank.
  - If you are an **executor or administrator** of the deceased participant's estate, enter "Executor" or "Administrator" in Item 17. **Note:** If there is not a valid Form TSP-3, Designation of Beneficiary, on file and there is no spouse, child, or parent of the deceased participant, **you must provide the estate's Taxpayer Identification Number (TIN)** in Item 11 if payment is expected to be made to the estate. You do not need to provide the requested information again in Section IV. However, you **must attach a copy** of your court appointment.
- 

**III. INFORMATION ABOUT POTENTIAL BENEFICIARIES**

If the participant was married at the time of death (i.e., you answered "Yes" to Item 18), proceed to Section IV; information about other potential beneficiaries is not required. Otherwise, answer all of the remaining questions in this section before proceeding to Section IV.

The information in this section will be used to determine the appropriate beneficiaries if a valid Form TSP-3, Designation of Beneficiary, is not on file. (A will is not valid for the disposition of a TSP account.) Beneficiaries will be determined using the following statutory order of precedence:

1. First, to the widow or widower.
2. If none, to the child or children equally, and descendants of deceased children by representation.
3. If none, to the parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of the estate.
5. If none, to the next of kin who is entitled to the estate under the laws of the state in which the deceased participant resided at the time of death.

In the statutory order of precedence:

- A child includes a natural child (whether or not the child was born out of wedlock), a child adopted by the participant, and descendants of deceased children; it does not include a stepchild who was not adopted by the participant. **Note:** If the participant's natural child was adopted by someone other than the participant's spouse, that child is not entitled to a share of the participant's TSP account under the statutory order of precedence.
  - "By representation" means that if a child of the participant dies before the participant dies, that child's share will be divided equally among his or her children.
  - Parent does not include a stepparent, unless the stepparent adopted the participant.
-



## THRIFT SAVINGS PLAN INFORMATION RELATING TO DECEASED PARTICIPANT

TSP-17

Use this form to provide information about potential beneficiaries of a deceased Thrift Savings Plan (TSP) participant. Read the instructions for each section before completing the form. **A copy of the participant's death certificate must accompany this form.**

### I. INFORMATION ABOUT DECEASED PARTICIPANT

1. Name of Deceased Participant \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Social Security Number Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)
5. Legal Residence at Time of Death \_\_\_\_\_  
Street address
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code
9.  Check here to indicate that you have attached a copy of the death certificate (as required).

### II. INFORMATION ABOUT YOU

10. Name \_\_\_\_\_ 11. \_\_\_\_\_  
Last First Middle Social Security Number (or TIN if estate)
12. Address \_\_\_\_\_  
Street address or box number
13. City \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_  
State/Country Zip Code
16. Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 17. \_\_\_\_\_  
Area Code and Number Relationship to Deceased Participant

### III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

18. **Participant's Spouse** — Was the participant married at the time of death?  
 Yes  No  Don't Know  
 If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 19–21 below.
19. **Participant's Children** —  
**A.** Were there any **living** children of the participant at the time of death?  
 Yes  No  Don't Know  
 If "Yes," how many? \_\_\_\_\_  Check here if unsure of the number of children you entered.
- B.** Were there any children of the participant who died **before** the participant died?  
 Yes  No  Don't Know  
 If "Yes," please complete the following:
1. How many children died before the participant? \_\_\_\_\_  Check here if unsure of the number of children you entered.
2. Were there any descendants of those deceased children (i.e., the participant's grandchildren) living at the time of the participant's death?  
 Yes  No  Don't Know If "Yes," how many? \_\_\_\_\_  Check here if unsure of the number of children you entered.
20. **Participant's Parents** —  
**A.** Was the participant's mother living at the time of the participant's death?  
 Yes  No  Don't Know
- B.** Was the participant's father living at the time of the participant's death?  
 Yes  No  Don't Know
21. **Executor or Administrator of Participant's Estate** — Is there an executor or administrator for the estate of the participant?  
 Yes  No  Don't Know

If you answered "Yes" or "Don't Know" to any of the questions in 19–21, complete the rest of this form. If you answered "No" to every question in Section III, skip to Section VII; you may be contacted for additional information.



**INFORMATION AND INSTRUCTIONS**

**IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES**

The information in this section will be used to locate potential beneficiaries. Be sure to fill in the deceased participant's name and Social Security number at the top of the page. If you need to list more than four persons, make as many photocopies of the page as you need. Check the box at the bottom of the page and indicate the number of additional pages attached.

If you cannot provide all of the requested information, provide as much information as you can. Write "Don't Know" on any line for which you do not have information. If the information that you are able to provide is not enough to contact the potential beneficiary (that is, if you cannot provide a full address or telephone number) or if you only have information about some of the beneficiaries, complete Section V also.

When providing information about a potential beneficiary who was living at the time of the participant's death but who died after the participant, be sure to provide the date of death for that person.

If you are providing information about children of the participant, be sure to include natural children (including those who were born out of wedlock) and those who were adopted by the participant. Do not provide information for natural children who were adopted by someone other than the participant's spouse.

In the following (correctly filled-out) example, the participant was not married at the time of death, but the participant had two living children, a deceased child who had a son, and a surviving father. Because the participant was not married at the time of death, the applicant provided information about the participant's living children and the grandchild (from the participant's deceased child) identified in Item 19. There was no need to provide information about the deceased child identified in Item 19B because that child predeceased the participant. There was also no need to provide information about the surviving parent, because the living children and the grandchild will be the beneficiaries according to the statutory order of precedence.

**Example**

**III. INFORMATION ABOUT POTENTIAL BENEFICIARIES**

18. **Participant's Spouse** — Was the participant married at the time of death?  
 Yes  No  Don't Know  
 If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 19–21 below.

19. **Participant's Children** —  
 A. Were there any **living** children of the participant at the time of death?  
 Yes  No  Don't Know  
 If "Yes," how many? 2  Check here if unsure of the number of children you entered.

B. Were there any children of the participant who died **before** the participant died?  
 Yes  No  Don't Know  
 If "Yes," please complete the following:  
 1. How many children died before the participant? 1  Check here if unsure of the number of children you entered.  
 2. Were there any descendants of those deceased children (i.e., the participant's grandchild) living at the time of the participant's death?  
 Yes  No  Don't Know If "Yes," how many? 1  Check here if unsure of the number of children you entered.

20. **Participant's Parents** —  
 A. Was the participant's mother living at the time of the participant's death?  
 Yes  No  Don't Know  
 B. Was the participant's father living at the time of the participant's death?  
 Yes  No  Don't Know

21. **Executor or Administrator of Participant's Estate** — Is there an executor or administrator for the estate of the participant?  
 Yes  No  Don't Know

**NOTE** If you answered "Yes" or "Don't Know" to any of the questions in 19–21, complete the rest of this form. If you answered "No" to **every** question in Section III, skip to Section VI; you may be contacted for additional information.

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**IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES**

\* Name Stanek Brad Scott Son  
First Last Middle Initial Relationship to Deceased Participant

Address 123 Main Street Chicago IL 60612  
Street address (no P.O. box) City State ZIP Code

Phone (312) 555-1985 912-34-5678 2 24 1970  
Check one: ☐ Home ☐ Office Social Security Number Date of Birth (month/year)

If this person died **after** the participant, provide the date of death: 10/1/2000

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\* Name Jones Linda Widline Daughter  
First Last Middle Initial Relationship to Deceased Participant

Address 13 H Street Pottstown PA 19464  
Street address (no P.O. box) City State ZIP Code

Phone (610) 555-9432 923-45-6789 3 17 1972  
Check one: ☐ Home ☐ Office Social Security Number Date of Birth (month/year)

If this person died **after** the participant, provide the date of death: 10/1/2000

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\* Name Stanek Thomas Arthur Grandson  
First Last Middle Initial Relationship to Deceased Participant

Address 821 North Avenue Gaithersburg MD 20878  
Street address (no P.O. box) City State ZIP Code

Phone (301) 555-1980 934-56-7890 Don't Know  
Check one: ☐ Home ☐ Office Social Security Number Date of Birth (month/year)

If this person died **after** the participant, provide the date of death: 10/1/2000

Deceased Participant's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death, provide the requested information for the deceased participant's spouse only. **Otherwise**, provide the requested information for all **living** children of the participant and all living children of deceased children whom you identified in Item 19 in Section III. (You do not need to provide this information for any children identified in Item 19B who died before the participant.) When providing a phone number for a person living outside the United States or Canada, enter the number exactly as you would dial it from the United States.

If you answered "No" to all questions related to the spouse **and** children, provide the requested information for parent(s) of the participant identified as living in Items 20A **and** 20B. **If there were no living parents**, provide information about the executor or administrator identified in Item 21.

- **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street address or box number

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check one:  Daytime  Evening Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy)

If **this** person died **after** the participant, provide the date of death. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

- **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street address or box number

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check one:  Daytime  Evening Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy)

If **this** person died **after** the participant, provide the date of death. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

- **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street address or box number

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check one:  Daytime  Evening Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy)

If **this** person died **after** the participant, provide the date of death. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

- **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street address or box number

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check one:  Daytime  Evening Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy)

If **this** person died **after** the participant, provide the date of death. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy



Check here if additional pages are used. Number of additional pages \_\_\_\_\_

Form TSP-17 (5/2005)  
EDITIONS PRIOR TO 8/02 OBSOLETE

Page 5 of 8

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**INFORMATION AND INSTRUCTIONS**

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**V.  
REFERRAL  
FOR  
INFORMATION**

If you answered "Don't Know" about potential beneficiaries in Section III, **or** you cannot provide a name, address, or telephone number for any individual you identified in Section IV, provide in this section the name, address, and telephone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide the address and telephone number, provide any information that you can.

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**VI.  
ADDITIONAL  
INFORMATION**

You can use this section to expand upon or clarify any information provided on this form. You can also use this space to provide additional information not covered elsewhere on this form which is relevant to the disposition of the deceased participant's account. (If you need additional space, continue on a blank sheet of paper.)

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**VII.  
CERTIFICATION**

You must sign and date this form.

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Deceased Participant's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**V.  
REFERRAL  
FOR  
INFORMATION**

Complete this section if:

- You cannot provide a current address or telephone number for a potential beneficiary whom you listed in Section IV.
- There is no spouse and you believe there may be additional children about whom you have limited knowledge.
- You answered "Don't Know" about potential beneficiaries in Section III.

**Please refer us to someone who may be able to provide this information.** (For more space, use Section VI.)

Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

To which potential beneficiary(ies) does this referral apply? \_\_\_\_\_

**VI.  
ADDITIONAL  
INFORMATION**

Use this space to provide any information that may be relevant to the disposition of the deceased participant's account and that you did not furnish elsewhere on this form.

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**VII.  
CERTIFICATION**

I certify that the information I have provided is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this form or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years or both (18 U.S.C. 1001).

22. \_\_\_\_\_ 23. \_\_\_\_\_  
Your Signature Date Signed

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. chapter 54. We are authorized by Executive Order 9397 to ask for the deceased participant's Social Security number and your Social Security number and by 26 U.S.C. 6109 to ask for Taxpayer ID Numbers. We will use the information you provide on this form to identify the deceased participant's account and to process death benefit payments from that account. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition,

we may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process this form or make payment.



**Remember to attach a copy of the participant's death certificate when you submit this form.**

APPENDIX E:  
TSP DESIGNATION OF BENEFICIARY  
FORM



## THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

TSP-3

Use this form to designate a beneficiary or beneficiaries to receive your civilian Thrift Savings Plan (TSP) account after your death. **Do not give your completed Form TSP-3 to your employing agency, in order for your form to be valid, this form must be received by the TSP record keeper. If your agency mishandles the transmittal of this form, and this form is not received by the TSP record keeper on or before your date of death, it is invalid.** Type or print the information requested. Do not alter this form or the information you enter. Use form TSP-U-3 to designate a beneficiary for a uniformed services account.

### I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle

2. TSP Account Number \_\_\_\_\_ 3. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 4. Daytime Phone (Area Code and Number) \_\_\_\_\_

5. Address \_\_\_\_\_  
Street address or box number

6. City \_\_\_\_\_ 7. State/Country \_\_\_\_\_ 8. Zip Code \_\_\_\_\_

### II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages the share of your TSP account to be paid to each beneficiary.

1. Beneficiary Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Share: \_\_\_\_\_ %

Street address or box number \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number/EIN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Relationship \_\_\_\_\_

2. Beneficiary Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Share: \_\_\_\_\_ %

Street address or box number \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number/EIN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Relationship \_\_\_\_\_

3. Beneficiary Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Share: \_\_\_\_\_ %

Street address or box number \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number/EIN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Relationship \_\_\_\_\_

Check here if additional pages are used. Number of additional pages \_\_\_\_\_ (See back of form.)

### III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

Participant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

### IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of your TSP account.) By signing below, the witnesses affirm that the participant: (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1 \_\_\_\_\_  
Typed or Printed Name of First Witness \_\_\_\_\_ Signature of First Witness \_\_\_\_\_

Witness 2 \_\_\_\_\_  
Typed or Printed Name of Second Witness \_\_\_\_\_ Signature of Second Witness \_\_\_\_\_



Form TSP-3 (12/2008)  
PREVIOUS EDITIONS OBSOLETE

## INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. You **must** mail the original to:

**Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238**

Or fax it to our toll-free fax number: **1-866-817-5023**.

If you have questions, call the (toll-free) ThriftLine at 1-TSP-YOU-FRST (1-877-966-3778) or the TDD at 1-TSP-THRIFTS (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

Your participant statements show the date of your most recent designation; your annual statement shows your primary beneficiaries.

**Designating a beneficiary.** This Designation of Beneficiary form applies **only** to the disposition of your civilian Thrift Savings Plan (TSP) account after your death. It does not affect the disposition of your FERS Basic Annuity, your CSRS annuity, your uniformed services TSP account (if you have one), or any other benefits.

It is necessary to designate a beneficiary only if you want payment to be made in a way other than the following order of precedence:

1. To your widow or widower.
2. If none, to your child or children equally, and descendants of deceased children by representation.
3. If none, to your parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of your estate.
5. If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death.

In this order of precedence, a child includes a natural child (even if the child was born out of wedlock) and a child adopted by the participant; it does not include a stepchild who was not adopted.

**Note:** If the participant's natural child was adopted by someone other than the participant's spouse, that child is not entitled to a share of the participant's TSP account under the order of precedence. "By representation" means that if a child of the participant dies before the participant dies, that child's share will be divided equally among his or her children. "Parent" does not include a stepparent, unless the stepparent adopted the participant.

**Making a valid designation.** To name beneficiaries to receive your civilian TSP account after you die, you must complete this form, and it must be received by the TSP (not your agency) **on or before** the date of your death. **Only** Form TSP-3 is valid for designating a beneficiary to your civilian TSP account; a will is not valid for the disposition of a TSP account. You may, however, designate your estate or a trust as a beneficiary on Form TSP-3.

You are responsible for ensuring that your Form TSP-3 is properly completed, signed, and witnessed (see the Instructions for Sections II and IV in the right-hand column). **Do not submit an altered form;** if you need to correct or change the information you have entered on the form, start over on a new form.

**Changing or cancelling your Designation of Beneficiary.** This designation will stay in effect until you submit another valid Form TSP-3 cancelling prior designations or naming other beneficiaries. To **cancel** a Form TSP-3 already on file, write "Cancel prior designations" in Section II of a new Form TSP-3, sign and date the form, and have it witnessed.

To **change** your beneficiary, follow the same steps for designating a beneficiary. Keep your designation (and your beneficiaries' addresses) current. It is a good idea to review how you have designated your beneficiaries from time to time — particularly when your life situation changes (e.g., by marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).

By law, the TSP must pay your designated beneficiary under all circumstances. For example, if you designated your spouse as your beneficiary, your TSP account must be paid to the spouse designated on Form TSP-3, **even if you are separated or divorced from that spouse or have remarried.** This is true even if the spouse you designated gave up all rights to your TSP account. Consequently, if your life situation changes, you may want to file a new Form TSP-3 that cancels or changes your current beneficiary designation.

**The share of any beneficiary who dies before you do** will be distributed proportionally among the surviving designated TSP beneficiaries. If none of the designated beneficiaries is alive at the time of your death, the order of precedence will be followed.

**INSTRUCTIONS FOR SECTION II.** You may name as a beneficiary any person, corporation, trust, or legal entity, or your estate.

**Note:** If the beneficiary is a minor child, benefits will be made payable directly to the child.

**If you need additional space,** use a blank sheet of paper. Enter your name, TSP account number, and date of birth, and number the pages. **You must sign and date all additional pages; the same two witnesses who signed the form must sign each additional page.** Check the box in Section II indicating that additional pages are used and write out the number of additional pages used.

Enter the share for each beneficiary as a whole percentage. Percentages must total 100 percent.

The examples show you how to name a beneficiary or cancel prior designations of beneficiary(ies).

- For each person you designate as a beneficiary, enter the full name, share, address, Social Security number (SSN), date of birth, and relationship to you. If you do not have all the requested information, you must provide at least the beneficiary's name, the beneficiary's share, and either the beneficiary's SSN or date of birth.
- You may designate one or more contingent beneficiaries for each primary beneficiary you name on Form TSP-3. The contingent beneficiary(ies) will receive the primary beneficiary's share if the primary beneficiary dies before you do. (You cannot designate contingent beneficiaries for contingent beneficiaries.)
- If the beneficiary is a corporation or other legal entity, enter the name of the entity on the name line. Enter the legal representative's name and address on the address lines. Enter the Employer Identification Number (EIN). Leave the date of birth and relationship lines blank.
- If the beneficiary is a trust, enter the name of the trust on the name line. Enter the trustee's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Trust" on the relationship line. **Note:** Filing out this form will not create a trust.
- If the beneficiary is your estate, enter the name of the estate on the name line. Enter the executor's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Estate" on the relationship line.
- You may cancel a designation of beneficiary by printing "Cancel prior designations" on the name line. **Note:** If you do not submit another Form TSP-3, your account will be paid according to the order of precedence.

**INSTRUCTIONS FOR SECTION IV.** Do not ask the individuals you name as beneficiaries of your TSP account to witness your Form TSP-3. A person named as a beneficiary of this TSP account who is also a witness cannot receive his or her share of the account.

Form TSP-3 (12/2008)  
PREVIOUS EDITIONS OBSOLETE

## EXAMPLES OF DESIGNATING A BENEFICIARY

A.  
DESIGNATING  
MORE THAN ONE  
BENEFICIARY

**1. Larson Susan Maria Share: 33%**  
 Name (Last) (First) (Middle)  
**4231 Oregon Street**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**934-56-7890 09 / 07 / 1950 Sister**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Enter the full name of the beneficiary. Do not write name as S.M. Larson or Mrs. Keith H. Larson.

Be sure that the shares to be paid to the beneficiaries total 100 percent.

**2. Larson Elliott Harris Share: 33%**  
 Name (Last) (First) (Middle)  
**4826 Bayberry Road**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**945-67-8901 04 / 20 / 1952 Brother**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, Susan Larson, Elliott Larson, and Melissa Richardson will each get one third of your account. If one of these beneficiaries dies before you do, the remaining beneficiaries would each receive 50 percent of your account.

**3. Richardson Melissa Anne Share: 34%**  
 Name (Last) (First) (Middle)  
**9842 Magnolia Drive**  
 Street address or box number  
**Columbus GA 30161**  
 City State/Country Zip Code  
**989-01-2345 11 / 06 / 1975 Niece**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

B.  
DESIGNATING  
ONE OR MORE  
CONTINGENT  
BENEFICIARIES

Continued from

**If living:**  
**1. Steinway Sarah Ruth Share: 100%**  
 Name (Last) (First) (Middle)  
**P.O. Box 812**  
 Street address or box number  
**Covington KY 40117**  
 City State/Country Zip Code  
**956-78-9012 12 / 02 / 1940 Friend**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, you will need to use an additional page. Be sure to number any additional pages and to put your name, TSP account number, and date of birth on each page. You and the same two witnesses who signed the form must sign and date each additional page. Check the box in Section II indicating that additional pages are used and write out the number of additional pages used.

You may designate one or more contingent beneficiaries to receive a beneficiary's share in the event that the primary beneficiary dies before you do. To identify the primary and contingent beneficiaries, you must write in "If living" above the primary beneficiary's name and "Otherwise to:" above the contingent beneficiary's name. If there is more than one contingent beneficiary for a primary beneficiary, write in "And to:" above the second (and subsequent) beneficiary's name.

In this example, Sarah Steinway is the primary beneficiary, Rose Bluthner, Michael Kraus, and Cecilia Kraus are contingent beneficiaries to Sarah Steinway.

**Note:** If a named beneficiary dies, you may prefer to submit another Form TSP-3 to change your designator(s).

**2. Otherwise to:**  
**Bluthner Rose Marie Share: 33%**  
 Name (Last) (First) (Middle)  
**7280 Bay Avenue**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**972-83-1046 08 / 26 / 1944 Friend**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**And to:**  
**3. Kraus Michael Thomas Share: 33%**  
 Name (Last) (First) (Middle)  
**6287 Laurel Post Drive**  
 Street address or box number  
**Stone Mountain GA 30058**  
 City State/Country Zip Code  
**967-89-0123 03 / 12 / 1946 Brother**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**And to:**  
**4. Kraus Cecilia Jean Share: 34%**  
 Name (Last) (First) (Middle)  
**6200 Laurel Post Drive**  
 Street address or box number  
**Stone Mountain GA 30058**  
 City State/Country Zip Code  
**978-90-1234 08 / 16 / 1968 Niece**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Form TSP-3 (10/2008)

PREVIOUS EDITIONS OBSOLETE

**EXAMPLES OF DESIGNATING A BENEFICIARY (continued)**

**C.  
DESIGNATING A  
CORPORATION OR LEGAL  
ENTITY**

**1. The XYZ Foundation** Share: **100%**  
 Name (Name of corporation or legal entity)  
**c/o Eleanor Jarvis, Legal Representative 64730 Connecticut Ave.**  
 Street address or box number (Name of Legal Representative and Legal Representative's address)  
**Bethesda MD 20815**  
 City State/Country Zip Code  
**00-0123456** [Leave blank] [Leave blank]  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**D.  
DESIGNATING  
A TRUST**

**1. John P. Manos Trust** Share: **100%**  
 Name (Name of trust)  
**c/o Eric P. Manos, Trustee 1111 Delaware Lane**  
 Street address or box number (Name of Trustee and Trustee's address)  
**New York NY 14607**  
 City State/Country Zip Code  
 [Enter if known] [Leave blank] **Trust**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**E.  
DESIGNATING  
AN ESTATE**

**1. Estate of Ruth R. Jones** Share: **100%**  
 Name (Name of estate)  
**c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive**  
 Street address or box number (Name of Executor and Executor's address)  
**Alameda CA 94510**  
 City State/Country Zip Code  
 [Enter if known] [Leave blank] **Estate**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**F.  
CANCELLING A  
DESIGNATION OF  
BENEFICIARY**

**1. Cancel prior designations** Share: [Leave blank] %  
 Name (Last) (First) (Middle)  
 [Leave blank]  
 Street address or box number  
 [Leave blank]  
 City State/Country Zip Code  
 [Leave blank] [Leave blank] [Leave blank]  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

This will cause your account to be paid according to the order of precedences stated in "Information and Instructions" (unless you submit another Form TSP-3).

Be sure your form cancelling prior designations is signed, dated, and witnessed.

Do not write "Cancel prior designations" on a form when you are designating new beneficiaries. You only need to cancel a beneficiary designation if you want the order of precedence to apply.

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 54, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a

statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.