
This application is for use by spouses applying for benefits which may be payable under one of the Foreign Service retirement systems because of the death of an employee, former employee, or retiree who was covered under the Foreign Service at the time of his/her death or separation from Federal service.

If you need more information or assistance with these forms, please contact the Human Resources Service Center at (866) 300-7149 or (843) 308-5539 (*outside the U.S.*), or send an e-mail to HRSC@state.gov.

Send your completed application to the Department of State, Human Resources Service Center, Building E, 1999 Dyess Avenue, Charleston, South Carolina 29405.

INSTRUCTIONS FOR COMPLETING APPLICATION

Type or print clearly in ink. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security or Individual Taxpayer Identification Number, and the deceased person's name, date of birth and Social Security or Individual Taxpayer Identification Number, written at the top. If you do not know an answer, write "unknown." If you are unsure of information (*for example, if you do not know an exact date*), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

SECTION A INFORMATION ABOUT THE DECEASED

1 - 6. Self-explanatory.

7a - 7c. If the deceased had no former marriage(s), write "none."

SECTION D SURVIVING SPOUSE'S RETIREMENT ANNUITY SUPPLEMENT

Complete this section only if the deceased was a retiree at the time of death and you are the surviving spouse. Instructions for completing this section are listed on the form itself.

SECTION B INFORMATION ABOUT THE SPOUSE

1.-3. Self-explanatory.

4. If you are a foreign national and do not have a social security number, you will need an Individual Taxpayer Identification Number (ITIN) before we can issue an annuity payment. You can obtain an ITIN by completing IRS Form W-7. You can access this form through the Internal Revenue Service at www.irs.gov.

5. Generally, if you are the surviving spouse of more than one federal retiree, you must elect one of the benefits.

SECTION C DIRECT DEPOSIT

1 - 6. Self-explanatory.

SECTION E CERTIFICATION

1. Sign your name in ink.

2 - 6. Self-explanatory.

SECTION F SPOUSE'S CHECKLIST

Use this section of the application to ensure that all required supporting documentation is attached.



SPOUSE'S APPLICATION FOR DEATH BENEFITS

SECTION A INFORMATION ABOUT THE DECEASED		
1. Full name of the deceased (<i>Last, First, Middle.</i>)	2. Date of birth (<i>mm-dd-yyyy</i>)	
3. Date of death (<i>mm-dd-yyyy</i>)	4. Full Social Security or Individual Tax Payer Identification Number (<i>Required</i>)	
5. List any other names used by the deceased		
6. Deceased person's employment status at time of death: <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Retiree		
7a. Name of deceased person's former spouse(s) from all prior marriages	7b. How did each marriage end? <input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death	7c. Date marriage ended (<i>mm-dd-yyyy</i>)
	<input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death	
	<input type="checkbox"/> Divorce/annulment <input type="checkbox"/> Death	
SECTION B INFORMATION ABOUT THE SPOUSE		
1. Your full name (<i>Last, First, Middle.</i>)	2. Your date of birth (<i>mm-dd-yyyy</i>)	
3. Date of marriage (<i>mm-dd-yyyy</i>)	4. Full Social Security or Individual Tax Payer Identification Number (<i>Required</i>)	
5a. Have you ever applied for a survivor annuity based on the federal service of a deceased spouse other than the one named in Section A? <input type="checkbox"/> No \longrightarrow Go to Section C <input type="checkbox"/> Yes \longrightarrow Complete 5b-5e below.		
5b. Name of deceased former spouse	5c. Full Social Security or Individual Tax Payer Identification Number (<i>Required</i>):	
5d. Name of retirement system (<i>for example, Civil Service, Foreign Service</i>)	5e. Date of birth (<i>mm/dd/yyyy</i>)	
SECTION C DIRECT DEPOSIT		
1. Public Law 104-134 requires that most Federal payments on or after July 26, 1996, be paid by direct deposit into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a hardship because it would cost you more than receiving your payment by check or you have a disability or geographic, language or literacy barrier, you may receive your payment by check. Therefore, you must select one of the following: <input type="checkbox"/> Please send payments by direct deposit <input type="checkbox"/> Please pay me by check. Please describe hardship: _____		
2. Financial institution routing number (<i>You may obtain this number by calling your bank, credit union, or savings institution. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this number.</i>)		
3. Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	4. Account number:	
5. Name and address of your financial institution:		
6. Telephone number of your financial institution (<i>including area code</i>):		
Special note: If you prefer, you may attach a voided personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (<i>Some institutions, especially credit unions, use different routing numbers on checks.</i>)		

SECTION D SURVIVING SPOUSE'S RETIREMENT ANNUITY SUPPLEMENT

This section is to be completed by the surviving spouse if:

1. the deceased was retired at the time of death;
2. the deceased retired under the **Foreign Service Pension System (FSPS)**;
3. you are under age 60;
4. you are not presently eligible for Social Security mother, father, or disability benefits based on the deceased account.
5. you will be entitled to Social Security at age 60; and
6. the deceased has at least five years of creditable service.

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

1. The amount by which the survivor annuity that would have been payable under Foreign Service Retirement and Disability System (FSRDS) rules exceeds the basic annuity payable under Foreign Service Pension System (FSPS) rules, or
2. The amount of a deemed widow/widower's Social Security benefit based on the deceased's service under FSPS.

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

<p>1a. Are you disabled?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>1b. Are you eligible for Social Security disability benefits based on the deceased retiree's service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Applied, but no response yet</p> <p><input type="checkbox"/> No <input type="checkbox"/> Have not applied</p>
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1c. Do you receive Social Security disability benefits based on your own service?

Yes No Applied, but no response yet Have not applied

2. Are you eligible for Social Security mother or father benefits based on the deceased retiree's service?

Yes (*attach a copy of the Social Security Administration's (SSA) award letter*).

No, I have been denied these benefits (*attach a copy of the Social Security denial letter*).

No, I know I do not qualify for these benefits as there are no surviving dependent children under age 16 or disabled who are entitled to SSA child benefits.

Applied, but no response yet.

Have not applied.

NOTE: If you were awarded or denied Social Security benefits, you must attach a copy of the Social Security Administration's (SSA) award or denial letter. If after you apply for or begin receiving an FSPS annuity supplement and you are later awarded Social Security benefits, you must notify the U.S. Department of State Office of Retirement IMMEDIATELY and provide a copy of the SSA award notice.

SECTION E CERTIFICATION

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence relating to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

<p>1. Signature of spouse named in Section B. (<i>Sign in ink; do not print.</i>)</p>	<p>2. Daytime telephone number:</p>	<p>3. Date (<i>mm-dd-yyyy</i>)</p>
	<p>4. Best time to call you</p>	<p>5. E-mail address</p>

<p>6. Mailing address</p>	<p>Warning: Any intentionally false or misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001).</p>
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SECTION F SURVIVING SPOUSE CHECKLIST

Document Title	Remarks	Attached	Comments
Death certificate.	Required. Original, certified death certificate.		
IRS Form W-9, Request for Taxpayer Identification Number and Certification.	Required. IRS forms can be located at www.irs.gov.		
IRS Form W-4P, Withholding Certificate for Pension or Annuity Payment.	Optional. If not submitted, a default withholding rate of married with 3 exemptions will be used.		
Copy of Social Security Administration's Letter	Required, if you were awarded or denied Social Security benefits.		

PRIVACY ACT STATEMENT

AUTHORITY	The information is sought pursuant to the Foreign Service Act (22 U.S.C. §3901 et seq. and 22 USC §4041] and E.O. 9397, as amended.
PURPOSE	The information solicited on this form will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file.
USES	The information on this form may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs with the national, state, or local government, or the Social Security Administration in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program or to report income for tax purposes. It may also be shared and verified, as noted above with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. More information on the Routine Uses for the system can found in the System of Records Notice, State-31, Human Resources Records.
DISCLOSURE	Disclosure of this information, including the Social Security number, is voluntary. Failure to provide the information requested on this form may delay or prevent action on your application.

Return paperwork to:

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U.S. Department of State
 HR Service Center
 Building E
 1999 Dyess Avenue
 Charleston, SC 29405