
This application is for use by a minor or disabled child 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.
7. If the deceased was married at the time of death, write name of spouse.

Unmarried children who are dependent upon the retiree may receive recurring monthly benefits until they reach age 18, marry or die. Monthly survivor annuity payments for a child can continue after age 18, if the child is a full-time student attending a recognized school. Benefits can continue until age 22.

Unmarried disabled dependent children may receive recurring monthly benefits, if the disability occurred before age 18.

SECTION B INFORMATION ABOUT THE CHILD

- 1.-4. Self-explanatory.

SECTIONS C AND D INFORMATION ABOUT THE DECEASED PERSON'S DEPENDENT CHILD(REN)

We consider a child a dependent if he/she:

- is unmarried;
- was born of the marriage to the retiree;
- was adopted by the deceased retiree prior to death; is an adopted child who meets all of the following conditions- the child lived with the deceased retiree, and the deceased filed a petition to adopt the child, and the child was adopted by the surviving spouse after the retiree died.
- is a stepchild or recognized child born out of wedlock who was living with the retiree in a parent-child relationship when the retiree died; or
- is a recognized child born out of wedlock for whom a judicial determination of support has been obtained.

We consider the child dependent if there is proof that the deceased made regular and substantial contributions to the child's support.

SECTION E DIRECT DEPOSIT

- 1 - 6. Self-explanatory.

SECTION F CERTIFICATION

1. Sign your name in ink.
- 2 - 6. Self-explanatory. If you are the child identified in Section B, you must be age 18 or older to sign.

SECTION G CHILD'S CHECKLIST

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

Note: A school certification must be filled out in its entirety by claimant and an authorized person from the educational institution.



CHILD'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 (Required)	
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 CHILD
Note: Each child eligible for a death benefit must complete a separate application

1. Child's full name (<i>Last, First, Middle</i>)	2. Child's date of birth (<i>mm-dd-yyyy</i>)
3. Full Social Security or Individual Tax Payer Identification Number (Required)	4a. Have Social Security benefits for the child been applied for? <input type="checkbox"/> Yes (<i>Attach copy of determination letter</i>) <input type="checkbox"/> No (<i>You must apply to Social Security before submitting this application</i>)

SECTION C INFORMATION ABOUT OTHER CHILDREN

1a. Are there any additional unmarried dependent children as defined in the instructions?
 No → Go to Section D (*Must be age 18 or older to complete this form.*) Yes → Complete Items 1b-1f below

1b. Name(s) of unmarried dependent child(ren) (<i>List in order of birth</i>)	1c. Date of Birth (<i>mm-dd-yyyy</i>)	1d. Relationship to deceased (<i>Child of former marriage, adopted, etc.</i>)	1e. If Age 18 or Over		1f. Social Security or Individual Taxpayer Identification Number
			Student	Disabled	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

2. Is there a child of the deceased not born yet? Yes → When born, send birth certificate for child to DOS No

SECTION D INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

1. Are you the child identified in Section B? <input type="checkbox"/> Yes → Go to Section E (<i>Must be age 18 or older to complete this form.</i>) <input type="checkbox"/> No → Complete Items 2 - 4c		
2. Applicant's full name (<i>Last, First, Middle</i>)	2a. What is your relationship to the child (<i>identified in Section B</i>) of the deceased?	
3. Do you (<i>the applicant</i>) have responsibility for the child(ren) in Section C <input type="checkbox"/> Yes → Go to Section E (<i>Must be age 18 or older to complete this form.</i>) <input type="checkbox"/> No → Complete Items 4a - 4c		
4a. Name and address of person responsibility for child(ren)	4b. Name(s) of child(ren)	4c. Custodian's relationship to child(ren)

SECTION E 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:

Please send payments by direct deposit

Please pay me by check. Please describe hardship:

2. Financial institution routing number (*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.*)

3. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	4. Account number
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5. Name and address of your financial institution

6. Telephone number of your financial institution (*Including area code*)

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. (*Some institutions, especially credit unions, use different routing numbers on checks.*)

SECTION F 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.

1. Signature of Child or Applicant Named in Section D. (<i>Sign in ink; do not print.</i>)	2. Daytime telephone number	3. Date (<i>mm-dd-yyyy</i>)
	4. Best time to call you	5. E-mail address
6. Mailing address of Child or Applicant Named in Section D		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. (<i>18 USC 1001</i>)

SECTION G CHILD CHECKLIST

Document Title	Remarks	Attached	Comments
Death certificate.	Original, certified death certificate required.		
Child's birth certificate.	Required.		
Social Security Administration determination letter.	Required.		
School Certification.	Required, only for non-disabled children.		
Court documentation awarding guardianship.	Required if you are not the Parent of the child identified in Section B.		
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. IRS forms can be located at www.irs.gov .		

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:

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

CERTIFICATION OF FULL-TIME SCHOOL ATTENDANCE

Part A - TO BE COMPLETED BY CLAIMANT OR PERSON HAVING CUSTODY OF CHILD

1. Child's Name (<i>Last, First, Middle</i>)	2. Child's Birth Date (<i>mm-dd-yyyy</i>)
3. Deceased Parent's Name	4. Will child continue full-time school attendance with less than a 5-month break after the end of the present school year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided (<i>If "No" or "Undecided", do not complete items 5 & 6</i>)
5. Date next school year begins. If actual date is not known, show approximate date. (<i>mm-dd-yyyy</i>)	6. Complete name and mailing address (<i>Including ZIP Code</i>) of educational institution child will attend next year.

7. I certify that all information given in this certification is true and correct to the best of my knowledge and belief. (*If Any Change Occurs, I Will Notify the Department of State*)

_____ Date (*mm-dd-yyyy*) _____
(Signature of Claimant or Person Having Custody of the Child)

Part B - TO BE COMPLETED BY OFFICIAL OF EDUCATIONAL INSTITUTION

1. Is/Was child enrolled in a full-time course of resident study or training (<i>not correspondence</i>) for the period requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Actual date child started for school year. (<i>mm-dd-yyyy</i>)	3. Official ending date of school year. (<i>mm-dd-yyyy</i>)								
4. Check Type of Educational Institution: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> Elementary/Middle School</td> </tr> <tr> <td><input type="checkbox"/> College/University</td> <td><input type="checkbox"/> Junior College</td> </tr> <tr> <td><input type="checkbox"/> Vocational Institute</td> <td><input type="checkbox"/> Trade School</td> </tr> <tr> <td><input type="checkbox"/> Other Specify: _____</td> <td><input type="checkbox"/> Technical Institute</td> </tr> </table>	<input type="checkbox"/> High School	<input type="checkbox"/> Elementary/Middle School	<input type="checkbox"/> College/University	<input type="checkbox"/> Junior College	<input type="checkbox"/> Vocational Institute	<input type="checkbox"/> Trade School	<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Technical Institute	5. Show Complete Name and Mailing Address of School.	
<input type="checkbox"/> High School	<input type="checkbox"/> Elementary/Middle School									
<input type="checkbox"/> College/University	<input type="checkbox"/> Junior College									
<input type="checkbox"/> Vocational Institute	<input type="checkbox"/> Trade School									
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Technical Institute									
6. Show Total School Hours Per Week: _____ Hours										
A. If College or equivalent, credit hours	_____									
B. If high school or equivalent, actual clock hours	_____									
C. If in a work-study plan sponsored by the school	_____									
Hours at work _____	Hours at school _____									

7. Specify the child's educational grade level.

Part C - TO BE COMPLETED ONLY IF INSTITUTION IS NOT A STATE COLLEGE, STATE UNIVERSITY, ELEMENTARY, MIDDLE, OR HIGH SCHOOL

1. Show complete name and address (<i>including ZIP Code</i>) of organization which accredits, licenses, or otherwise recognizes school.	2. If educational institution is licensed provide current license number including expiration date.
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3. School Official Signature: I certify that the information given in regard to requested school enrollment of the above named child is true and correct to the best of my knowledge and belief

_____ Date (*mm-dd-yyyy*) _____
Signature and Title of Educational Institution Official

IF A FACSIMILE SIGNATURE STAMP IS USED, IT MUST BE INITIALED BY THE USER

WARNING: ANY INTENTIONAL FALSE STATEMENT, WILLFUL CONCEALMENT OF A MATERIAL FACT, OR USE A WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN A FALSE, FACETIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IS A VIOLATION OF THE LAW PUNISHABLE BY A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT OF NOT MORE THAT 5 YEARS OR BOTH. (18 U.S.CA. 1001)