



Be Prepared for Life's Events

What Your Survivors Should Know

The purpose of this guide is to help you organize your personal and financial information in one location so your survivors will have the information they will need to handle your affairs upon your death.

While one's death is a difficult topic to discuss, reviewing this information with your family will help them understand the steps they will need to take. Any questions that come up can also be addressed ahead of time. You should ensure that your family members review this guide with you and know where it is located. Additionally you should review this guide periodically to ensure that the information is up-to-date.

**NOTE: This booklet contains your private and personally identifiable information.
Please keep it in a secure location.**

Date this document was prepared: _____

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► For more information, call **(866) 787-9775** or visit **brookdale.com/NARFE**.

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**Discount is only applicable to new clients of personal assistance services by a Brookdale agency under an executed service agreement.

***Discount is only applicable to new residents of a Brookdale assisted living or memory care community admitting under an executed respite agreement. Discount applies to the daily rate.

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 **BROOKDALE**
SENIOR LIVING

PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____

Date of Birth: _____

Place of Birth: _____

Location of Birth Certificate: _____

If married, date and place of present marriage: _____

Name of Spouse: _____

Spouse's Social Security Number: _____

If divorced or separated, name of former spouse: _____

Address: _____

Telephone Number: _____

Location of divorce or separation papers: _____

U.S. Citizen: ☐ Yes ☐ No

Do you have a will? ☐ Yes ☐ No

If yes, where is the original copy located? _____

Do you have a living trust or similar document? ☐ Yes ☐ No

If yes, where is the original copy located? _____

Do you have a durable power of attorney? ☐ Yes ☐ No

If yes, where is the original copy located? _____

Do you have a durable power of attorney for health care? ☐ Yes ☐ No

If yes, where is the original copy located? _____

Are you a registered organ donor? ☐ Yes ☐ No

If yes, where is the donor card located? _____

Do you have a safe deposit box? ☐ Yes ☐ No

If yes, provide the location, number of the safe deposit box and contents (or add a sheet): _____

Provide the location of the safe deposit box key and name of individual who is authorized to have access: _____

Do you have an attorney? ☐ Yes ☐ No

Name: _____

Address: _____

Telephone Number: _____

NARFE Member Number: _____

Name of NARFE Chapter Service Officer: _____

Phone Number: _____

FAMILY INFORMATION

Children

Name	Date of Birth	Social Security Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grandchildren

Name	Date of Birth	Social Security Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Great Grandchildren

Name	Date of Birth	Social Security Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Family

Father

Name	Address	Deceased?
_____	_____	_____

Mother

Name	Address	Deceased?
_____	_____	_____

Brothers and Sisters

Name	Address	Deceased?

Spouse's Family

Father

Name	Address	Deceased?

Mother

Name	Address	Deceased?

Brothers and Sisters

Name	Address	Deceased?

Name and location of your computer file with relevant information: _____

Computer Password: _____

RETIREMENT ASSETS

FEDERAL RETIREMENT BENEFITS

CSA Number: _____ or CSF Number: _____

Your Retirement Date: _____

Name of department/agency from which you retired: _____

If you have not yet retired, date of retirement eligibility: _____

If your annuity is paid by direct deposit to a bank or financial institution, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution).

Name of Bank/Financial Institution: _____

Account Number: _____
Routing Number: _____
Address: _____
Telephone Number: _____

If another person has signature authority on any of your accounts, provide the account number and enter the name and address of that person:

Account Number: _____
Name: _____
Address: _____

Did you elect a survivor's annuity for your spouse? ☐ Yes ☐ No

Note: If you remarried, you need to make a request to provide a federal survivor's benefit for your new spouse within two years of the marriage (previously, it was within one year of the marriage).

MILITARY SERVICE AND RETIREMENT

Branch of Service: _____ Service Number: _____
Period(s) of Service: _____

Location of service discharge papers (DD-214, DD-215): _____

If you receive active duty and/or reserve duty retirement pay, enter the branch of service and service number under which the retired pay is made, benefit amount and address of the paying office:

Monthly Amount: _____
Branch of Service: _____ Service Number: _____
Address of Paying Office: _____

If your military retirement pay is paid by direct deposit, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution):

Name of Bank/Financial Institution: _____
Routing Number: _____
Address: _____
Telephone Number: _____

If you are a retiree, did you set up a Survivor Benefit Plan for your surviving spouse? If yes, what is the benefit level or base amount that you elected? _____

VETERANS BENEFITS

Are you receiving disability compensation or pension from the Department of Veterans Affairs? If yes, provide details and your VA claim number:

Provide the phone number of the VA Regional Office nearest you: _____

SOCIAL SECURITY BENEFITS

Social Security Number: _____

Do you receive Social Security payments? ☐ Yes ☐ No

Monthly Benefit Amount: _____

If payment is made by direct deposit to a bank or financial institution, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution).

Name of Bank/Financial Institution: _____

Routing Number: _____

Address: _____

Phone Number: _____

OTHER RETIREMENT INCOME SOURCES

Thrift Savings Plan (TSP)

Do you have a TSP account? If yes, provide your account number and TSP contact information:

Provide user ID and password for online access: _____

Name beneficiary(ies) of your TSP account: _____

Address: _____

Location of designation form: _____

IRAs

List the type of IRA: Traditional, Roth, SEP (Simplified Employee Pension Plan) IRA, Rollover, SIMPLE (Savings Incentive Matching Plan for Employees) IRA, Spousal

1. Type: _____

Account Balance: _____ Account Number: _____

Financial Institution Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Primary Beneficiary: _____ Contingent: _____

Location of Designation Form: _____

2. Type: _____

Account Balance: _____ Account Number: _____

Financial Institution Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Primary Beneficiary: _____ Contingent: _____

Location of Designation Form: _____

Annuities

1. Annuity Company Name: _____

Account Value (as of _____): _____

Contract Number: _____

Type of Annuity: _____

Beneficiary(ies): _____

Representative Name: _____

Phone Number: _____

Location of Policy: _____

2. Annuity Company Name: _____

Account Value (as of _____): _____

Contract Number: _____

Type of Annuity: _____

Beneficiary(ies): _____

Representative Name: _____

Phone Number: _____

Location of Policy: _____

Other Retirement Plans

1. Type of Plan:

☐ 401(k) ☐ Profit-Sharing ☐ ESOP (Employee Stock Ownership Plan) ☐ Pension ☐ Other

Account Balance: _____

Employer Name: _____

Plan Sponsor Name: Same as Employer or: _____

Contact Person: _____ Phone Number: _____

Customer Service Telephone Number: _____

Beneficiary: _____ Contingent: _____

2. Type of Plan:

☐ 401(k) ☐ Profit-Sharing ☐ ESOP (Employee Stock Ownership Plan) ☐ Pension ☐ Other

Account Balance: _____

Employer Name: _____

Plan Sponsor Name: Same as Employer or: _____

Contact Person: _____ Phone Number: _____

Customer Service Telephone Number: _____

Beneficiary: _____ Contingent: _____

FINANCIAL INFORMATION

ADVISERS

Financial Adviser: _____

Address: _____

Telephone Number: _____

CPA/Accountant: _____

Address: _____

Telephone Number: _____

Stock Broker: _____

Address: _____

Telephone Number: _____

CASH AND EQUITY ACCOUNTS

1. Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

2. Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

3. Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

4. Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

OTHER INVESTMENTS

Mutual Funds

1. Fund Name: _____

Investment Amount/Amount of Shares: _____

Company/Investment Firm Name: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

2. Fund Name: _____

Investment Amount/Amount of Shares: _____

Company/Investment Firm Name: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Stocks and Securities

Brokerage Accounts

1. Account Balance: _____ Account Number: _____

Financial Institution's Name: _____

Address: _____

Representative's Name: _____ Phone Number: _____

Other Name(s) on Account: _____

2. Account Balance: _____ Account Number: _____

Financial Institution's Name: _____

Address: _____

Representative's Name: _____ Phone Number: _____

Other Name(s) on Account: _____

Stocks

1. I own the following stocks:

Company Name: _____

Estimated Value (as of _____): _____
Stock is: ☐ Publicly Traded ☐ Closely Held
Location of Certificates: _____

2. I own the following stocks:

Company Name: _____
Estimated Value (as of _____): _____
Stock is: ☐ Publicly Traded ☐ Closely Held
Location of Certificates: _____

Stock Options/Stock Purchase Plans

1. Name of Stock Options: _____
Name of Issuing Company: _____
Address: _____
Grant Date: _____ Exercise Price: _____
Expiration Date: _____ Vesting Period: _____ Exercise Period: _____
Customer Service Phone Number: _____
Location of Certificates or Documents: _____

2. Name of Stock Options: _____
Name of Issuing Company: _____
Address: _____
Grant Date: _____ Exercise Price: _____
Expiration Date: _____ Vesting Period: _____ Exercise Period: _____
Customer Service Phone Number: _____
Location of Certificates or Documents: _____

Bonds

1. Type: ☐ Corporate ☐ State Gov't. ☐ Municipal ☐ Federal ☐ Other
Amount of Bond: _____ Interest Rate Paid: _____
Number of Bonds: _____
Issuer: _____
Address: _____
Maturity Date: _____
Representative's Name: _____ Phone Number: _____

2. Type: ☐ Corporate ☐ State Gov't. ☐ Municipal ☐ Federal ☐ Other
Amount of Bond: _____ Interest Rate Paid: _____
Number of Bonds: _____
Issuer: _____

Address: _____

Maturity Date: _____

Representative's Name: _____ Phone Number: _____

OTHER ASSETS

REAL ESTATE

Type of Property: ☐ Residential ☐ Commercial ☐ Rental

Owner(s): _____

Estimated Value: _____ Mortgage Balance: _____

Address: _____

List improvements made and dates:

Provide locations of original abstract and/or title insurance certificate: _____

Provide location of lien if mortgage is paid off: _____

PERSONAL PROPERTY

If you have personal property that you may have stored, list the location of the storage facility and description of items stored: _____

If you have loaned any assets (furniture, art, etc.), list below.

Objects: _____

Person Holding Them: _____

Bequests

In addition to your will, have you prepared a list of bequests (heirlooms, art, etc.), and the individuals who you would like to receive the property upon your death? If yes, list below.

Description	Location	Name of Individual	Phone Number
-------------	----------	--------------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

LIABILITIES

MORTGAGE(S)

Are you still making mortgage payments? ☐ Yes ☐ No

1. Loan Number: _____ Monthly Payment: _____

Lender: _____

Address: _____

Phone Number: _____

2. Loan Number: _____ Monthly Payment: _____

Lender: _____

Address: _____

Phone Number: _____

CAR LOANS

Are you still making car payments? ☐ Yes ☐ No

Loan Number: _____ Monthly Payment: _____

Lender: _____

Address: _____

Phone Number: _____

OTHER LOANS (e.g., home equity)

List here:

CREDIT CARDS

1. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

1. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

1. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

4. Name of Card: _____ Card Number: _____
Name of Issuer: _____
Address: _____
Phone Number: _____

Online Accounts

Have you made purchases online (e.g., Amazon.com) using a credit card? If so, those accounts should be closed. List the websites below where you have accounts, as well as user IDs and passwords.

Automatic Check Card Withdrawals

If you pay for any services or products with automatic check card withdrawals (such as your newspaper), those payments should be cancelled. List the vendor and contact information:

INSURANCE

Federal Employees Health Benefits (FEHB)

Are you covered by an FEHB health plan? ☐ Yes ☐ No

If yes, is coverage: ☐ Self Only ☐ Self and Family ☐ Self Plus One

Name of FEHB plan, member identification number, address of insurance carrier and phone number:

MEDICARE Part A and Part B

Are you covered by Medicare Part A, Part B or both?

☐ Part A only Date coverage began _____

☐ Part B only Date coverage began _____

☐ Parts A & B Date coverage began _____

Medicare number: _____

MEDIGAP Insurance ☐ Yes ☐ No

Name of carrier, address, phone number, policy number and location of policy:

Long-Term Care Insurance ☐ Yes ☐ No

Name of plan(s), member identification number or policy number, address of insurance carrier, phone number and location of policy:

Dental/Vision Insurance ☐ Yes ☐ No

Name of plan(s), member identification number or policy number, address of insurance carrier, phone number and location of policy:

Federal Employees' Group Life Insurance (FEGLI) ☐ Yes ☐ No

List name of beneficiary and note location of designation form:

Veterans' Group Life Insurance ☐ Yes ☐ No

List name of beneficiary and note location of designation form:

Servicemembers' Group Life Insurance ☐ Yes ☐ No

List name of beneficiary and note location of designation form:

Any other insurance administered by the Department of Veterans Affairs? ☐ Yes ☐ No

If yes, list: _____

Disability Insurance ☐ Yes ☐ No

Provide name of company, address, phone number, policy number and location of policy:

Homeowners' Insurance ☐ Yes ☐ No

Provide name of company, address, phone number, policy number and location of policy:

Car Insurance ☐ Yes ☐ No

Provide name of company, address, phone number, policy number and location of policy:

Insurance Agent's Name and Phone Number:

Any other insurance policies? If yes, enter names and addresses of the companies, phone numbers, policy numbers and designated beneficiaries, if applicable:

LIST AND LOCATION OF DOCUMENTS

Document	Location
Will:	
Living Trust:	
Living Will:	
Power of Attorney (General):	
Power of Attorney (Medical):	
Advanced Medical Directive:	
Beneficiary Designations:	
Personal Property List:	
Property Deeds:	
Family Partnerships or LCC:	
Organ Donor Form:	
Military Discharge Papers (DD-214; DD-215):	
Birth Certificates:	
Marriage License:	
Pre-Nuptial Agreement:	
Divorce/Separation Papers:	
Car Title(s):	
Burial Agreement:	
Tax Returns:	
Other:	
Other:	
Other:	
Other:	
Other:	
Other:	

NOTIFICATIONS IN CASE OF DEATH

Also see section on death and survivor's benefits, and how to apply for them.

If still employed:

• Immediate Supervisor: _____

Office Phone: _____

• Spouse's Immediate Supervisor: _____

Office Phone: _____

Notify NARFE Headquarters at 800-456-8410 to report a death.

List names, addresses, telephone numbers or email addresses of other family members and friends who should be notified upon your death:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

BURIAL INSTRUCTIONS

Have you prepared special burial instructions (in-ground burial, cremation, type of service, other preferences)? If yes, provide the location of the document or attach it to this guide:

Do you have a pre-paid burial plan? Where is a copy located? _____

Have you purchased a plot? If yes, location of deed: _____

Note information about yourself (employment history, military background, memberships, achievements, etc.) that you would like to have included in your obituary. Also note preferences regarding flowers vs. donations to specific charities.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DEATH AND SURVIVORS' BENEFITS

BENEFITS PAYABLE AFTER THE DEATH OF A CURRENT FEDERAL EMPLOYEE

Survivors and family members of someone who is employed by the federal government at the time of death should contact the agency or department to report the death. If you leave federal service before becoming eligible for an immediate annuity and die, your heirs would be eligible for a lump-sum payment of your retirement contributions.

BENEFITS PAYABLE AFTER THE DEATH OF AN ANNUITANT

The types of benefits and the amounts payable to survivors upon the death of a federal annuitant will depend on each particular case. Death benefits may be paid by Social Security, the Office of Federal Employees' Group Life Insurance (OFEGLI) and the federal agency administering the retiree's retirement system. The Office of Personnel Management (OPM) administers the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS), the two that cover most federal employees, retirees and survivors. Survivors and family members of deceased retirees can obtain valuable help from NARFE chapter service officers and NARFE Service Center volunteers.

Three-Step Process

1. Payments and checks issued after the date of the retiree's death must be returned to the Treasury Department because government payments to a deceased person cannot be negotiated by any other person, including the executor or administrator of the deceased retiree's estate. The eligible survivor or person reporting the retiree's death needs to return any uncashed annuity checks to the return address shown on the envelope in which the annuity or Social Security check arrived. Any annuity that was accrued for the retiree through the date of his or her death will be included in the benefits payable to the eligible survivor(s). If payments have been sent directly to a bank or other financial institution, the bank or financial institution must be promptly notified of the retiree's death. Any payments deposited after the date of the retiree's death must be left untouched. The agency that issued the payment will ask the Treasury Department to recover it.
2. The eligible survivor or person reporting the retiree's death should notify the agencies that are paying benefits by telephone:
 - Social Security Administration: 800-772-1213
 - Office of Personnel Management (OPM): 888-767-6738 (toll-free)If you cannot reach OPM by phone, you can report the death online at <https://rsreporting.opm.gov/AnnuitantDeath/ReportAnnuitantDeath> or in writing by sending a notice to the OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045, Attn: Death Claims; or you can email the information to OPM at retire@opm.gov.

The person reporting the retiree's death will need to provide the information included in the Sample Notification included at the end of this guide. The individual will be able to talk to a customer service specialist or leave a message reporting the retiree's death. OPM will then have the information needed to identify the retiree's records. Once the agency receives the notification of death, it will stop benefits payments. OPM will then notify the person or persons who are eligible for death benefits that they may apply for those benefits. OPM also will send the application for life insurance, which must be completed and sent to the Office of Federal Employees' Group Life Insurance (OFEGLI). Once an application is received, OPM can finalize the survivor's death benefits, including any applicable Federal Employees Health Benefits coverage for survivor annuitants.

3. Certified copies of the retiree's death certificate should be obtained to enclose with death benefits applications, for example, from OPM, OFEGLI, and the Social Security Administration. The retiree's death certificate is important because it establishes the retiree's exact date of death for the agencies that pay death benefits.

If additional information is needed, it will be requested by the agency responsible for the payment of the death benefits for which applications have been submitted. Other evidence that might be requested may include copies of marriage certificates, birth certificates, divorce decrees, death certificates for deceased children or spouses, or other documents establishing identity or relationship to the deceased retiree -- the types of personal records that any reasonably prudent person would keep in a safe place. OPM, Social Security, OFEGLI, etc., will only request evidence that is not already on file with the deceased retiree's records.

As noted previously, if the retiree had FEGLI coverage, OPM will send out applications for benefits to designated beneficiaries or persons entitled to the life insurance under the FEGLI order of precedence. Survivors of a deceased retiree do not need to notify or contact OFEGLI. OPM will notify OFEGLI and will certify that the retiree was covered by FEGLI and the amount of the retiree's life insurance coverage. After that, OFEGLI will make payments to eligible survivors who have submitted applications for benefits.

DEATH OF AN ANNUITANT'S SPOUSE

When an annuitant's spouse dies, the annuitant should act as soon as possible to send OPM a copy of the spouse's death certificate, along with any other applicable requests and statements (see Sample Notification at the end of this guide). The annuitant also can obtain assistance in notifying OPM from his or her chapter service officer or the local NARFE Service Center.

Restoration to Full Annuity Rate

If an annuitant has elected a full or partial survivor annuity for his or her spouse, the annuitant can have the annuity restored to the full, unreduced rate if the spouse predeceases the annuitant. The restoration to the unreduced rate is effective as of the first day of the month after the date of the spouse's death. The annuitant should notify OPM that he or she wants to have the annuity restored to the full rate by writing to the OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045.

The Report of Death (Sample Notification) can be used to notify OPM, along with a copy of the spouse's death certificate. Any items applicable to the individual annuitant's situation should be covered in the letter.

Federal Employees Health Benefits (FEHB)

The annuitant should request that his or her FEHBP enrollment be changed from Self and Family or Self Plus One coverage to Self Only coverage, if there are no other family members (e.g., minor children, disabled or eligible grandchildren) who are entitled to FEHB coverage under the annuitant's enrollment. This can be taken care of immediately by contacting OPM by phone at 888-767-6738.

Designations of Beneficiaries

If the annuitant wants to designate a new beneficiary or beneficiaries for his or her unassigned FEGLI coverage, and for any unexpended retirement monies in the Civil Service Retirement Fund (which covers both CSRS and FERS), he or she should request that OPM send new designation forms. These are: SF 2823 for FEGLI, SF 2808 for CSRS, SF 3102 for FERS. These forms are available for download on OPM's website. In addition, if the annuitant has a Thrift Savings Plan (TSP) account, the annuitant should contact the TSP Office to request form TSP-3, "Designation of Beneficiary." The address is: Thrift Savings Plan Office, P.O. Box 385021, Birmingham, AL 35238. The phone number is 877-968-3778. The form also can be downloaded from the TSP website at www.tsp.gov.

Make sure that all of your beneficiary forms are up to date, both with your designated beneficiary(ies) and to ensure that the addresses are current.

Family Life Insurance

If the deceased spouse was covered under the annuitant's Option C FEGLI Family Insurance, the annuitant also should request FEGLI form FE6-DEP, "Statement of Claim," to file for the life insurance benefits.

Income Tax Withholding

If the annuitant wants to change the amount of federal or state income tax being withheld from his or her annuity, the annuitant can do this online at www.opm.gov/retire. The change also can be made by phone by calling 888-767-6738. The annuitant will need to have the retirement claim number and personal identification number or Social Security number. The annuitant also can write to OPM at the address above. OPM will change the tax withholding as requested by the annuitant. No special forms are required.

Legal Consultation

The annuitant should consult with his or her legal adviser and review the will and other important financial and estate-related documents.

DEATH OF A SURVIVOR ANNUITANT

If your spouse is deceased, you also may want to complete a designation of beneficiary form for FEGLI. If you do not receive this form when you report your spouse's death, you can request it from OPM. An executor or a survivor spouse of a deceased survivor annuitant must take certain actions pertaining to the survivor annuity of the deceased survivor annuitant as soon as possible. NARFE chapter service officers and NARFE Service Center volunteers are available to assist in taking the necessary actions.

When a survivor annuitant dies, his or her entitlement to survivor annuity payments ends at the end of the month prior to the date of the survivor annuitant's death. Any uncashed or non-negotiated annuity checks sent to the survivor annuitant, regardless of when received, and any annuity payments that are directly deposited to a bank or other financial institution after the date of death must be returned.

The following actions should be taken:

1. Return any uncashed or non-negotiated survivor annuity checks to the return mail address on the Department of the Treasury envelope in which the check was mailed. If the payments are direct deposits in a bank or financial institution, notify the bank or financial institution of the survivor annuitant's death so that the bank will not accept any further survivor annuity payments for the deceased. Any payments deposited to the decedent's account after the date of death will be automatically returned to the Department of the Treasury. Any checks or payments issued after the date of the survivor annuitant's death will be recovered at the direction of OPM.
2. Send a letter reporting the survivor annuitant's death, along with a copy of the decedent's death certificate, to: OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045.

This letter should include the decedent's full name and address, civil service claim number, Social Security number, date of birth, date of death and the relationship of the decedent (if any) to the letter writer. The Sample Notification at the end of this booklet may be used for this purpose. OPM will remove the deceased survivor annuitant's name from the annuity rolls to prevent any further payments from being sent.

If the survivor annuitant had a TSP account or an annuity, the TSP Service Office should be contacted to report the death: Thrift Savings Plan Office, P.O. Box 385021, Birmingham, AL 35238. You also can call 877-968-3778. For TSP death benefits to be processed, survivors should submit form TSP17, "Information Relating to Deceased Participant," along with a copy of the participant's certified death certificate.

If there are any questions about these procedures or you need assistance, contact the nearest NARFE chapter service officer or NARFE Service Center volunteer. If you do not have the contact information, call the NARFE Member Records Department at 800-456-8410 and request the name, address and telephone number for the nearest chapter service officer or NARFE Service Center volunteer.

SAMPLE NOTIFICATION INFORMATION (Complete for your records)

Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-0045

Name of deceased: _____

☐ Federal annuitant ☐ Spouse of federal annuitant ☐ Survivor annuitant

Name of annuitant: _____

Claim number (CSA or CSF): _____

Social Security number: _____

Date of death:

My relationship to the deceased is: ☐ Spouse ☐ Other (specify) _____

If spouse, my Social Security number is: _____

My date of birth is: _____

I request the following change in enrollment in the Federal Employees Health Benefits Program:

☐ Change from Self and Family/Self Plus One to Self Only☐ Continue Self and Family/Self Plus One because the deceased is survived by other eligible dependents

Death Certificate: ☐ Enclosed ☐ Will be included with claims

Please provide the undersigned with claim forms for available benefits, if any, at the address below.

Sincerely,

 Signature

 Date

Name: _____

Address: _____

City/State/ZIP: _____

Telephone number: _____ Best time to call: _____

Note: To make a toll-free death report or for general inquiries, call the OPM Retirement Information Office at 888-767-6738 (202-606-0500 in the Washington, DC, area).

VA BENEFITS

If the annuitant is a veteran, some Department of Veterans Affairs (VA) benefits may be available for both the eligible veteran and the surviving spouse. These benefits could include dependency and indemnity compensation, and burial and memorial benefits. Burial benefits in a VA national cemetery are available for eligible veterans, their spouses and dependents at no cost to the family, and include the grave site, grave-liner, opening and closing of the grave, a headstone or marker, and perpetual care. The funeral director or next of kin can make interment arrangements by contacting the national cemetery in which burial is desired and where burial is available. VA also will pay a burial allowance and reimburse for burial expenses in some circumstances.

The forms that are needed to process any applicable claims include a copy of the veteran's marriage certificate for claims of a surviving spouse and the veteran's death certificate if the veteran did not die in a VA health care facility. For eligibility information, phone VA at 800-827-1000. The VA benefits handbook also is available on the VA website at www.va.gov.



606 North Washington Street
Alexandria, Virginia 22314-1914
800-456-85410

As the only organization solely dedicated to the general welfare of all federal workers and retirees, NARFE delivers valuable guidance, timely resources and powerful advocacy. For nearly a century, NARFE has been a trusted source of knowledge for the federal community, Capitol Hill, the executive branch and the media.

Since NARFE's founding in 1921, the association's mission has been to defend and advance the earned pay and benefits of America's civil servants. Today, NARFE's team of professional lobbyists continues to work tirelessly on behalf of the federal community. Supported by grassroots activists, NARFE is a leading voice in Washington and across the country. Federal benefits and retirement plans are unique, complex and subject to change.

NARFE provides both federal workers and retirees with the clear, reliable and accessible counsel they need to make critical decisions and gain confidence in a secure future. NARFE webinars, training conferences, magazine, online benefit resource library, and individual counseling services all offer in-depth expertise on key issues.

NARFE.org



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for NARFE members

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OFF

monthly fee/basic
service rate*

IN-HOME SERVICES:

10%
OFF

service rate**

SHORT-TERM STAY:



**DISCOUNTED
RATES VARY BY
COMMUNITY*****

► For more information, call **(866) 787-9775** or visit **brookdale.com/NARFE**.

Applicable to all discounts: Residents under a Life Care Agreement are not eligible for the discounts. These discounts do not apply to any room, board or services which are paid for all or in part by any state or federally funded program. Discounts are available to members and their family members, including spouse, adult children, siblings, parents, grandparents, and corresponding in-law or step adult children, siblings, parents, and grandparents through current spouse. Subject to availability. Further restrictions may apply.

*Discount is only applicable to new residents of a Brookdale independent living, assisted living, or memory care community admitting under an executed residency agreement. Discount applies only to the monthly fee/basic service rate, excluding care costs and other fees and is calculated based on the initial monthly fee/basic service rate.

**Discount is only applicable to new clients of personal assistance services by a Brookdale agency under an executed service agreement.

***Discount is only applicable to new residents of a Brookdale assisted living or memory care community admitting under an executed respite agreement. Discount applies to the daily rate.

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