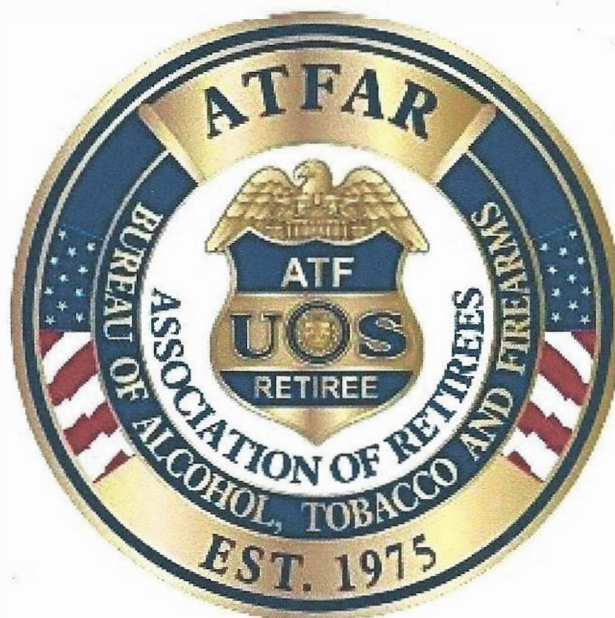


ATFAR RETIREE AND SURVIVORS HANDBOOK



PURPOSE

To encourage ATFAR members to prepare a "FILE" relative to SURVIVOR BENEFITS, and other pertinent survivor information, PRIOR TO DEATH.

To assist their SURVIVOR(S) in obtaining benefits to which they may be entitled.

"Fellowship Built on a Lifetime of Service"

ACKNOWLEDGEMENT

Thanks to retired Special Agent Lance Hearn for making ATFAR aware of the value of a “survivor file” and for providing the information used to prepare this handbook.

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SECTION I: GENERAL INFORMATION

A. Depending upon whether you retired under the Civil Service Retirement System (**CSRS**), or the Federal Employee Retirement System (**FERS**), different circumstances may apply. However, the Office of Personnel Management (**OPM**) oversees both systems. This handbook addresses the **two systems**, as well as providing helpful information on other matters related to Survivor Benefits.

In connection with **ALL** claims for benefits to which survivors may be entitled, a copy of your **death certificate** must be submitted. Funeral homes will generally provide the number of death certificates requested.

B. **THE FILE**: This handbook is certainly not all inclusive, but it does provide guidelines/food-for-thought as you consider what to include in **YOUR** file. Each retiree's file will be "unique" to their situation.

You probably have most (if not all) of the information relative to "survivor benefits" located SOMEWHERE. You may, in fact, already have the data in various files and/or locations **ASSUMING** that your survivors will find the data and be able to understand it without difficulty. That may be an erroneous ASSUMPTION.

Having the pertinent information assembled into "ONE FILE" will make it much easier for your survivors. Perhaps you will see the need to prepare **MORE THAN ONE FILE**. If so, ensure that the files are organized, labeled, and as up-to-date as possible. Remember, **YOU WILL NOT BE PRESENT TO PROVIDE GUIDANCE AND UNDERSTANDING!!**

C. **DESIGNATED BENEFICIARY**: The designation of beneficiaries is extremely important. Any beneficiary **changes** are equally important. Designated beneficiaries simplify the process to obtain survivor benefits, life insurance payments, and other proceeds to which your survivors may be entitled. **For example**, financial benefits owed to a survivor are generally paid in the following descending order:

1. To the designated beneficiary.
2. To the widow or widower.
3. To children --- or potentially grandchildren.
4. To parents.
5. To executor/administrator of the estate.
6. To "next of kin" as determined by State law.

D. FINANCIAL OBLIGATIONS: In many households, ONE PERSON handles bank transactions; payment of bills; balancing of check books; investments; etc. Make sure that your survivors are aware of how to handle these responsibilities.

It is suggested that you prepare a list of ALL your financial obligations and the respective due dates (i.e., monthly; semi-annually; annually; etc.).

Additionally, identify the obligations specific to you that may cease upon your demise. [**For example:** organizational dues; magazine subscriptions; and other types of “renewals”.]

[NOTE: Be aware of the need for a “**nest egg**” (i.e., appropriate funds on hand) to cover monthly expenses BETWEEN the date of **your** death and the date **your survivor** begins to receive “survivor benefits”. THIS TIME-FRAME MAY SPAN 3 TO 6 MONTHS.

Upon the date of your death, **all** monthly proceeds you have been receiving from the Government will **cease** (i.e., your OPM annuity; OWCP compensation; Social Security payments; etc.). Any proceeds received **after** the date of your death must be **returned** (by your survivors) to the respective Government agency.

IF you were receiving these proceeds via “direct deposit” to your bank, the Government agency will probably notify the bank to return the pro-rated amount of funds. IF you were receiving monthly payments via “check”, your survivors SHOULD NOT cash, nor deposit, the check(s). They SHOULD write “**DECEASED**” across the face of the check and return it to the respective agency.]

E. CONTACT INFORMATION: This handbook provides various Websites and/or Telephone numbers to assist SURVIVORS in obtaining information they may need to pursue benefits to which they may be entitled. As of **March 2015**, this “contact information” was valid.

However, **changes** may occur in the future. You and/or your survivors will need to keep the “contact information” up-to-date to the extent possible.

SECTION II: OFFICE OF PERSONNEL MANAGEMENT (OPM)

A. When you retire from ATF (under **CSRS** or **FERS**), all of your “personnel data” is forwarded to the Office of Personnel Management (**OPM**). This office handles the following responsibilities:

1. Monthly annuity payments.
2. Designated Survivor Benefits.
3. Elected Federal Health Insurance.
4. Elected Federal Life Insurance.
5. The Thrift Savings Program.

[Exception: If your retirement was based upon a “service connected” (i.e., job related) **DISABILITY**, then the Department of Labor, Office of Workman’s Compensation (**OWCP**), becomes involved. Refer to **Section IV**, for information on **OWCP** “retirement payments”.]

B. **CONTACT INFORMATION:** Website: www.opm.gov

Telephone: **1-888-767-6738** (Nationwide)

202-606-1800 (Washington, DC area only)

[Note: These telephones operate on Eastern time, between 7:30AM and 7:45PM, Monday thru Friday. Call as early as possible in the day to avoid extensive delays in speaking to a representative.]

Mailing Address: Office of Personnel Management
Retirement Operations Center
ATTN: Survivor Processing
P O Box 45
Boyers, PA 16017-0045

ALL contacts with **OPM** will require your assigned **CSRS**, or **FERS**, **account number** (i.e., retirement claim number) and your Personal Identification Number (**PIN**). If you have no designated **PIN**, the last four digits in your Social Security Number will suffice. These numbers will be needed for your **SURVIVORS** to obtain required information.

C. **SURVIVOR BENEFITS:** Upon retirement, **you** had the option to complete various forms related to health insurance; life insurance; survivor annuity; the Thrift Savings Program; etc. Make sure that copies of the forms **you** executed **RELATIVE TO SURVIVOR BENEFITS** are included in your file.

Additionally, note in your file any “special circumstances” that may have a bearing on benefits to your survivors. [**For example:** A former spouse; dependent children under 18 years of age, or between 18-22 and attending college; any type of court-ordered settlement; etc.].

D. ANOTHER POTENTIAL BENEFIT: While you were working, you paid into your “retirement account”. Upon retirement, those contributions make-up a portion of the monthly annuity you receive. This process continues until the amount you paid-in is exhausted. **HOWEVER**, should you die before the amount in your “retirement account” is exhausted, any remaining balance may be payable to your survivors ---- even if you selected no “survivor annuity” when you retired.

If this circumstance may apply to you, it should be noted in the file you prepare for your survivors.

**SECTION III: CIVIL SERVICE and FEDERAL EMPLOYEE
RETIREMENT SYSTEMS**

A. The Civil Service Retirement System (CSRS)

Prior to 1987, ATF employees were covered under the **CSRS** provisions. As of **January 1, 1987**, ATF employees were given the following options:

1. Remain under **CSRS**, with or without participation in the Thrift Savings Program (**TSP**).

OR – 2. Change to the new Federal Employee Retirement System (**FERS**).

Under the **CSRS**, you paid a percentage of your salary into your “retirement account” and a percentage for Medicare coverage. Additionally, deductions were made from your salary for any Health Insurance and/or Life Insurance coverages you may have chosen. You **did not** pay into, nor earn, any Social Security benefits. Additionally, you could elect to contribute up to 10% of your salary to the Thrift Savings Program.

Upon retirement, you were eligible to receive a monthly retirement annuity; continuation of health and life insurance coverages; certain Medicare coverage; and benefits from the Thrift Savings Program (if you were a participant). The decisions you made then --- and any subsequent **changes** you may have made after retirement --- govern your current **CSRS** benefits and any related **SURVIVOR BENEFITS**.

If you selected a “survivor annuity”, your current annuity payment is reduced to provide that “future annuity” to your designated survivor. That survivor is also eligible to continue Government health insurance coverage if he/she so desires. If **no** “survivor annuity” was selected, **neither** of these benefits are available to your survivors.

Nonetheless, proceeds from any Government life insurance you may have and/or any proceeds from the Thrift Savings Program are payable to your designated survivor/beneficiary.

[NOTE: If you selected a “survivor annuity” and your designated survivor precedes you in death, you can have the “survivor annuity deduction” restored to your current monthly annuity.]

B. The Federal Employee Retirement System (FERS)

All government employees hired on or after **January 1, 1987** are covered under the **FERS** provisions --- to include ATF employees that elected to **change** from **CSRS** to **FERS**. The **FERS** provides benefits based upon a combination of the following:

Annuity (based on years of service and grade-level salary).

Social Security payments.

Thrift Savings Program (**TSP**) investments.

Under the **FERS**, you paid into your “retirement account” and Social Security. Any choices you made regarding Health Insurance and/or Life Insurance coverages were also deducted from your salary.

Additionally, the Government and you made certain contributions to your Thrift Savings Program (**TSP**) account. Up to a defined limit, the Government matched your **TSP** contributions. Upon retirement, you had various options regarding payments from your **TSP** account. [**For example:** partial withdrawals; full withdrawal; conversion to an Individual Retirement Account (**IRA**); etc.]. Make sure that your file denotes the status of your **TSP** account.

Also, upon retirement, you were eligible to receive a monthly annuity; monthly Social Security payments; certain Medicare coverage; and continuation of Health and Life Insurance coverages. The decisions you made then --- and any subsequent **changes** you have made after retirement --- govern you current **FERS** benefits and any related SURVIVOR BENEFITS.

If you selected a “survivor annuity”, your current annuity payment is reduced to provide that “future annuity” to your designated survivor. That survivor is also eligible to continue Government health insurance coverage if he/she so desires. If **no** “survivor annuity” was selected, **neither** of these benefits are available to your survivors.

Nonetheless, proceeds from any Government life insurance you may have and/or any proceeds from your **TSP** account are payable to your designated survivor/beneficiary.

[**Note:** If you selected a “survivor annuity” and your designated survivor precedes you in death, you can have the “survivor annuity deduction” restored to your current monthly annuity.]

- C. This section of the handbook addresses the “most likely” situations that may confront you and/or your survivors under **CSRS and FERS**. The Office of Personnel Management (**OPM**) is responsible for advising survivors of **ALL BENEFITS** to which they may be entitled given specific circumstances related to you and your death.

Additionally, other sections of this handbook will provide information relative to Federal health and life insurance; Social Security benefits; Medicare benefits; etc.

**SECTION IV: DEPARTMENT OF LABOR, OFFICE OF
WORKMAN'S COMPENSATION PROGRAM (OWCP)**

- A. If you retired from ATF due to a "service connected" (i.e., job related) **DISABILITY**, the monthly payments you are receiving are considered to be "**injury/disability compensation**". This is not the same as a regular "retirement annuity benefit". The **OWCP** payments are free from Federal income taxes.

Upon approval of your "disability retirement", **OPM** sends your "personnel data" to the Department of Labor, Office of Workman's Compensation Program (**OWCP**). Generally, your "**date of injury**" will be the date you filed for **OWCP** compensation or the date your disability claim was approved.

OWCP then administers your monthly payments under an assigned "**OWCP case number**". Your survivors will need that case number for all subsequent contacts with **OWCP**. Additionally, **OWCP** will be involved in the approval of any **SURVIVOR ANNUITY** you may have chosen upon retirement. **[NOTE: IF YOUR CAUSE OF DEATH IS NOT RELATED TO YOUR SERVICE CONNECTED DISABILITY, **OWCP** WILL NOT PROVIDE SURVIVOR BENEFITS. YOU WILL NEED "MEDICAL DOCUMENTATION" TO VERIFY YOUR CAUSE OF DEATH AND ITS CONNECTION TO YOUR SERVICE CONNECTED DISABILITY. MAKE SURE YOUR DOCTORS AND YOUR SURVIVORS ARE AWARE OF THIS REQUIREMENT!!].**

However, **OWCP** is not involved in the administration of any other benefits you may have chosen for your survivors --- such as Government life insurance; **TSP** proceeds; etc. Just alert your survivors that coordination with **OWCP** and **OPM** will be necessary to obtain all benefits to which they may be entitled. This "coordination process" will tend to be time-consuming and perhaps frustrating.

- B. **CONTACT INFORMATION:** Website: www.dol.gov/owcp/dsec

Telephone: **904-366-0100** (Call this number as early as possible, between 8:00AM – 5:00PM Eastern time, to avoid extensive delays in speaking to a representative.)

- C. Upon preliminary contact with an **OWCP** representative, your **SURVIVOR**

will be referred to an “**OWCP** case agent/worker”. The assigned **OWCP** case agent/worker will subsequently contact your SURVIVOR regarding the necessary procedures to be followed.

[NOTE: Upon your death, your SURVIVORS must **notify both OWCP and OPM**. One agency will not “automatically” notify the other.]

If your “retirement payments” relate to **OWCP disability compensation**, make sure your file contains appropriate information for your survivors.

ATTENTION: If you have any questions, or concerns, regarding potential payments to your survivor, you may want to contact OWCP as soon as possible. It is also suggested that you (or your survivors) contact **OPM** to determine **if** any “survivor benefits” are available through them should **OWCP deny** any “benefit claims”. **(For example: Prior** to the time you began receiving **OWCP payments**, you were covered under the provisions of the Civil Service Retirement System, or the Federal Employees Retirement System. Thus, there may be “survivor benefits” payable through **OPM**.)

Each individual circumstance will have to “stand on its own merits” and this Handbook is unable to address what **OPM** might say. Just advise your survivors to “fall back on **OPM**” should **OWCP fail** to provide any “survivor benefits.”

SECTION V: FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHB)

A. Upon retirement, you were eligible to continue participation in one of the plans offered under the Federal Employees Health Benefits Program (**FEHB**). If you did so, and are still covered, your eligible survivors are automatically entitled to continue that coverage upon your death. However, the following criteria must apply:

1. You selected a SURVIVOR ANNUITY benefit;

AND 2. Your coverage is for “Self and Family”.

B. **CONTACT INFORMATION**: As previously indicated in this handbook, the **FEHB** program is administered through the Office of Personnel Management (**OPM**). Refer to Section II.

The specific website for health insurance is: www.opm.gov/insure/health

C. As with your current **FEHB** coverage, the cost of the selected plan will be deducted from your SURVIVOR’S monthly annuity payment. However, your SURVIVOR can **change** the coverage to “Self Only” --- unless you have children who are still eligible for coverage.

[NOTE: Any decision (current or future) to **cancel FEHB coverage must be made to **OPM in writing.**]**

D. Additionally, there are other potential choices that can be made under the **FEHB** provisions. **[For example: converting** to a Medicare health plan under aspects of the Social Security Act; and/or, remarriage of your designated survivor.]

OPM can provide the details regarding “other potential choices” upon request.

SECTION VI: FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM (FEGLI)

A. Upon retirement, you were eligible to receive Government life insurance based on the choices you made. You completed a form (probably **SF 2818**), indicating the life insurance coverage you wanted to continue into your retirement years. The choices you made then --- and/or any **changes** you may have made after retirement --- govern your current Government life insurance coverage. Make sure your file reflects the amount of life insurance proceeds your survivors can expect from the Government.

B. **CONTACT INFORMATION:** As previously indicated in this handbook, the **FEGLI** program is administered through the Office of Personnel Management (**OPM**). Refer to Section II.

The specific website for life insurance is: www.opm.gov/insure/life

C. **BENEFICIARY:** Make sure your file clearly identifies your designated beneficiaries. Remember to advise your beneficiaries that **LIFE INSURANCE PROCEEDS ARE NOT TAXABLE** --- they are considered to be “beneficiary entitlements” and not income.

SECTION VII: THE THRIFT SAVINGS PROGRAM (TSP)

- A.** As of **January 1, 1987**, the Government's Thrift Savings Program (**TSP**) provided ATF employees who retired under the **FERS**, and/or the **CSRS**, investment opportunities to enhance their overall retirement benefits. Under the **FERS**, participation was "automatic". Under the **CSRS**, participation was optional. However, under both retirement systems, you could make choices (upon retirement) regarding your "**TSP account**".
- B.** The decisions you made then --- and/or any **changes** you may have made after retirement --- constitute the status of your **TSP** investments. Make certain that your file reflects the status of your current **TSP** investments.
- C. CONTACT INFORMATION:** As previously indicated in this handbook, the **TSP** provisions are administered through the Office of Personnel Management (**OPM**). Refer to Section II.

The specific website for Thrift Savings is: www.tsp.gov

The telephone number is: **1-877-968-3778**

[NOTE: Any "**TSP account number**" and Personal Identification Number (**PIN**) assigned to you will be needed for your SURVIVORS to obtain **TSP** information. Include this information in your file.]

SECTION VIII: SOCIAL SECURITY ADMINISTRATION (SSA)

- A. The Department of Health and Human Services (**HHS**) encompasses the Social Security Administration (**SSA**). The Social Security Administration oversees the Social Security benefits to which you, and your survivors, may be entitled. Generally speaking, you are eligible for social security benefits if:

You retired under the **FERS** provisions.

You retired under the **CSRS** provisions, BUT subsequently qualified through “another job.

You qualified through any combination of jobs you had during your lifetime.

Qualification for benefits is contingent upon the amount you paid into social security during a defined period of time ----- usually requiring a minimum of 40 quarters. The number of qualifying quarters does not have to be consecutive.

You can apply for earned benefits as early as age **62**, or you can elect to apply for benefits at any age thereafter. The age at which you elect to apply will determine the amount of the monthly benefits you receive (i.e., the earlier the age the lesser the monthly benefits).

SURVIVOR BENEFITS are available under the provisions of social security. Those benefits are best explained by the **SSA** depending upon your circumstances.

- B. **CONTACT INFORMATION:** Website: www.ssa.gov

Telephone: 1-800-772-1213 (Eastern time, 7:00AM to 7:00PM, Monday thru Friday. Be prepared for delays in speaking to a representative).

- C. **GOVERNMENT PENSION OFFSET:** By law, any social security benefits, and/or potential **SURVIVOR BENEFITS**, to which you may be entitled are reduced by two-thirds because you receive a “Government pension”. (**For example:** Your pension is \$600 per month. Your social security payment will only be \$200.)

[NOTE: THIS PENSION OFFSET DOES NOT APPLY IF YOU RETIRED UNDER THE FEDERAL EMPLOYEE RETIREMENT SYSTEM.]

- D.** In many households, the SURVIVOR may have qualified for benefits under his/her social security number. If so, their individual benefit may be greater than any “survivor benefit” under your social security number --- particularly if the “pension offset” provision applies to you.

If they are eligible, advise your SURVIVORS to have the SSA make the following comparison:

Survivor Benefits payable under your social security number --- VERSUS, benefits the survivor is entitled to under his/her own social security number.

The SSA is obligated to pay the greater benefit to your survivors.

SECTION IX: MEDICARE

A. Medicare is the Government health insurance program for individuals age **65** or older. The program is administered through the Social Security Administration (**SSA**). Upon reaching age **65**, individuals must contact the **SSA** to apply for **Medicare** coverage.

In brief summary, the program offers **four** types of coverage:

Part A – Hospital inpatient care; some skilled nursing care; some home health care; and some hospice care.

Part B – Physicians services; various medical services; and various medical supplies.

Part C – A “Medicare Advantage” plan, **if** you have Part A and Part B coverage.

Part D – Prescription Drugs.

The **SSA** can best provide the details of these four coverages ---- just remember that only Part A is provided at no cost. **ALL OTHER MEDICARE COVERAGES ARE PAID FOR BY THE RECIPIENT.**

B. **CONTACT INFORMATION:** Website: www.medicare.gov and/or www.ssa.gov

Telephone: **1-800-772-1213** (Social Security Administration)
1-800-633-4227 (For Medicare Booklet)

[Remember to call as early as possible in the day to avoid long delays in speaking to a representative.]

C. Depending upon choices you may have made (upon retirement) relative to **HEALTH INSURANCE COVERAGE** for you and your **SURVIVORS**, Medicare health coverages can offer “supplements” and/or “alternatives” to those choices. Just be sure that your file identifies the health insurance coverage deemed best and most affordable for your **SURVIVORS**.

SECTION X: VETERANS BENEFITS

- A. Qualified veterans of the U.S. Armed Forces, who were honorably discharged, are entitled to certain benefits, as well as benefits for their survivors. The benefits are administered through the Veterans Administration (VA), in accordance with the Dependency and Indemnity Compensation (DIC) provisions.

If you are currently receiving some type of benefit from the VA, you probably know if your **survivors** will be entitled to any benefits. If you are receiving benefits, the VA can best explain any “survivor benefits” and **how** to apply for those benefits, depending upon your circumstances.

- B. **CONTACT INFORMATION:** Website: www.va.gov

Telephone: **1-800-827-1000**

- C. Generally speaking, in non-military-related deaths, the SURVIVORS will be entitled to the following “standard benefits”:

Payment of up to \$600 for funeral and interment expenses.

A United States flag for the casket.

Military Honor Guard for the funeral service.

The Funeral Home, the VA, and the local VFW, or **American Legion**, will assist in obtaining these benefits.

- D. A copy of your discharge papers (i.e., DD 214) will be needed to apply for all VA benefits. If this section applies to you, be sure a copy of your DD 214 is included in your file.

SECTION XI: PRIVATE/PERSONAL LIFE INSURANCE

A. In addition to any life insurance coverage you may have under your ATF employment, many retirees have **personal/private life insurance policies**. To the extent possible, your file should reflect the following information:

1. Name of Insurer and related policy number(s).
2. Face amount of the respective policies.
3. Your full name and current address.
4. Your date and place of birth.
5. Your occupation and date last employed.
6. Date, place and cause of your death.
7. BENEFICIARY/CLAIMANT'S name, age, address, and Social Security number.

All of the above information may not be required by a respective insurance company, but the more information available in your file, the better for your SURVIVORS.

B. **CONTACT INFORMATION:** Claims for life insurance proceeds must be submitted in writing to respective insurance companies. An initial telephone contact may also be appropriate. If you have the address and/or telephone number for your respective insurance companies, include this information in your file.

C. Don't forget to advise your SURVIVORS of the **location** of the **insurance policies** you may have.

D. **BENEFICIARY:** Make sure your file clearly identifies your designated beneficiaries. Remember to advise your beneficiaries that LIFE INSURANCE PROCEEDS ARE NOT TAXABLE ---- they are considered to be "beneficiary entitlements" and not income.

E. **NOTE:** Some insurance companies currently attempt to **avoid** a lump-sum payment of large life insurance proceeds. Thus, they offer the SURVIVORS a "checking account" to be used to withdraw proceeds when needed. Typically, these accounts pay a low rate of interest.

If this situation confronts your SURVIVORS, they may desire to write a "one-time check" for the total proceeds due. Your SURVIVORS can then use the **total proceeds** as they see fit.

- F. Finally, many ATF retirees elect to pursue “another job” after retirement. If you did so, you may have earned additional benefits for your SURVIVORS. Make sure your file identifies such “additional benefits”, with instructions needed for SURVIVORS to claim the benefits.

SECTION XII: ESTATE, INHERITANCE TAXES, AND WILLS

A. PREPARATION OF WILLS: This may be a “moot issue” since you probably have a WILL for yourself and your spouse. WILLS allow you to pass-on your assets as you so desire. They also keep the State (in which you reside) from becoming involved in matters related to your estate. Upon your death, the WILL must be “probated” through the Probate Court in the area in which you live. Subsequently, legal documents may need to be prepared to transfer OWNERSHIP of property (i.e., real estate; automobiles; etc.) to the person(s) you have identified in your WILL. Make sure your survivors know the LOCATION of your WILL ---- and the potential need to obtain assistance from an Attorney.

“LIVING WILLS” may also be of importance to you and your spouse. This type of WILL addresses situations in which a person is being kept alive solely through “life support equipment” with no hope for recovery. The WILL states your desire to be allowed to die and authorizes removal of the “life support equipment”. In essence, it keeps your survivors from having to make a very difficult decision.

In some States, the local Probate Court will provide guidance relative to “LIVING WILLS”. Otherwise, you may need to consult an Attorney.

B. Living Trust: In lieu of a Will, you may want to consider the establishment of a “Living Trust”. This will allow you to have access to all of your assets while you are living. Upon your demise, the survivors listed in this “trust” will have access to your assets as you have determined. A “LIVING TRUST” WILL NEGATE THE NEED FOR YOUR SURVIVORS TO DEAL WITH A PROBATE COURT. Consult an appropriate Attorney if you want to consider this option.

C. Estate and Inheritance Taxes: Both Federal and State laws address “estate and inheritance taxes.” The regulations vary from state to state and both Federal/State regulations are subject to change. IF you are concerned that such regulations may apply to you, it is suggested that you discuss your concerns with an appropriate Attorney.

XIII. FINAL THOUGHTS

Hopefully, this handbook has provided information that will benefit YOUR SURVIVORS. However, what your “file” contains will be up to you.

Think now about what you have done, or intend to do, regarding your “file”. What circumstances have you NOT considered relative to your survivors?? --- **For example:**

Consulting an attorney for advice.

Preparing a “Power of Attorney” (in the event it may be needed).

Names of relatives/friends who will assist your survivors.

YOUR arrangements for (or desires for) funeral/burial services.

The preparation of YOUR obituary.

None of us desire to “think about death”, but it is a circumstance that we will eventually face in this “human life”. To the extent that we can make it “easier” for our survivors to contend with will be our “final legacy”.

BUT ---- MOST IMPORTANT OF ALL INSURE THAT YOUR RELATIONSHIP WITH GOD --- THRU THE LORD JESUS CHRIST --- WILL ENABLE YOU TO LIVE ETERNALLY IN HEAVEN. ENCOURAGE YOUR SURVIVORS TO DO THE SAME ---- FOR THERE IS LIFE BEYOND “HUMAN DEATH”. MAY YOU AND ALL YOUR SURVIVORS ENJOY HEAVEN’S ETERNAL LIFE TOGETHER.

[Bottom Line: After reading this handbook, should **YOU** feel no need to prepare a “FILE” for **YOUR** survivors, please take time to discuss these matters with them.]

APPENDICES

Checklist for Survivors
Summary of Contact Information
Summary of Important Documents

Sample Death Notifications

OPM

Insurance Company

Veterans Affairs

Potential Obituary

Checklist for Survivors

Contact the Funeral Home of YOUR choice.

Notify all “survivors” of the deceased as YOU deem appropriate.

Determine the funeral/burial services YOU desire --- and the number of “death certificates” YOU may need.

Compile the “obituary notice” YOU deem appropriate.

Remember to notify **ATFAR** (912-638-9590), and any other organizations to which the deceased belonged.

Contact **OPM** (and also **OWCP**, if applicable) relative to SURVIVOR BENEFITS.

Contact INSURANCE COMPANIES relative to any SURVIVOR PROCEEDS.

Contact the Social Security Administration relative to SURVIVOR BENEFITS.

Contact the Office of Veterans Affairs relative to SURVIVOR BENEFITS.

Contact any current EMPLOYER of the deceased relative to SURVIVOR BENEFITS.

Seek advice from an ATTORNEY, and/or trusted family members, regarding future decisions to be made.

Send ALL “death notice correspondence” via “certified mail --- return receipt requested”. Keep copies of ALL correspondence YOU send-out relative to SURVIVOR BENEFITS.

Review YOUR incoming mail and be alert to payments needed to protect YOU and the home in which YOU live.

[NOTE: This Checklist is not “all inclusive”. It is only provided to be used as a REMINDER of important matters that will need to be addressed --- depending upon YOUR situation.]

Summary of Contact Information

Office of Personnel Management (OPM)

Website: www.opm.gov

Telephone: **1-888-767-6738** (Nationwide)

202-606-1800 (Washington, DC area)

Mailing Address: Office of Personnel Management
Retirement Operations Center
ATTN: Survivor Processing
P.O. Box 45
Boyers, PA 16017-0045

Office of Workman's Compensation Program (OWCP)

Website: www.dol.gov/owcp/dsec

Telephone: **904-366-0100**

Federal Employees Health Benefits Program (FEHB)

Website: www.opm.gov/insure/health

Federal Employees Group Life Insurance Program (FEGLI)

Website: www.opm.gov/insure/life

Thrift Savings Program (TSP)

Website: www.tsp.gov

Telephone: **1-877-968-3778**

Social Security Administration (SSA)

Website: www.ssa.gov

Telephone: **1-800-772-1213**

Medicare (Administered by the SSA.)

Website: www.medicare.gov --- or, www.ssa.gov

Telephone: **1-800-772-1213**

1-800-633-4227 (For Medicare Booklet only)

Office of Veterans Affairs (VA)

Website: www.va.gov

Telephone: **1-800-827-1000**

Summary of Important Documents

While **not** all inclusive, here are some documents (as applicable) that your survivors may need. Be sure that your survivors are aware of the **LOCATION** of the respective documents.

| | |
|--|---|
| Birth Certificate(s) | Military Discharge Papers |
| Burial Plot Information | Prepaid Funeral Plan |
| Death Certificate(s) | Power of Attorney |
| Divorce Decree | Retirement Numbers (CSRS; FERS; and/or OWCP) |
| Federal/State Income Tax Returns | Safety Deposit Box |
| Insurance Policies (Government/Private) | Social Security Card(s) |
| Investment Data (TSP; stocks; bonds; etc.) | |
| Last Will | |
| Living Will | |
| Living Trust | |
| Marriage Certificate | |
| Mortgage Papers | |

[NOTE: If possible, you may want to keep your file and related documents in a location that is FIREPROOF.]

Notification to OPM

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

Reference: Name of Deceased
CSRS (or FERS) Number: _____
Social Security Number: _____
Date of Death: _____
Date of Birth: _____
Retired From: Bureau of ATF

This correspondence is sent to notify you of the death of my spouse. I am the beneficiary of all Survivor Benefits to which I may be entitled. Please notify me, as soon as possible, of the procedures I must follow to receive these benefits and send me all the necessary forms that need to be completed to claim these benefits.

You may contact me as follows:

Name, address, telephone number, email address (if applicable)

Thank you for your time and effort in response to my request.

Sincerely,

Name

ENCLOSURES: Copy of Death Certificate
Copy of Marriage License

[NOTE: If you must also notify the Office of Workman's Compensation Program (**OWCP**), you can use this same format --- just include the deceased's "OWCP Case Number".]

Notification to Insurance Company

Name/Address of Insurance Company

Reference: Name of Deceased

Social Security Number: _____

Date of Death: _____

Date of Birth: _____

Insurance Policy Number(s): _____

This correspondence is sent to notify you of the death of my (spouse, or appropriate relative). I am the designated beneficiary of all proceeds to which I am entitled. Please notify me, as soon as possible, of the procedures I must follow to receive the proceeds and send me all the necessary forms that need to be completed to claim the proceeds.

You may contact me as follows:

Name, Address, Telephone Number

Email Address (if applicable)

Social Security Number: _____

Thank you for your time and effort in response to my request.

Sincerely,

Name

ENCLOSURE: Copy of Death Certificate

[NOTE: Inclusion of the respective insurance policy is not required in this submission of the "death notice". It may be required later, if the insurance company advises you to submit it.]

Notification to Veterans Affairs

Name/Address of Veterans Affairs Office

Reference: FULL Name of Deceased

Social Security Number: _____

Military Service Number (if known): _____

VA Claim Number (if known): _____

Branch of Service: _____

Month/Year of Service: From _____ To _____ (if known)

This correspondence is sent to notify you of the death of my (spouse, or appropriate relative). The information referenced above is all that I can provide. Please notify me, as soon as possible, of all benefits to which I may be entitled, and/or any benefits to which (name the deceased) is entitled as a servant of his country.

You may contact me as follows:

Name, Address, Telephone Number

Email Address (if applicable)

Thank you for your time and effort in response to my request.

Sincerely,

Name

ENCLOSURES: Copy of Death Certificate
Copy of Deceased's DD-214 Form

[NOTE: With a copy of the deceased's DD-214, the Funeral Home Director may be able to assist you in obtaining "military honors" for the deceased. Any other "VA benefits" to which you may be entitled will require a written notice to the Veterans Administration.]

Potential Obituary

It is doubtful that anyone desires to prepare an **obituary**. This is simply an outline that you may desire to consider, or your survivors may use as a guide.

Name and Age of Deceased.

Date, Place and Cause of Death.

Place of Birth and Location(s) of Residence.

Date, Time and Place of Funeral Service.

Any special requests to funeral attendees (i.e., flowers; donations; etc.).

Deceased's Personal History:

Education

Occupation

Church Affiliation

Noted Achievements/Awards

Military Service

Community Service

Organizational Memberships

Marital Status

List of Surviving Relatives