Statement of Claim — Option C
Family Life Insurance
Federal Employees' Group Life Insurance (FEGLI)

Instructions

General
The Office of Federal Employees' Group Life Insurance (OFEGLI) pays claims under the Federal Employees' Group Life Insurance Program.
"We" and "our" on this form refer to OFEGLI.
"I" and "you" refers to the individual completing this form.

How do I complete this form?
- Read the instructions carefully.
- Please type or print legibly in ink.
- Complete parts A, B and C.

What else do I have to send with this claim form?
In addition to this claim form, you must send a certified copy of the deceased's death certificate that contains the cause and manner of death. You can get the certificate from your city's or state's Bureau of Vital Statistics or equivalent agency. We cannot accept a photocopy of the death certificate. We will let you know if we need anything else.

What should I do if I need help completing this form?
If you are an active employee, retired or receiving Federal Workers' Compensation benefits, you may contact our customer service representatives, toll-free, at 1-800-OFE-GLIA (1-800-633-4542).

Where do I send this form and other documents?
Please *do not* send your claim form and other documents directly to OFEGLI.

- If you are an active employee, send everything to your employing office.

- If you are retired or receiving Federal Workers' Compensation benefits, send everything to:

  Office of Personnel Management (OPM)
  Retirement Operations Center
  Attention: FE-6 DEP
  Boyers, PA 16017

What should I do if I no longer want Option C — Family Life Insurance?
- If you are an active employee, contact your employing office.
- If you are retired or receiving Federal Workers' Compensation benefits, write to:

  Office of Personnel Management (OPM)
  Retirement Operations Center
  Attention: Annuity Adjustment Section
  Boyers, PA 16017

Please include your retirement or compensation claim number.

Instructions to the employing agency/retirement system
- Complete part D of this claim form.
- If the claim requires that you determine eligibility for foster children or disabled children older than age 22, first review the definitions on page 4 and then complete Part D of this claim form. Please note that OFEGLI does not need the background documentation.
- Send the completed claim form and certified death certificate to:
  OFEGLI
  P.O. Box 2627
  Jersey City, NJ 07303-2627

IMPORTANT INFORMATION ABOUT MONEY MARKET ACCOUNTS

AUTOMATIC

- If we are paying you $7,500 or more, we will automatically open a money market account in your name and mail you the checkbook. If we are paying you less than $7,500, we will send you a check.

SAFE

- The account earns interest starting the first day we open it.
- Metropolitan Life Insurance Company guarantees the full amount in the account, including all interest.

FREE

- You pay nothing for this account. There are no monthly service charges or charges for checks.
- You can write checks from $250 up to the full balance at any time.

FLEXIBLE

- You can withdraw all or part of your money at any time, with no penalty.
- You can name a beneficiary for your funds, in case something happens to you.

We will send you detailed information about the account when we open one in your name.

SPECIAL NOTE

Please complete, in ink, the information below and sign your name in the first box. We need this information to open a money market account. Even though you may be giving the same information elsewhere on this form, you must also give it here. We cannot process your claim without this information.

Your signature *(Do not print)*											
Your name *(Please print)*											
Address *(Number, street, apt. no.)*											
City, state, ZIP code											
Your Social Security Number **OR** Estate/Trust Identification Number				—			—				
				—			—				
Date *(mm/dd/yyyy)*	Daytime telephone no. ( ) Area Code					Evening telephone no. ( ) Area Code					

Office of Federal Employees' Group Life Insurance
P.O. Box 2627
Jersey City, N.J. 07303-2627

Statement of Claim — Option C
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Read the instructions carefully before filling out this form.

Part A. Information about You

1. Your name *(Last)* *(First)* *(Middle)*	2. Date of birth *(mm/dd/yyyy)*	3. Social Security Number
4. Department or agency in which employed, including bureau or division	5. Location of employment *(City, state, ZIP code)*	

6. Are you retired and receiving a monthly annuity under any Federal civilian retirement system ?

Yes ☐ No ☐

If "Yes", provide the Claim number *(CSA, CSF, CSI)* _____
*Special Note: Social Security monthly payments are not Federal civilian retirement annuities.

If "Yes", provide the effective date of Retirement _____
(mm/dd/yyyy)

Part B. Information about the Deceased Family Member

1. Deceased's full name *(Last)* *(First)* *(Middle)*	2. Date of birth (mm/dd/yyyy)	3. Date of death *(mm/dd/yyyy)*

Complete Items 4 through 9 if this claim is for your spouse

4. Date of marriage *(mm/dd/yyyy)*	5. Place of marriage *(City and state)*	6. Marriage was performed by: ☐ Clergy or Justice of the Peace ☐ Other *(specify)* _____
7. Were you living with the deceased at the time of death? ☐ Yes ☐ No	8. Were you divorced from the deceased at the time of death? ☐ Yes ☐ No	9. If you were divorced from the deceased, give the date *(mm/dd/yyyy)* and place of the divorce *(City and state)*

Complete Items 10 through 13 if this claim is for your child

10. Child's marital status	11. Child's relationship to you	
☐ Single ☐ Married	☐ Legitimate child ☐ Adopted child	☐ Stepchild ☐ Recognized natural child
☐ Foster child ☐ Disabled dependent child 22 yrs. or over ☐ Other *(Specify)* _____		

12. If the deceased was a stepchild, recognized natural child, or foster child, was the child living with you at the time of death? ☐ Yes ☐ No *(Explain on separate sheet)*	13. If the deceased was a recognized natural child and was not living with you at the time of death, did you provide financial support for the child? ☐ Yes ☐ No *(Explain on separate sheet)*

Part C. Your Certification

If the amount payable to you is less than $7,500, OFEGLI will send you a check.

If the amount payable to you is $7,500 or more, OFEGLI will open a money market account in your name, giving you complete control of and immediate access to all of your funds. You may write checks for all or part of the money in your account when you receive your checkbook. See page 2 for more information.

Backup Withholding
Has the IRS notified you that you are subject to income tax backup withholding as a result of a failure to report all interest or dividends?

☐ Yes ☐ No

Your name *(Please print)*

Address *(Number, street, apt. no.)*

City, state, ZIP code

Daytime telephone no.	Evening telephone no.
( ) Area Code	( ) Area Code

I certify under the penalties of perjury that all statements made in this claim are true, correct, and complete to the best of my knowledge, information, and belief, and that I did not suppress or withhold evidence necessary to settle this claim.

Your signature *(Do not print)* _____ Date *(mm/dd/yyyy)* _____

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

(Continued on the other side)

Part D. Employing Agency/OPM Certification of Insurance Status

• *Employing agency completes items 1, 2 and 4 through 8 for Active Employees* • *OPM completes all items 1 through 8 for Retirees and Compensationers*	
1. Did the insured have Option C on the date of death of the family member? No ☐ Yes ☐ If "Yes" provide effective date of election _____ *(mm/dd/yyyy)* If "Yes" mark the box to show the number of multiples ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	2. Did the insured indicate in Part B - Item 9 that the deceased was a foster child or disabled dependent child? No ☐ Yes ☐ If "Yes" do you certify that the child qualifies for Option C coverage? No ☐ Yes ☐
If the insured is retired or receiving compensation, complete items 3a. through 3c.	
3a. What is the effective date of the insured's retirement or receipt of compensation? _____ *(mm/dd/yyyy)* 3b. What is the insured's date of birth? _____ *(mm/dd/yyyy)*	3c. What was the insured's Option C election? Number of multiples for full reduction ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Number of multiples for no reduction ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Agency Name _____ _____ Agency Telephone Number ( ) _____ Area Code	5. Agency Mailing Address _____ _____ Number, Street _____ City, state, ZIP code
I certify that the information I gave in Part D of this form is correct and that I obtained it from the employee's/retiree's/compensationer's official records.	
6. Name of authorized agency official (Please print) _____	7. Signature of authorized agency official (Do not print) _____
8. Date signed _____ *(mm/dd/yyyy)*	

DO NOT DETACH

Definition of Terms

Disabled dependent child age 22 years or over means a child who was incapable of self-support because of a mental or physical disability that existed before the child became 22 years of age.

Foster child means a child living with you in a regular parent-child relationship where you are the primary source of financial support for the child and expect to raise the child to adulthood. A child placed in your home by a welfare or social service agency under an agreement where the agency retains control of the child or pays for maintenance does not qualify as a foster child. Grandchildren, as such, are not eligible family members. However, grandchildren can qualify as foster children if they meet all of the requirements.

Recognized natural child means a child born out of wedlock whom you recognized as your child during the child's lifetime. In addition, at the time of the child's death, he/she must have either lived with you in a regular parent-child relationship or been dependent on you financially.

Regular parent-child relationship means that you exercise parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guiding the child, including making decisions about the child's education and health care.

If you have any questions concerning your child's eligibility for coverage, you must contact your employing agency or retirement system, and not OFEGLI.