

HELPING FAMILIES OF A DECEASED COLLEAGUE OR RETIREE



This information may be of assistance to you in dealing with State and Federal benefits.

FEDERAL CIVIL SERVICE RETIREMENT and/or SOCIAL SECURITY
Phone: 1-800-772-1213 or www.ssa.gov

Office of Personnel Management
Retirement Operations Center
Boyers, PA 16017
1-888-767-6738
(202) 606-0133 or (202) 606-0500
Toll-Free: 1-888-767-6738

In case of a death, a person may write or call the **Office of Personnel Management (OPM)** to report the death of a retiree or survivor. Be prepared to provide the following information:

DECEASED'S FULL NAME
CLAIM NUMBER: CSA OR CFS
PIN # FEDERAL*
DATE OF BIRTH
DATE OF DEATH
SOCIAL SECURITY NUMBER

** PIN # is used for telephone access purposes*

To apply for death benefits, survivors must request an **Application for Death Benefits** from **OPM**. Survivors may also contact an ESP Volunteer Helping Families to request a sample form letter, or for general information.

Note: A certified copy of the death certificate must accompany the OPM Application of Death Benefits.

If the deceased had **FEDERAL EMPLOYEE GROUP LIFE INSURANCE** coverage, a life insurance claim for benefits form should be requested. If you are not sure whether the deceased had coverage, ask if the deceased was covered under "FEGLI".

Note: The family will be required to return any treasury direct deposits or checks payable to the deceased.

Note: The family of the deceased retiree may require up to 25 (twenty-five) **certified** copies of the death certificate (the number of death certificates required will depend upon the deceased retiree's investment portfolio).



STATE RETIREMENT

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707
(608) 266-3285
(877) 533-5020
etf.wi.gov

In case of a death, a person may write or call the **Department of Employee Trust Funds (ETF)** to report the death of a retiree or survivor. Be prepared to provide the following information:

**DECEASED'S FULL NAME
DATE OF BIRTH
DATE OF DEATH
SOCIAL SECURITY NUMBER**

If the retiree was covered under the **State Group Life Insurance** and or **the State Group Health Insurance** programs, ETF will provide the necessary forms.

Note: The family will be required to return any ETF direct deposits or checks payable to the deceased.

UNIVERSITY INSURANCE ASSOCIATION

If the deceased retiree continued this insurance with annual payments of \$24.00, contact should be made with:

Minnesota Life Insurance Company
Attn: UIA Group
P.O. Box 259708
Madison, WI 53701
(800) 843-8358
www.minnesotalife.com

If you have any questions or concerns, contact::

Jeanne Stuckert
UW-Extension Staff Benefits
432 N. Lake Street, Rm. 105
Madison, WI 53706
(608) 262-4857
jeanne.stuckert@uwex.edu

MEMORIAL GIFTS

Friends, relatives and colleagues of the deceased often wish to contribute a memorial gift. We encourage inclusion of the Epsilon Sigma Phi Endowment Fund in the listing of possible memorials. Contributions to the Endowment Fund can be sent to: Epsilon Sigma Phi, Cooperative Extension, 432 N. Lake St., Rm 601, Madison WI 53706-1498.



OTHER PLANS

Other plans require notification directly to the insurance company, or their designated agent.

MAJOR MEDICAL INSURANCE

Epic Life Insurance Company
P.O. Box 56157
Madison, WI 53705
1-800-520-5750
www.epiclife.com/products/wse.html

DENTACARE

Blue Cross/Blue Shield
401 West Michigan Street
P.O. Box 3044
Milwaukee, WI 53201-3044
1-888-223-9575
www.bluecrosswisconsin.com

INDIVIDUAL & FAMILY GROUP LIFE

Minnesota Life Insurance Company
P.O. Box 259708
Madison, WI 53701
(800) 843-8358
www.minnesotalife.com

ACCIDENTAL DEATH & DISMEMBERMENT

Hausmann Insurance
Attn: Sandy Hasz
P.O. Box 9408
Madison, WI 53715
(608) 257-3795
www.hausmann-johnson.com

University of Wisconsin Employees Inc. Life Insurance
Country Life Insurance Company
P.O. Box 64035
St. Paul, MN 55164
(800) 345-2436
www.countryfinancial.com

**The Office of Personnel Management
Retirement Operations Center
Boyers, PA 16017**

To Whom It May Concern:

Name of Annuitant (Retiree): _____

Claim Number: _____

CSA or CSF
(circle plan type)

PIN # Federal: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____
Month Day Year

Date of Death: _____ / _____ / _____
Month Day Year

Send application forms to:
Please print Full Name

Claimant Name

Address

City, State & Zip Code

Phone (Home)

(Business)

I will return all un-cashed treasury checks and/or direct deposits made payable to the deceased, and any which may hereafter be received. If payments have been directed to a bank, I have asked that such payments be returned.

Signature of Claimant:

Date