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This application is for use by a former spouse 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](mailto: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.

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## 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.

### SECTION D CERTIFICATION

1. Sign your name in ink.
- 2 - 6. Self-explanatory.

### SECTION B INFORMATION ABOUT THE FORMER SPOUSE

- 1.-2. Self-explanatory.
3. If you are a foreign national, you will need an Individual Taxpayer Identification Number (ITIN) before we can issue an annuity payment. You can obtain an ITIN by completing IRS Form W-7. You can access this form through the Internal Revenue Service at [www.irs.gov](http://www.irs.gov).
- 4a - 7b. Self-explanatory.
- 8a. Generally, if you are the surviving spouse of more than one federal retiree, you must elect one of the benefits.
- 8b - 8e. Self-explanatory.

### SECTION E FORMER SPOUSE'S CHECKLIST

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

### SECTION C DIRECT DEPOSIT

- 1 - 6. Self-explanatory.



### FORMER SPOUSE'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 ( <b>Required</b> )	
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 FORMER SPOUSE		
1. Your full name ( <i>Last, First, Middle.</i> )	2. Your date of birth ( <i>mm-dd-yyyy</i> )	
3. Full Social Security or Individual Tax Payer Identification Number ( <b>Required</b> )	4a. Date of marriage to the deceased ( <i>mm-dd-yyyy</i> )	4b. Date of divorce or annulment from the deceased ( <i>mm-dd-yyyy</i> )
5. Is there a court order awarding you any portion of the deceased person's FS retirement or survivor benefits? <input type="checkbox"/> Yes, on record at DOS <input type="checkbox"/> No, attach copy of court order		
6a. Are you currently covered under any of the Federal Employees Health Benefits insurance plans? <input type="checkbox"/> No → Go to Item 7a <input type="checkbox"/> Yes → Go to item 6b		
6b. Give name and address of agency where you send health benefits premiums		
7a. Have you remarried since your marriage to the deceased ended? <input type="checkbox"/> No → Go to Section C <input type="checkbox"/> Yes → Go to Item 7b.	7b. Your date of remarriage after marriage to deceased ended ( <i>mm-dd-yyyy</i> )	
8a. Have you ever applied for a survivor annuity based on the federal service of a deceased spouse other than the one named in Section A? <input type="checkbox"/> No → Go to Section C <input type="checkbox"/> Yes → Complete 8b-8e below.		
8b. Name of deceased former spouse other than one named in Section A	8c. Full Social Security or Individual Tax Payer Identification Number of person name in 8b ( <b>Required</b> ):	
8d. Name of retirement system ( <i>for example, Civil Service, Foreign Service</i> )	8e. Date of birth of person named in 8b ( <i>mm-dd-yyyy</i> )	

**SECTION C 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:  
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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 D 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 former spouse named in Section B. <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	<b>Warning:</b> 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. (18 USC 1001).
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SECTION E FORMER SPOUSE CHECKLIST			
Document Title	Remarks	Attached	Comments
Death certificate.	<b>Required. Original, certified death certificate.</b>		
IRS Form W-9, Request for Taxpayer Identification Number and Certification.	<b>Required. IRS forms can be located at <a href="http://www.irs.gov">www.irs.gov</a>.</b>		
IRS Form W-4P, Withholding Certificate for Pension or Annuity Payment.	<b>Optional. If not submitted, a default withholding rate of married with 3 exemptions will be used.</b>		
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.		

DS-5022B

Return paperwork to:

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