

DECEASED John C. Caranci	(b)(6)	CERTIFICATION OF INSURANCE STATUS OF DECEASED ANNUITANT OR COMPENSATIONER FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM
DATE OF BIRTH 2/7/22	(b)(3)	
CSF CSI 1 255 367	TO: OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE	

This certification is invalid if your records show a conversion after the date insurance coverage as an employee terminated.

A. CERTIFICATION REGARDING DECEASED ANNUITANT

NOTE TO EXAMINER: Certify a deceased compensationier as an insured annuitant if (a) annuity file shows he is otherwise eligible for insurance as a retired employee and (b) the amount of insurance is the same regardless of annuitant or compensationier status.

1. (a) TYPE OF RETIREMENT <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NON-DISABILITY	1. (c) <input checked="" type="checkbox"/> The deceased was retired under the Civil Service Retirement System or system named in attached SF 49, and at time of death: <input checked="" type="checkbox"/> was insured for regular insurance only. <input type="checkbox"/> was insured for regular and optional insurance. <input type="checkbox"/> canceled optional insurance during retirement.
1. (b) DATE OF SEPARATION <input checked="" type="checkbox"/> 12/16/67 OR LATER <input type="checkbox"/> 9/23/59 TO 12/15/67 <input type="checkbox"/> BEFORE 9/23/59	1. (d) <input checked="" type="checkbox"/> The deceased's annual pay as shown on SF 56 is consistent with data on records available to the Commission. <input type="checkbox"/> The deceased's annual pay as indicated on SF 56 was <u>not</u> consistent with data on records available to the Commission. SF 56 has been amended to show correct rate as \$ _____. <input type="checkbox"/> If deceased attained age 65 prior to August 29, 1954, annual pay on August 29, 1954, was \$ _____.
2. <input type="checkbox"/> The deceased was not an insured annuitant at the time of his death (and insurance as a compensationier is not involved according to our records).	
<p>DECEASED ANNUITANT</p> <p><input type="checkbox"/> His retirement was not based on at least 12 years creditable service or disability (separation on or after September 23, 1959).</p> <p><input type="checkbox"/> His retirement was not based on at least 15 years creditable service or disability (separation before September 23, 1959).</p> <p><input type="checkbox"/> His retirement was not on an immediate annuity.</p> <p><input type="checkbox"/> He waived insurance coverage as an employee.</p> <p><input type="checkbox"/> He was separated before the insurance law went into effect.</p>	
<p><input type="checkbox"/> He retired from employment excluded from insurance coverage.</p> <p><input type="checkbox"/> He converted his insurance after separation for retirement.</p> <p><input type="checkbox"/> Other (specify):</p> <p>DECEASED EMPLOYEE</p> <p><input type="checkbox"/> He died in service after filing for retirement.</p> <p><input type="checkbox"/> He died in service without filing for retirement.</p> <p><input type="checkbox"/> Other (specify):</p>	

APPROVED FOR
RELEASE DATE:
10-Nov-2008

B. CERTIFICATION REGARDING DECEASED COMPENSATIONER

1. The deceased was receiving employees' compensation and held to be unable to return to duty. He was insured on that basis at the time of his death for:

Regular insurance only.

Regular and optional insurance.

Canceled optional insurance during retirement.

NOTE TO EXAMINER: Verify compensation status with BEC before completing this certification.

2. The deceased was not an insured compensationier at the time of his death (explain under "D. Remarks").

C. ATTACHMENTS

The following forms or documents are attached to this certification:

DESIGNATION OF BENEFICIARY - SF 54:

Attached - Rec'd in CSC prior to death.

Attached - Rec'd in CSC after date of death from
 Claimant Agency.

No SF 54 on file in CSC.

SF 56 - Agency Certification of Insurance Status.

Death Certificate. Attached Not on file in CSC.

FE 6 - Claim for Death Benefits filed by John C. Caranci, Jr.

Retired Employee's Insurance Certificate.

SF 49 - Certification of Insured Employee's Retired Status.

Other (specify):

D. REMARKS AND SIGNATURE

(Adjudicator will show any unusual annuity claim circumstances that may affect OFEGLI's payment and enter other pertinent remarks here. If additional space is needed, use reverse side of this form.)

Please expedite payment of this insurance as soon as possible.

December 23, 1970

CERTIFIED BY: EXAMINER: Bureau of Retirement, Insurance, and Occupational Health
U.S. Civil Service Commission

Date