



WORKERS & RETIREES
**RECORDS
ORGANIZER**
**VITAL
PAPERS**

APWU VITAL PAPERS

APWU

**Be Sure to Keep this in a
Safe Place at all Times**



This packet contains sensitive information.

KEEP THIS IN A SAFE, SECURE PLACE

A Message from the President & Retirees Department Director

Dear APWU Member,

In an effort to keep your best interest in our forefront, the APWU Retirees Department, has developed this *Vital Papers* booklet.

Vital Papers has been designed to assist you in the organization of your pertinent records such as, but not limited to, beneficiary forms, medical directives, wills, DD214, and power of attorney. In so doing, it will assist your family members, friends, your legal guardian(s), power of attorney, medical advocate, and survivors with the necessary information needed to make decisions on your behalf and/or to execute your estate.

Upon completion of all of your pertinent information, please be sure to put this booklet in a safe place with all supporting documents, and most importantly, advise your trusted relatives, legal representatives and/or a friend where they can find it.

The APWU *Vital Papers* booklet will help assure that your wishes are known and adhered to. It will also ease some of the burden on your loved ones.

The Retirees Department is here to continue to protect your benefits as a retiree and serve as a valuable resource. Please be aware that upon retirement, your APWU full dues will stop. As such, when you retire we invite to join the Retirees Department by completing the enclosed application. Dues to belong to the Retirees Department are only \$3/month.

The APWU Retirees Department is always here for you.

Yours truly in Union Solidarity,



Nancy E. Olumekor
Director, APWU Retirees Department



Mark Dimondstein
President



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ONCE YOU BEGIN FILLING OUT THIS BOOKLET KEEP IN A SAFE PLACE TO AVOID IDENTITY THEFT AND TO ENSURE PRIVACY

PERSONAL INFORMATION

APWU Member

<i>Name</i>			
<i>Address</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Phone</i>	<i>Cell</i>	<i>E-Mail</i>	
<i>APWU Membership Number</i>			
<i>Employee Identification Number</i>			
<i>Social Security Number</i>			
<i>Civil Service Annuity (CSA) Number</i>			
<i>Monthly Retirement Benefits \$</i>			
<i>Social Security Benefits \$</i>			
<i>Life Insurance Benefits \$</i>			
<i>TSP Benefits \$</i>			

Spouse

<i>Name</i>			
<i>Address</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Phone</i>	<i>Cell</i>	<i>E-Mail</i>	
<i>Social Security Number</i>			
<i>Civil Service Final (CSF) Number</i>			
<i>Spouse Social Security Number</i>			
<i>Monthly Survivor Benefits \$</i>			
<i>Social Security Benefits \$</i>			
<i>Life Insurance Benefits \$</i>			
<i>Retiree Benefits \$</i>			

- i. APWU Number – APWU assigned numbers on membership cards, referred to as IMIS number.
- ii. Employee Identification Number – For current employees – USPS ID#.
- iii. Civil Service final Number – Number assigned to spouse or survivor of former employee/member who is still receiving annuity but is not the original annuity receiver.
- iv. TSP Benefit – Thru Savings Plan Benefits.



PENSION(S)

APWU Member

Place of Work

Address

Phone number

Fax

E-Mail

Place of Work

Address

Phone number

Fax

E-Mail

Spouse

Place of Work

Address

Phone number

Fax

E-Mail

Place of Work

Address

Phone number

Fax

E-Mail



VETERAN'S BENEFIT(S)

VA Office Name and Location

Phone number

Fax

E-Mail

Service number (if different from Social Security Number)

Branch of Service

From

To

For information on earnings during military service, write to the appropriate address:

AIR FORCE (Reserves and Air National Guard)

DFAS-HAC/IN
8899 East 56th Street
Indianapolis, IN 46249-0875
Phone: (1-800) 525-0102
Commercial: (210) 565-0102
Fax: (478) 327-2215

ARMY (Regulars/Reserves/Army National Guard)

DFAS-Indianapolis Center
8899 East 56th Street
Indianapolis, IN 46249-0875
Phone: (1-800) 318-5298
Fax: (317) 510-7563

COAST GUARD

Commanding Officer (S/R)
Settlement and Records
Military Pay & Personnel Center
444 Quincy Street, SE
Topeka, KS 66682-3591
Retirees: (757) 523-6940
All Others: (1-800) 564-5504
Fax: (785) 339-3784

MARINE (Retirees)

DFAS-US Military Retirement Pay
PO Box 7130
London, KY 40742-7130
Toll Free: (1-800) 321-1080
Commercial: (216) 522-5955
Fax: (1-800) 469-6559

NAVY (Regulars and Reserves)

DFAS-PMMDB/CL
1240 East 9th Street
Cleveland, OH 44199-2055
Phone: (1-888) 332-7411
Fax: (216) 522-6924
Navy Locator: (901) 874-5672

For customer assistance with the Defense Finance and Accounting Service in any branch of the military, please call: (1-888) 332-7411

DEFERRED COMPENSATION (401-K)

APWU Member

Type

Address

Phone number

Fax

E-Mail

Type

Address

Phone number

Fax

E-Mail

Spouse

Type

Address

Phone number

Fax

E-Mail

Type

Address

Phone number

Fax

E-Mail



THRIFT SAVINGS PLAN

(The amount invested is not the current value)

S-FUND (SMALL CAPITALIZATION STOCK INVESTMENT FUND)

<i>Date</i>	<i>Amount \$</i>
<i>Date</i>	<i>Amount \$</i>

I-FUND (INTERNATIONAL FUND)

<i>Date</i>	<i>Amount \$</i>
<i>Date</i>	<i>Amount \$</i>

G-FUND (GOVERNMENT SECURITIES INVESTMENT FUND)

<i>Date</i>	<i>Amount \$</i>
<i>Date</i>	<i>Amount \$</i>

C-FUND (COMMON STOCK INDEX FUND)

<i>Date</i>	<i>Amount \$</i>
<i>Date</i>	<i>Amount \$</i>

F-FUND (FIXED INCOME INDEX INVESTMENT FUND)

<i>Date</i>	<i>Amount \$</i>
<i>Date</i>	<i>Amount \$</i>

L-FUNDS (DIVERSITY PARTICIPANT ACCOUNTS 6 FCS AND 7)

<i>Date</i>	<i>Amount \$</i>
<i>Date</i>	<i>Amount \$</i>

THRIFT SAVINGS PLAN (Cont.)

For more information, contact the Thrift Savings Plan Office at:

**Thrift Savings Plan
Service Office
P.O. Box 385021
Birmingham, AL 35238
(1-877) 968-3778 Fax # (1-866) 817-5023**

For hearing-impaired participants, call 1-877-847-4385, 7:45 am to 4:15 pm, Central Standard Time, Monday through Friday. You must have a text telephone device to communicate on this phone line.

The TSP ThriftLine is an automated voice-response system available 24 hours a day, 7 days a week. A touch-tone telephone is needed to access ThriftLine services. You can also visit the TSP web site at <http://www.tsp.gov>.

The TSP office updates Thrift Savings Plan information; answers questions about TSPs, rates of return, current loan interest rates and the annuity interest rate index; furnishes forms and publications; and provides calculations to project your future account balance.



SAVINGS ACCOUNT(S)

Bank or Credit Union

Address

Phone number

Fax

E-Mail

Account name

Account number

Passbook is kept

Bank or Credit Union

Address

Phone number

Fax

E-Mail

Account name

Account number

Passbook is kept



CHECKING ACCOUNT(S)

Bank or Credit Union

Address

Phone number

Fax

E-Mail

Account name

Account number

Checkbook is kept

Bank or Credit Union

Address

Phone number

Fax

E-Mail

Account name

Account number

Checkbook is kept



CREDIT UNION

Credit Union

Address

Phone number

Fax

E-Mail

Type of Account

Account number

Account name

Credit Union

Address

Phone number

Fax

E-Mail

Type of Account

Account number

Account name

SAVINGS CERTIFICATES/BONDS/ CERTIFICATE OF DEPOSIT (CDs)

Bank/Institution

In the name of

Due date

Certificate number

Value \$

Address

Phone

Fax

E-Mail

Bank/Institution

In the name of

Due date

Certificate number

Value \$

Address

Phone

Fax

E-Mail

Bank/Institution

In the name of

Due date

Certificate number

Value \$

Address

Phone

Fax

E-Mail

Bank/Institution

In the name of

Due date

Certificate number

Value \$

Address

Phone

Fax

E-Mail

STOCKS & MUTUAL FUNDS

Brokerage Firm

Address

Stock/Bond/Mutual Fund Name/Type

Serial number

Number of shares

Name of agent

Phone number

Fax

E-Mail

Brokerage Firm

Address

Stock/Bond/Mutual Fund Name/Type

Serial number

Number of shares

Name of agent

Phone number

Fax

E-Mail

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

Company

Address

Account number

In name of company

Phone number

Fax

E-Mail

Company

Address

Account number

In name of company

Phone number

Fax

E-Mail

Company

Address

Account number

In name of company

Phone number

Fax

E-Mail



SAFETY DEPOSIT BOX

Bank

Address

Phone

Fax

E-Mail

Box number

Key number

Location of Key

Person authorized to open box/co-signer

LIFE INSURANCE

FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)

Amount of basic coverage \$

Amount of supplemental coverage \$

Address

I have listed beneficiaries with Federal Employees Group Life Insurance

Phone

Fax

E-Mail

ADDITIONAL POLICIES

Policy name & number

Address

Agent's phone number

Fax

E-Mail

Policy name & number

Address

Agent's phone number

Fax

E-Mail

Policy name & number

Address

Agent's phone number

Fax

E-Mail

LIFE INSURANCE (Cont.)

SPOUSE EMPLOYMENT PLAN — Name of Policy: _____

Amount of coverage \$

Address

Phone

Fax

E-Mail

ADDITIONAL COVERAGE

Premium due \$

Beneficiary

Policy number

POLICY

Policy number

Address

Agent's phone number

Fax

E-Mail

LIVING BENEFITS

Effective July 15, 1995, any Federal Employees' Group Life Insurance-covered employee, retiree, or compensationner who has been diagnosed as terminally ill, with a life expectancy of nine months or less, may elect a living benefit. Living benefits are life insurance benefits paid to individuals while they are still living, rather than paid to a beneficiary or survivor upon the individual's death.

For more information, federal employees should contact:

Federal Employees' Group Life Insurance (FGLI)
200 Park Avenue
New York, NY 10166-0188
Phone: (1-800) 633-4542

And retirees should contact:

Office of Personnel Management (OPM)
Retirement and Insurance Group
Employees Service and Records Center
P.O. Box 45
Boyers, PA 16017
Phone: (1-888) 767-6738 or (202) 606-0500
www.servicessonline.opm.gov

OPM — Washington, DC Office
1900 E Street, NW
Washington, DC 20415
Phone: (202) 606-1800
TTY: (202) 606-2532

HOMEOWNER'S INSURANCE

Home Located at

Name/Company

Policy number

Amount \$

Premium due \$

Name(s) on policy

Policy location

Address

Fax

E-Mail

Agent's phone number

Home Located at

Name/Company

Policy number

Amount \$

Premium due \$

Name(s) on policy

Policy location

Address

Fax

E-Mail

Agent's phone number

HEALTH INSURANCE

Federal Employees Health Benefits (FEHB)

Type/Name

Address

Phone number

Fax

E-Mail

Policy number

Person(s) covered

Policy location

Other Insurance

Type/Name

Address

Phone number

Fax

E-Mail

Policy number

Person(s) covered

Policy location

For more information or other forms, contact OPM at:

**Office of Personnel Management
Retirement & Insurance Service
Office of Retirement Programs
1900 E Street, NW
Washington, DC 20415**

AUTO INSURANCE

Name of company

Policy number

Car model

Vehicle identification number

Address

Fax

E-Mail

Agent's phone number

Name of company

Policy number

Car model

Vehicle number

Address

Fax

E-Mail

Agent's phone number

DEEDS, TITLES & CREDIT

HOME

Lot number

Mortgage company

Address

Phone number

Fax

E-Mail

Monthly payment \$

Due date

Account number

Location of title paper

OTHER PROPERTY

Site

Lot number

Lender

Address

Phone number

Fax

E-Mail

Monthly payment \$

Location of title paper

DEEDS, TITLES & CREDIT (Cont.)

OTHER PROPERTY (CONTINUED)

Site

Lot number

Lender

Address

Phone number

Fax

E-Mail

Monthly payment \$

Location of title paper

Site

Lot number

Lender

Address

Phone number

Fax

E-Mail

Monthly payment \$

Location of title paper

DEEDS, TITLES & CREDIT (Cont.)

AUTOMOBILE TITLES

<i>Make of car</i>	
<i>Vehicle identification number</i>	<i>Registration number</i>
<i>License plate number</i>	<i>Lien holder</i>
<i>Address</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>
<i>Monthly payment \$</i>	

<i>Make of car</i>	
<i>Vehicle identification number</i>	<i>Registration number</i>
<i>License plate number</i>	<i>Lien holder</i>
<i>Address</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>
<i>Monthly payment \$</i>	

<i>Make of car</i>	
<i>Vehicle identification number</i>	<i>Registration number</i>
<i>License plate number</i>	<i>Lien holder</i>
<i>Address</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>
<i>Monthly payment \$</i>	

DEEDS, TITLES & CREDIT (Cont.)

CREDIT CARDS

<i>Type/Name of card</i>	<i>Account number</i>
<i>Issued to</i>	
<i>Address</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>

<i>Type/Name of card</i>	<i>Account number</i>
<i>Issued to</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>

<i>Type/Name of card</i>	<i>Account number</i>
<i>Issued to</i>	
<i>Address</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>

<i>Type/Name of card</i>	<i>Account number</i>
<i>Issued to</i>	
<i>Address</i>	
<i>Phone number</i>	
<i>Fax</i>	<i>E-Mail</i>

MISCELLANEOUS PERSONAL DEBT

Amount \$

Bank or person(s) owed

Address

Phone

Fax

E-Mail

Payment due date

Amount \$

Bank or person(s) owed

Address

Phone

Fax

E-Mail

Payment due date

Amount \$

Bank or person(s) owed

Address

Phone

Fax

E-Mail

Payment due date

Amount \$

Bank or person(s) owed

Address

Phone

Fax

E-Mail

Payment due date

FUNERAL/MEMORIAL ARRANGEMENTS

Funeral Home

Body cremated? If yes, by:

Address

City

State

Zip Code

Phone number

Fax

E-Mail

Donate organs? (yes or no); If yes, list organ(s):

Name of Institution

Address

City

State

Zip Code

Phone number

Fax

E-Mail

Organ donor card

Cemetery

Address

City

State

Zip Code

Phone number

Fax

E-Mail

Lot number

Religious Institution's Name

Address

City

State

Zip Code

Phone number

Fax

E-Mail

FUNERAL/MEMORIAL ARRANGEMENTS (Spouse)

Funeral Home

Body cremated? If yes, by:

Address

Phone number

Fax

E-Mail

Donate organs? (yes or no); If yes, list organ(s):

Name of Institution

Address

Phone number

Fax

E-Mail

Organ donor card

Cemetery

Address

Phone number

Fax

E-Mail

Lot number

Religious institution's name

Address

Phone number

Fax

E-Mail

WILLS/TRUST/PERSONAL EFFECTS

Date of will/trust

Name of attorney

Address

Phone number

Fax

E-Mail

Location of original will

Location of copy

SPOUSE WILL/TRUST

Date of will

Name of attorney

Address

Phone number

Fax

E-Mail

Location of original of will

Location of copy

LOCATION OF OTHER IMPORTANT DOCUMENTS

Birth certificate

Marriage certificate

Divorce decree

Citizenship papers

Military papers

Tax records

Other bank books

Other

For more information contact:

**Verification of Federal Service
National Archives and Record Administration
National Personnel Record Center
(Civilian Personnel Records)
111 Winnebago Street
St. Louis, MO 63318
Phone: (1-866) 272-6272**

WHAT IS YOUR MEDICAL HISTORY?

[Updated _____]

Annuitant Name: _____

SSN: _____ or, Individual Code No.: _____

Address: _____

Insurance Company: _____ Plan No.: _____

Address: _____

Phone Number(s): _____ Fax: _____

Provider Number: (1-888 or 1-800): _____ E-Mail: _____

CURRENT MEDICATIONS AS OF _____

_____	_____
_____	_____
_____	_____
_____	_____

ALLERGIES: [IF SO, WHAT KIND(S)]

_____	_____
_____	_____

SURGERIES WITH DATES/ILLNESSES WITH APPROXIMATE DATE: (Include such conditions as Alzheimer's, Asthma, Diabetes, Cancer and what type, Depression, Hypertension, Heart Condition and what type.)

_____	_____
_____	_____
_____	_____
_____	_____

CONTINUE LISTING ON NEXT PAGE FOR THE FOLLOWING ITEMS:

LIST DOCTOR NAMES, ADDRESSES, PHONE, FAX, E-MAIL AND TYPE OF DOCTOR (OR NAME OF DOCTOR GROUP). ALSO, INCLUDE TREATMENT CENTERS WITH CONTACT NAME, ADDRESS, PHONE NUMBERS AND E-MAIL ADDRESS (IF APPLICABLE).

LIST YOUR EMERGENCY CONTACT NAME(S), ADDRESSES AND PHONE NUMBERS (HOME AND CELL) AND E-MAIL ADDRESSES (IF APPLICABLE).

RETIREE'S DOCTOR AND TREATMENT CENTER INFO

[Updated _____]

Doctor Name: _____

Address: _____

Phone Number: _____ Fax: _____

E-Mail: _____ Type of Doctor: _____

Treatment Center: _____

Contact Name: _____

Address: _____

Phone Number: _____ E-Mail (if applicable): _____

Emergency Contact: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

WHAT IS YOUR SPOUSE MEDICAL HISTORY?

[Updated _____]

Spouse Name: _____

SSN: _____ or, Individual Code No.: _____

Address: _____

Insurance Company: _____ Plan No.: _____

Address: _____

Phone Number(s): _____ Fax: _____

Provider Number: (1-888 or 1-800): _____ E-Mail: _____

CURRENT MEDICATIONS AS OF _____

_____	_____
_____	_____
_____	_____
_____	_____

ALLERGIES: [IF SO, WHAT KIND(S)]

_____	_____
_____	_____

SURGERIES WITH DATES/ILLNESSES WITH APPROXIMATE DATE/SPECIAL TREATMENTS OR TESTS: (Include such conditions as Alzheimer's, Asthma, Diabetes, Cancer and what type, Depression, Hypertension, Heart Condition and what type.)

_____	_____
_____	_____
_____	_____
_____	_____

CONTINUE LISTING ON NEXT PAGE FOR THE FOLLOWING ITEMS:

LIST DOCTOR NAMES, ADDRESSES, PHONE, FAX, E-MAIL AND TYPE OF DOCTOR (OR NAME OF DOCTOR GROUP). ALSO, INCLUDE TREATMENT CENTERS WITH CONTACT NAME, ADDRESS, PHONE NUMBERS AND E-MAIL ADDRESS (IF APPLICABLE).

LIST YOUR EMERGENCY CONTACT NAME(S), ADDRESSES AND PHONE NUMBERS (HOME AND CELL) AND E-MAIL ADDRESSES (IF APPLICABLE).

SPOUSE'S DOCTOR AND TREATMENT CENTER INFO

[Updated _____]

Doctor Name: _____

Address: _____

Phone Number: _____ Fax: _____

E-Mail: _____ Type of Doctor: _____

Treatment Center: _____

Contact Name: _____

Address: _____

Phone Number: _____ E-Mail (if applicable): _____

Emergency Contact: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

SURVIVOR CLAIMS FOR DEATH BENEFITS

How to Avoid Undue Delays

SURVIVOR ANNUITIES ARE NOT PAID AUTOMATICALLY. **YOU MUST APPLY TO THE U.S. OFFICE OF PERSONNEL** **MANAGEMENT TO RECEIVE BENEFITS.**

Processing delays can be minimized if the eligible survivor follows the instructions below.

1. Return any uncashed checks to the address shown on the Treasury Department's envelope in which the check was delivered. If any payments have been sent directly to the bank or other financial institution, promptly notify that institution of the annuitant's date of death. Ask that any payments received after the date of death be returned to the Treasury Department.

- ▲ Returning uncashed checks to the Treasury Department is necessary because government checks made payable to a deceased person cannot be legally cashed by anyone, even the executor or administrator of the estate. The U.S. Office of Personnel Management (OPM) cannot authorize a survivor benefit until the Treasury Department informs them that there are no outstanding checks payable to the deceased annuitant. However, any accrued annuity, unpaid to the annuitant during their lifetime, will be included in the benefits to the eligible survivor.

2. Notify the U.S. Office of Personnel Management (P.O. Box 45, Boyers, PA 16017-0045, or by phone to (724) 794-2005 or (1-888) 767-6738) of the death of the annuitant so that they can send an application for survivor benefits or obtain the forms from the website http://www.opm.gov/forms/pdf_fill/fe6.pdf. If you have any questions on completing the forms, <http://www.opm.gov/retire/> may be of some assistance.

Notifying OPM immediately after the death of an annuitant enables that agency to begin work assisting the person who is entitled to the survivor benefits. The letter of death notification should include:

- ▲ **Full name of the deceased annuitant**
- ▲ **Annuitant's exact date of birth**

- ▲ **Exact date of death**
- ▲ **CSA (Claim number)**
- ▲ **Annuitant's relationship to the survivor**
- ▲ **Signature of the person who is apparently entitled to the benefits.**

3. Obtain certified copies of the annuitant's death certificate to enclose with the applications OPM will send. OPM will send two forms: FE 6 (Application for Life Insurance from the Federal Employees' Group Life Insurance) and SF 2800 (Claim for Death Benefits, survivor annuity).

FE 6: There is no need for eligible survivors to write the New York Office for the Federal Employees' Group Life Insurance. In fact, that office cannot settle a claim until a certification of the deceased annuitant's insurance status is received from OPM.

SF 2800: This form must be completed by the eligible survivor so that payment of all possible annuity benefits may be authorized by OPM.

NOTE: TO EXPEDITE THE PROCESS WITHIN OPM, IT IS HIGHLY RECOMMENDED THAT ALL FORMS BE TYPEWRITTEN OR, SHOULD A TYPEWRITER NOT BE READILY AVAILABLE, VERY NEATLY PRINTED.

4. If the deceased annuitant was retired from the military, notify the Commanding Officer of the nearest military installation. If the deceased was a Veteran, notify the Veterans' Administration.

The eligible survivor should also:

- ▲ **Change deceased annuitant's name on all important papers to survivor's name.**
- ▲ **Notify insurance companies.**
- ▲ **Notify the Social Security Administration.**
- ▲ **Notify the Internal Revenue Service and State Income Tax Department.**

CLAIM FOR DEATH BENEFITS

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM (FEGLIIP)

Instructions

General

The Office of Federal Employees' Group Life Insurance (OFEGLI) pays claims under the Federal Employees' Group Life Insurance Program. FEGLI death benefits are not subject to Federal income tax, but the interest we pay on those benefits is subject to such tax. OFEGLI will report all interest payments to the Internal Revenue Service.

Who receives the death benefits

OFEGLI will pay off life insurance benefits in a specific order set forth by law. If you filed an Assignment, Federal Employees Group Life Insurance (RI 76-10), OFEGLI will pay benefits:

1. To a legally designated beneficiary(ies)
2. If no beneficiary is designated, to your assignee(s);
 - a. To whomever is established in a court order
 - b. To your widow/widower
 - c. An equal share to any children or descendants of any deceased children (or legal guardian)
 - d. An equal share to your parents
 - e. To the court-appointed executor or administrator for your estate
 - f. To your next of kin as determined under the laws of your state

For any questions please visit the web address: <http://www.opm.gov/> then search "precedence and beneficiary," selecting the first search result. For phone assistance please call the toll free number (1-800) OFE-GLIA (1-800-633-4542).

How will you receive benefits?

If OFEGLI is paying you \$5,000 or more, they will open a money market account in your name and mail you a checkbook. You may write checks for some or all of the money in your account as soon as you receive the checkbook. If OFEGLI is paying you less than \$5,000, they will mail you a check.

How do I obtain the form?

The form can be found at the following web address: http://www.opm.gov/Forms/pdf_fill/fe6.pdf.

What else do I have to submit?

1. A certified copy of the deceased's death certificate that contains the cause and manner of death. (You can get the certificate from you city or state's Bureau of Vital Statistics or equivalent agency).
2. Send all Designation of Beneficiary Form(s) (SF 2823 and/or SF 54) that you may have which show the agency receipt date on the bottom.
3. If you are an executor or administrator filing this claim on behalf of the deceased's estate, send us a copy of the court appointment papers.

Where do I send this form and other documents?

1. If the deceased was employed by the USPS at the time of death you should call shared service in North Carolina at (1-877) 477-3273 for instructions.
2. If the deceased was retired or receiving Federal Workers' Compensation benefits at the time of death please send everything to OFEGLI, P.O. Box 2627, Jersey City, NJ 07303-2627. They will contact you if more information is required.

OPM SECURITY BREACH

Were You Affected by OPM'S Security Breaches?

The Office of Personnel Management (OPM) established a verification center to assist those who believe they were impacted by security breaches in 2015.

There were two (2) separate security breaches; a personnel breach and a background check data breach. Each one has a different contact number. To make inquiries regarding the personnel breach, contact CSID at 844-777-2743.

Inquiries regarding the background check data breach can be made by contacting ID Experts at 866-408-4555.

If you were impacted by either breach, OPM is offering free credit and identity monitoring, identity theft insurance, and identity restoration services. For additional information, visit www.OPM.gov/cybersecurity.

LIFE HISTORY

Families are now developing the genealogy on their ancestry, as well as their personal lives. This record will be your keepsake and will provide your family with history to add to your heritage.

NAME: _____

EDUCATION:

YEARS _____ GRADE SCHOOL _____ CITY/STATE _____

YEARS _____ HIGH SCHOOL _____ CITY/STATE _____

YEARS _____ COLLEGE _____ DEGREE _____ CITY/STATE _____

YEARS _____ TRADE _____ TYPE _____ CITY/STATE _____

WORK HISTORY:

YEARS _____ COMPANY _____ CITY/STATE _____

JOB ASSIGNED _____

YEARS _____ COMPANY _____ CITY/STATE _____

JOB ASSIGNED _____

YEARS _____ COMPANY _____ CITY/STATE _____

JOB ASSIGNED _____

SPECIAL ORGANIZATIONS / CHARITIES / GROUPS / MEMBERSHIPS:

YEARS _____ GROUP _____ CITY/STATE _____

WORK PERFORMED _____

YEARS _____ GROUP _____ CITY/STATE _____

WORK PERFORMED _____

AWARDS OR SPECIAL RECOGNITIONS:

YEAR _____ TYPE _____

YEAR _____ TYPE _____

SPECIAL COMMENTS: _____

SINCE THE INFORMATION WILL CHANGE THROUGHOUT YOUR LIFE, YOU MAY WISH TO INPUT THIS ITEM IN YOUR COMPUTER TO MAKE IT EASIER TO UPDATE.

LIFE HISTORY (Spouse)

Families are now developing the genealogy on their ancestry, as well as their personal lives. This record will be your keepsake and will provide your family with history to add to your heritage.

SPOUSE NAME: _____

EDUCATION:

YEARS _____ GRADE SCHOOL _____ CITY/STATE _____

YEARS _____ HIGH SCHOOL _____ CITY/STATE _____

YEARS _____ COLLEGE _____ DEGREE _____ CITY/STATE _____

YEARS _____ TRADE _____ TYPE _____ CITY/STATE _____

WORK HISTORY:

YEARS _____ COMPANY _____ CITY/STATE _____

JOB ASSIGNED _____

YEARS _____ COMPANY _____ CITY/STATE _____

JOB ASSIGNED _____

YEARS _____ COMPANY _____ CITY/STATE _____

JOB ASSIGNED _____

SPECIAL ORGANIZATIONS / CHARITIES / GROUPS / MEMBERSHIPS:

YEARS _____ GROUP _____ CITY/STATE _____

WORK PERFORMED _____

YEARS _____ GROUP _____ CITY/STATE _____

WORK PERFORMED _____

AWARDS OR SPECIAL RECOGNITIONS:

YEAR _____ TYPE _____

YEAR _____ TYPE _____

SPECIAL COMMENTS: _____

SINCE THE INFORMATION WILL CHANGE THROUGHOUT YOUR LIFE, YOU MAY WISH TO INPUT THIS ITEM IN YOUR COMPUTER TO MAKE IT EASIER TO UPDATE.

FAMILY AND/OR FRIENDS LIST

During moments of emergency, crisis or your daily life, we are searching to find current information about our family, friends and groups. Keeping an updated list will assist you or someone helping you.

YOUR NAME: _____ SPOUSE NAME: _____

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ YOUR CELL: (____) _____ SPOUSE CELL: (____) _____

YOUR E-MAIL: _____ SPOUSE E-MAIL: _____

PLEASE LIST CHILDREN, MARRIED SPOUSES, GRANDCHILDREN AND FRIENDS NAMES, ADDRESS, HOME PHONE, CELL, AND E-MAIL ADDRESSES, AS WELL AS THE GROUPS THAT YOU BELONG TO.

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

NAME: _____ RELATIONSHIP: _____

SPOUSE NAME: _____ (IF APPLICABLE)

ADDRESS: _____
Number Street City, State Zip Code

HOME PHONE: (____) _____ CELL: (____) _____ SPOUSE CELL: (____) _____

E-MAIL: _____ SPOUSE E-MAIL: _____

PASSWORDS

Many of our retirees have started to handle their finances electronically. This section will provide a safe place to write down computer and account usernames and passwords for both yourself and those who may need them later.

Account Type: _____

Username: _____

Password: _____

Other info:

Account Type: _____

Username: _____

Password: _____

Other info:

Account Type: _____

Username: _____

Password: _____

Other info:

Account Type: _____

Username: _____

Password: _____

Other info:

Account Type: _____

Username: _____

Password: _____

Other info:

Account Type: _____

Username: _____

Password: _____

Other info:

REMAIN A PART OF YOUR UNION FAMILY

Retirement Department Membership Eligibility, Privileges, and Reinstatement Rules

Eligibility: To be a member of the Retirees Department, you must be a member in good standing of APWU prior to your retirement date (your last pay period).

Privileges: The right to be a candidate in APWU's National Officers Election for the positions of Retiree Director or Retiree National Convention Candidate. In addition, Retirees Department members have the right to vote for APWU National President, Executive Vice-President, Secretary-Treasurer, Legislative and Political Director, Human Relations Director, and APWU Health Plan Director.

Full Dues membership Reinstatement: Retirees whose full dues/per capita tax payments have lapsed due to extenuating circumstances may appeal for reinstatement to the APWU National Secretary-Treasurer. You are required to provide supporting documentation accompanied by a letter signed by your local President and Secretary-Treasurer. To avoid the requirement of applying for reinstatement, continuation of your dues payment must be made after your separation date as a retiree. Contact APWU National Secretary-Treasurers office at 202-842-4215 for additional information.

To Join the Retirees Department Please Check One of the Two Options Provided on the Application on Page 45.

OPTION 1 – Retiree Membership of only \$36 per year. A deduction of \$3 will come out of your monthly annuity check from OPM. Provide your CSA Number on the application to pay your dues by Annuity Deduction. Do not enclose a check with this form.

OPTION 2 – You will be both a Retirees Department member and a Full Dues member. Retiree dues will be paid from your OPM annuity deduction of \$3 monthly. You will be billed for your full dues (National Per Capita Tax and local dues). This amount will vary from approximately \$200-\$600 annually. Full dues members are entitled to all of the privileges of the local and National union.

FILING A GRIEVANCE ON POSTAL DEBT COLLECTIONS

Retiring does not stop the Postal Service from issuing you a debt collection letter. It also doesn't stop the Postal Service from contacting the Office of Personnel Management (OPM), a collection agency, or the United States Treasury Department to have the alleged debt deducted from your retirement check.

You have the right to dispute a debt collection letter issued by the United States Postal Service by filing a grievance. The Grievance must be filed within 14 days of receipt of the debt collection letter. When a grievance is filed the demand for payment will be delayed until a final disposition of the grievance. Contact your former APWU Local to file a grievance on a debt collection letter. If you need assistance in locating your union representative, contact the National APWU Retirees Department at 202-842-8584.



COUNT ME IN!

Enroll Me as an APWU Retiree for Only \$3 a Month!

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>
<i>SSN #</i>	<i>Date of Retirement</i>	<i>Date of Birth</i>
<i>CSA Number (which can be found on your paperwork from OPM)</i>		
<i>E-Mail Address</i>		
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone #</i>	<i>Mobile Phone #</i>	
<i>Authorizing Signature</i>		<i>Date</i>

By signing above, I hereby authorize the Office of Personnel Management (OPM) to release to the American Postal Workers Union (APWU) my CSA number and any future address changes for the purposes of keeping my membership current.

PREFERRED CONTACT NUMBER: HOME MOBILE

By selecting my preferred contact number, I am authorizing APWU to call me or send me recorded messages using automated technology. To the telephone number entered above.

Would you like to receive mobile text alerts from APWU? Yes No

If you choose to receive mobile alerts, you are authorizing mobile communications. Note. Msg & data rates may apply. Text STOP to 91990 to stop receiving messages. Text HEPL to 91990 for more information.

Select Only One

- OPTION 1 — Retiree Membership of only \$36 per year.** A deduction of \$3 will come out of your monthly annuity check from OPM. Do not enclose a check with this form.
- OPTION 2 — Retiree Membership plus Full Dues.** (Local + National Per Capita Tax). Retirees who select this option will continue to pay full dues as well as have a \$3 monthly deduction from their annuity check. Retirees who incur a break in payment of full dues after separation from the USPS must apply for reinstatement as a full dues member. For more information on the process of applying for reinstatement refer to page 44.

Please return your completed application to:
Nancy E. Olumekor, Director
APWU Retirees Department
1300 L Street, NW, Washington, DC 20005

CONTRIBUTE TO APWU COPA

The Committee on Political Action

The benefits you have earned — including your annuity and health insurance — are not safe. Congress can reduce or eliminate these essential benefits, and has shown an interest in doing so.

The APWU is committed to continuing the fight to protect your rights and benefits, even after you retire. This is a top priority of our organization, along with protecting postal jobs and preserving the USPS as a public service. To continue the fight, we need your help!

YES! I want to contribute to APWU COPA, the union's Committee on Political Action, directly from my OPM-retirement check. After all, as a retiree, Congress' votes can determine my future!



COPA CONTRIBUTION

(Check one)

\$2/month \$5/month \$10/month Other: \$_____/month

Checking one of the above boxes authorizes OPM to deduct my COPA contribution from my retirement check each month

Authorizing Signature

Date

Congratulations on your Retirement!

Welcome to the APWU Retirees Department!

Mark Dimondstein
APWU President

(COPA contributions are not tax deductible)

Please return your completed application to:

Nancy E. Olumekor, Director
APWU Retirees Department
1300 L Street NW, Washington, DC 20005

NOTES

ONCE YOU BEGIN FILLING OUT THIS BOOKLET KEEP IN A SAFE PLACE TO AVOID IDENTITY THEFT AND TO ENSURE PRIVACY

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APWU

American Postal Workers Union, AFL-CIO

1300 L Street, N.W. • Washington D.C. 20005

www.apwu.org