



United States
**Office of
Personnel Management**

Retirement Operations Center
PO Box 45
Boyers, Pennsylvania 16017

Facsimile Cover Sheet

To: Lincoln	From: OPM – MLA
Fax: 817-850-9801	Date: 01/18/2017
Phone:	Pages: 3
Re: VOA__1099R__VOLI__	Name/Claim #: Carson, Mary / A3628227-0
<i>Mail & Fax__</i> FOIA <i>xx</i>	Additional Info:

Pages Include Coversheet

Office of Personnel Management

THE ATTACHED MATERIALS CONTAIN OFFICE OF PERSONNEL MANAGEMENT SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY," OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE. THE ATTACHED MATERIALS WILL BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH OPM DIRECTIVES GOVERNING PROTECTION AND DISSEMINATION OF SUCH INFORMATION

AT A MINIMUM, THE ATTACHED MATERIALS WILL BE DISSEMINATED ONLY ON A "NEED-TO-KNOW" BASIS AND WHEN UNATTENDED, WILL BE STORED IN A LOCKED CONTAINER OR AREA OFFERING SUFFICIENT PROTECTION AGAINST THEFT, COMPROMISE, INADVERTENT ACCESS AND UNAUTHORIZED DISCLOSURE.

IF YOU HAVE QUESTIONS ABOUT "FOR OFFICIAL USE ONLY" OR OTHER SENSITIVE BUT UNCLASSIFIED INFORMATION, PLEASE CONTACT THE SENDER.

For Official Use Only

Freedom of Information Act Request

Date of Request: _____

Name & Title of Requestor: _____

Funeral Homes and/or Finance Companies **must** provide the following:

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Fax Number: _____

Point of Contact _____

Submit Written Requests To:
FOIA Requests
US Office of Personnel Management
Retirement Operations Center
PO Box 45
Boyers, PA 16017

Submit Faxed Requests To:
Survivor Processing Section
Attn: FOIA Requests
Fax: (724) 794-1112

The following request for information pertaining to the deceased Federal Employee Group Life Insurance coverage is being made under the Freedom of Information Act (FOIA). This information is necessary to finalize funeral arrangements and/or to secure an assignment of benefits.

In order to release the requested information we must have proof of death (i.e. a death certificate, obituary notice from a local newspaper which includes the name of the deceased and the deceased date of death, or a copy of the funeral expenses which includes name of the deceased and the deceased date of death) **and a signed release form from the designated beneficiary / beneficiaries, next of kin, or a subpoena duces tecum signed by a judge.**

Deceased Name: _____

Deceased Date of Birth: _____

Deceased Social Security #: _____

Deceased Claim Number: _____

Deceased Date of Death: _____

Release Form

Date of Request: _____

Name of Requestor: _____

This is in reference to the death of _____
(name of deceased)

who passed away on _____ . I authorize
(date of death)

the Office of Personnel Management to release the life insurance information that is checked below

to _____ for the sole purpose of
(name of funeral home or lender)

funeral arrangements.

- Verification that the deceased has a life insurance death benefit
- Verification that I am designated as the beneficiary or eligible to receive the death benefit
- Approximate amount of the life insurance death benefit that I am eligible to receive

Please note:

The Office of Federal Employees' Group Life Insurance is responsible for determining what life insurance death benefits under the Federal Employees' Group Life Insurance Program are payable and to whom.

Printed Name

Relationship to deceased

Signature

Address

Phone Number