

HRAccess



DESIGNATION OF BENEFICIARY FORMS

The purpose of a Designation of Beneficiary Form is to designate who you would want to receive your benefits in the event of your death. It is your responsibility to ensure your beneficiary forms are accurate, remain up-to-date, and clearly reflect your intentions. Federal benefits will be paid based on a valid designation on file or according to an order of precedence set by law. You are encouraged to carefully review the information on each form concerning the order in which payments will be made based on this order of precedence.

| Form Number And Name | Purpose And Description Of Form | Online Location | Submit Form To: |
|--|---|---|--|
| SF 1152, Designation of Beneficiary Unpaid Compensation of Deceased Civilian Employee | <p>Use this form to identify the person or persons to receive your unpaid compensation upon your death. Your designation of beneficiary will remain in effect until you submit an updated SF 1152, transfer to another agency, or are reemployed by the same agency or another agency within the Federal Government. This form is maintained in your eOPF.</p> <p><i>Important note: To process this form, it must have an original signature (wet signature). Forms with a photocopied signature will not be processed. In addition, if you make a mistake while completing this form do not cross-out or white out erroneous information. Such forms will not be accepted. Instead, obtain a blank form and start again.</i></p> | www.opm.gov/forms/pdf_fill/sf1152.pdf | TSA HRAccess Shared Service Center Metroplace 1, Suite 200 2650 Park Tower Drive Vienna, VA 22180-7300 |
| SF 2808, Designation of Beneficiary Civil Service Retirement System (CSRS), and CSRS Offset | <p>Use this form to identify the person or persons to receive your retirement contributions upon your death. This designation is only applicable if no one is entitled to a monthly survivor benefit. Survivors are identified as a current spouse, former spouse, or eligible children. Only employees covered under CSRS or CSRS Offset should use this form. This form is maintained by OPM.</p> <p><i>Important note: To process this form, it must have an original signature (wet signature). Forms with a photocopied signature will not be processed. In addition, if you make a mistake while completing this form do not cross-out or white out erroneous information. Such forms will not be accepted. Instead, obtain a blank form and start again.</i></p> | http://www.opm.gov/forms/pdf_fill/sf2808.pdf | U.S. Office of Personnel Management P.O. Box 45 Boyers, PA 16017-0045 |
| SF 3102, Designation of Beneficiary Federal Employees Retirement System (FERS), FERS-Revised Annuity Employees (RAE), and FERS -Further Revised Annuity Employees (FRAE) | <p>Use this form to identify the person or persons to receive your retirement contributions upon your death. This designation is only applicable if no one is entitled to a monthly survivor benefit. Survivors are identified as a current spouse, former spouse, or eligible children. Only employees covered under FERS should use this form. This form is maintained in your eOPF.</p> <p><i>Important note: To process this form, it must have an original signature (wet signature). Forms with a photocopied signature will not be processed. In addition, if you make a mistake while completing this form do not cross-out or white out erroneous information. Such forms will not be accepted. Instead, obtain a blank form and start again.</i></p> | http://www.opm.gov/forms/pdf_fill/sf3102.pdf | TSA HRAccess Shared Service Center Metroplace 1, Suite 200 2650 Park Tower Drive Vienna, VA 22180-7300 |
| SF 2823, Designation of Beneficiary Federal Employees Group Life Insurance (FEGLI) | <p>For use only by Federal employees enrolled in the Federal Employees' Group Life (FEGLI) Insurance Program. Determines how proceeds from your life insurance are distributed upon your death. This form is maintained in your eOPF.</p> <p><i>Important note: To process this form, it must have an original signature (wet signature). Forms with a photocopied signature will not be processed. In addition, if you make a mistake while completing this form do not cross-out or white out erroneous information. Such forms will not be accepted. Instead, obtain a blank form and start again.</i></p> | http://www.opm.gov/forms/pdf_fill/sf2823.pdf | TSA HRAccess Shared Service Center Metroplace 1, Suite 200 2650 Park Tower Drive Vienna, VA 22180-7300 |
| TSP 3, Designation of Beneficiary Thrift Savings Plan (TSP) | <p>Use this form to name the person or persons to receive your account balance after your death. This form will be maintained by the TSP Service Office who maintains your TSP account. Employees must mail or fax form to the TSP Service Office.</p> | https://www.tsp.gov/PDF/formspubs/tsp-3.pdf | Thrift Savings Plan P.O. Box 385021 Birmingham, AL 35238 Fax: 1-866-817-5023 |