

## Form SF-1152 Help Guide: Unpaid Compensation of Deceased Civilian Employee

**Purpose of this Form:** To designate who should receive any unpaid compensation in your name upon death.

**Directions:**

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **3 checkboxes below** as you complete your form.
2. All forms should be the current form from [https://www.opm.gov/forms/pdf\\_fill/sf1152.pdf](https://www.opm.gov/forms/pdf_fill/sf1152.pdf)
3. All signatures on this document must be made by hand. Print the form in order to sign.
4. If you make a mistake, please print and complete a new form. Forms submitted that have white-out or cross-out errors will be automatically rejected.
5. After completing, deliver the form via paper mail to Human Capital Service Center (HCSC):

Address to:

TSA HCAccess HCSC  
6363 Walker Lane, Suite 400,  
Alexandria, VA 22310

Part A) Did you remember to fill out the following **mandatory** fields?

- Name
- Date of Birth
- SSN

Have you filled out at least two of the below?

- Department/agency
- Bureau or Division
- Location

- ❑ Part B) If you'd like to designate a contingent beneficiary, have you used the exact language "if living, otherwise to"? If you're not using contingent beneficiaries, skip this check.

If you have only designated one beneficiary, did you indicate they should receive 100% of the benefits? OR if you have multiple or contingent beneficiaries, does the total of the column equal 100%? Remember to use the exact language "if living, otherwise to."

Ensure you sign and date by hand. No electronic signatures are permitted.

- ❑ Part C) Witnesses cannot be beneficiaries. Did you find two witnesses that are not listed to receive benefits on this form?

## Designation of Beneficiary

*Unpaid Compensation of Deceased Civilian Employee*

**Important:**  
Read all instructions before  
filling in this form

<b>A. Identification</b>			
Name <i>(Last, first, middle)</i>	Date of birth <i>(mm, dd, yyyy)</i>	Social Security Number	
Department or agency in which presently employed <i>(or former department or agency)</i> :			
Department or agency	Bureau	Division	Location <i>(City, state and ZIP code)</i>

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

<b>B. Information Concerning The Beneficiaries (See Examples of Designations):</b>			
First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation <i>(mm, dd, yyyy)</i>	Your signature		Total = %

<b>C. Witnesses (A witness is not eligible to receive payment as a beneficiary):</b>		
We, the undersigned, certify that this statement was signed in our presence.		
Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

**Receiving agency certification**  
I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
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Type or print your return address to insure return

**Important** - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

**Examples of Designations**

**1. HOW TO DESIGNATE ONE BENEFICIARY** Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Domestic Partner	100%

**2. HOW TO DESIGNATE MORE THAN ONE** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

**3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY**

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

**4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)**

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

**Questions about this form?**

Please contact the HCAccess Help Desk by phone at 1–877–872–7990, by fax at 1-877-872-7993, or by email at this [link](#). Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.