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

A. Identification

Name (Last, first, middle):
Date of birth (mm, dd, yyyy):
Social Security Number:

Department or agency in which presently employed (or former department or agency):
Department or agency:
Motto:
Division:
Location (City, state and ZIP code):

B. Information Concerning The Beneficiaries (See Examples of Designations):

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 (mm, dd, yyyy):
Your signature:
Total %:

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

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:

Type or print your return address to insure return:

U.S. Office of Personnel Management
5 CFR 136
Part 1 - Original
MS: 7540-00-034-050
Part 1 - Original
All Previous editions are not usable.

Standard Form 1582
Revised September 2011
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.

<table>
<thead>
<tr>
<th>First name, middle initial, and last name of each beneficiary</th>
<th>Address (Including ZIP code) of each beneficiary</th>
<th>Relationship</th>
<th>Share to be paid to each beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary E. Brown</td>
<td>214 Central Avenue Muncie, IN 47303</td>
<td>Domestic Partner</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

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

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

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

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

<table>
<thead>
<tr>
<th>First name, middle initial, and last name of each beneficiary</th>
<th>Address (Including ZIP code) of each beneficiary</th>
<th>Relationship</th>
<th>Share to be paid to each beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancel prior designations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.