

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: This form is to be completed by the surviving spouse, child, or other beneficiary of the employee who died while in the uniformed services. It is to be filled out by the beneficiary who is to receive the compensation. It is to be filled out by the beneficiary who is to receive the compensation. It is to be filled out by the beneficiary who is to receive the compensation.

Example: Multiple Beneficiary Using the Same Form

Part A.

1. Name(s) and social security number(s) of claimant(s) John Smith 123-45-6789 Judy Smith 123-45-6789	2. Relationship to deceased Son	3. If minor, state age
	4. Is designation of beneficiary for unpaid compensation on file with service? ?	(Yes or No)
	Daughter	5. Are you named beneficiary? No
		(Yes or No)
6. Claimant(s) State of Legal Residence Florida	7. Name, rank or rating, service number, and social security number of decedent MSGT Jack Smith USMC 987-65-4321	8. Date of Death 6/30/2010
		9. Name of Service USMC
		10. Decedent's domicile Florida

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? N/A

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
 - (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and Social Security Number	Age	Relationship to Deceased	Address
John Smith 123-45-6789	45	Son	123 Main St Sunkist FL 77777
Judy Smith 123-45-6789	42	Dau	456 Main St Sunny City FL 77777
Charles Smith 123-45-6789	38	Son	789 Main St Ocean View FL 77777
Cheryl Smith 123-45-6789	35	Dau	159 Main St Water Crest GA 88888

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed N/A of the estate of the deceased, as evidenced by
(Executor or administrator)
certificate of appointment herewith, administration having been taken out in the interest of

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE. -- If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? N/A
(Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
FILL IN PART E. ALL OTHER MUST.

Part E

Have the funeral expenses been paid? Yes (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? Decedent's

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

John Smith
(Signature of claimant) 6/30/10
(Date)

123 Main St
(Street address)

Sunkist FL 77777
(City, State, and ZIP code)

JUDY SMITH
(Signature of claimant) 6/30/10
(Date)

456 Main St
(Street address)

Sunny City FL 77777
(City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above John Smith & Judy Smith and that
(Name(s) of claimant(s))
the signature(s) of the claimant(s) was (were) affixed in our presence.

DAVID WATKINS
(Signature of witness)

123 Main St Apt C
(Street address)

Capitol, FL 44444
(City, State, and ZIP code)

BARBARA JOHNSON
(Signature of witness)

123 Main St Apt D
(Street address)

Capitol, FL 44444
(City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.