

Action Date	Retirements	Action Date	Disability
<i>NA</i>	Age Retirement - ltr to employee (60 days notice)	<i>VA Hosp. 4-03-70</i>	SF-2801-B, Request for Medical Records (Hospital)
<i>4-9-70</i>	SF-2801 (Application signed)	<i>3-12-70</i>	SF-2801-B, <i>2nd</i> 4-03-70 <i>mailed</i>
<i>4-10-70</i>	Memo to Dept advising of employee's application	<i>4-06-70</i>	Private Dr's Statement
<i>4-10-70</i>	ERS-9 to Payroll f/2806 & 2807 (60 days prior to sep)	<i>4-6-70</i>	Ltr to employee advising of physical exam (if not working)
<i>4-20-70</i>	2801, Prelim 2806, 2807 & Computation to USCSC	<i>4-10-70</i>	Ltr to Base Med O w/CSC 3178 (after receipt of SF-2801-B)
<i>4-22-70</i>	Retirement Certificate	<i>4-6-70</i>	SF-71, Appl for Leave
<i>5-21-70</i>	<i>21 yrs 1 mth</i>	<i>NA</i>	Placement Sheet to Employment Division
<i>5-22-70</i>	SF-56 w/54 SF-54 (if any)	<i>NA</i>	Talked with Empl Supt about possible placement
<i>5-22-70</i>	SF-2810	<i>4-10-70</i>	SF-2801-A, Superior Officer's Statement
<i>5-25-70</i>	SF-56 (w/54 if any), 2801 2809, 2810 to CivPayroll	<i>4-17-70</i>	SF-2801-C to MedOfcrAtlanta w/encls (copy to USCSC)
<input type="checkbox"/>	Applied Disability - will be optional	<i>5-18-70</i>	Approval of Disability rec'd
	SF-2801-B, Private Dr's Statement	<i>5-10-70</i>	ERS-7 to employee of approval (Copy to CivPayroll w/encl)
	SF-71 (Appl for Leave)	TYPE OF RETIREMENT	
	ERS-7 to employee approving	<input type="checkbox"/> Optional	<input checked="" type="checkbox"/> Disability
		<input type="checkbox"/> Mandatory (Date: _____)	

Approximate Annuity: 2627.73
 Survivor Ann Ded: 65.69
 HB Ins Prem Ded: 137.80
 Opt Life Ins Prem Ded: _____

Survivor Annuity Life Annuity
 Civ Serv: 21-02-21 (6-26-70) Service Comp
 Military: 0-3-3 Date: 4-6-49

FEGLI
 Regular Yes No
 * Optional Yes No

Employee Initiated: DOB: 12-20-26
 Activity Initiated: _____ Age: 43

* Enrolled since first opportunity or for 12 yrs preceding retirement.
 HEALTH BENEFITS ** Yes No
 CC# 309 4352 EC# 205
 If "YES" continuation based on:

Date last worked: 12 Feb 70
 Sick leave began: 14 Feb 70
 Sick lv used past 2 yrs (days): 56 days
 Sick & ~~excess~~ lv expires: 1200 26 APR 70 (LWOP)

Disability OR 12 yrs service
 ** Enrolled from on or before 31 Dec 64; since first opportunity; or for 5 yrs preceding retirement.

REMARKS: Army 4-30-45 - 8-2-45
2 more checks -
Bring in discharge & get Compensation Claim no.
5-8-70 - Admitted to VA Hosp. - 4 days
4-21-70

PERSONAL INFORMATION
 Name: Kennedy, Cko (Mrs) Pay No.: 2308-07357
 Home Address & Phone No.: Rt. 2 - Box 367 353-2301
Hubert, N.C.
 Job Title - date entered - Department
Water Plant Operator - 05-26-62 - Maint

Supervisor: Mr. Chadwick/Price Phone: 3510
 Leave available: _____
 Pay prd ending: 18 Apr Sick: 0
 Annual: 36 Ceiling: 240

SEPARATION DATE: 5-18-70
 DATE PREPARED: 3-12-70

STANDARD FORM NO. 2801
April 1963
FPM SUPPLEMENT 831-1**APPLICATION FOR RETIREMENT**
CIVIL SERVICE RETIREMENT SYSTEM
(USE ONLY IF SEPARATED ON OR AFTER OCTOBER 11, 1962)6 GAO 5000
2801-106

To avoid delay—1. Read information carefully; 2. Complete application in full; 3. Typewrite or print in ink

A. PERSONAL INFORMATION

1. NAME MR MRS MISS KENNEDY, Cleo (NMN)			2. DATE OF BIRTH (Month) (Day) (Year) 12-20-26		3. SOCIAL SECURITY NUMBER 246 26 2604
4. ADDRESS (Number and street) (City and State) (Zip Code) Route 2, Box 367, Hubert, North Carolina 28539				5. LIST ALL OTHER NAMES YOU HAVE USED None	
6. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			6. (B) IF "NO," OF WHAT COUNTRY ARE YOU A CITIZEN?		
7. (A) ARE YOU MARRIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. (B) IF "YES," GIVE THE FOLLOWING INFORMATION:				
	WIFE'S OR HUSBAND'S NAME (First) (Middle) Alda Grace	HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 07-11-24	DATE OF MARRIAGE (Month) (Day) (Year) 12-19-43	PLACE OF MARRIAGE (City and State) Dillon, S. C.	MARRIAGE PERFORMED BY <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)

B. CIVILIAN SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION Navy Dept., Marine Corps Base		2. LOCATION OF EMPLOYMENT (City and State) Camp Lejeune, North Carolina 28542			
3. TITLE OF LAST POSITION Water Plant Operator		4. DATE OF FINAL SEPARATION (Month) (Day) (Year)		5. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE 21	
6. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7. ARE YOU ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

C. MILITARY SERVICE

1. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961. IF AVAILABLE, ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE.					
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RATE	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
Army	44 082 771	04-30-45	08-02-45	Private	Camp Clorborn, Louisiana
2. (A) ARE YOU A MILITARY RESERVIST (EITHER ACTIVE OR INACTIVE)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2. (B) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (RETIRED PAY DOES NOT INCLUDE V.A. PENSION OR COMPENSATION.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2. (C) IF "YES," WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, U.S.C. (FORMERLY TITLE III, PUBLIC LAW 80-810)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.		1. WHEN DID YOU BECOME TOTALLY DISABLED? (Month, year) July 1969
2. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY.) I have back trouble, arthritis, trouble with hearing in my right ear, blood clots, and chest pains. Some of these conditions have persisted for the past two years and some for longer.		

E. OTHER CLAIM INFORMATION

1. (A) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1. (B) IF "YES," STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION	
		CLAIM NUMBER	FROM (Month) (Day) (Year) TO (Month) (Day) (Year)
2. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN	
		<input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> REFUND	<input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS Unk
3. (A) DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. (B) IF "YES," GIVE YOUR ACCOUNT NO. B	
4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4. (B) IF "YES," GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM	

(OVER)

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. INITIALS **ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER**

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

All

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If you retire for total disability before age 60 and get a guaranteed minimum disability annuity, you may use all or any part of your "earned" annuity as the base for the survivor benefit. You cannot use any extra annuity which may be payable to make up the guaranteed minimum annuity.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will begin upon your death and end when she (or he) dies or remarries.

2. INITIALS **ANNUITY WITHOUT SURVIVOR BENEFIT**

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (including Widowed and Divorced)

1. INITIALS **ANNUITY WITHOUT SURVIVOR BENEFIT**

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

2. INITIALS **ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST**

SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP DATE OF BIRTH (Mo., day, yr.)

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring *unmarried* employees who are *in good health*.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will begin upon your death and end when she (or he) dies.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type, you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

9 April 1970 (DATE) *Chlo Kennedy* (SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.

INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ (DATE) WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____

R. A. WYNNE
 (SIGNATURE)
 22 April 1970
 (DATE)

Employee Relations Superintendent
 (OFFICIAL TITLE)
 Navy Dept., Marine Corps Base
 Camp Lejeune, North Carolina 28542
 (DEPARTMENT OR AGENCY)

OFFENSES BARRING ANNUITY PAYMENTS: Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement and Insurance in each case when this law possibly applies.

12830
CPD
1 Sep 1988

TO WHOM IT MAY CONCERN

Mr. Cleo Kennedy, DOB 12-20-26, ssn 246 26 2604, retired from Marine Corps Base, Camp Lejeune, N.C. 28542-5000 on 18 May 1970. For additional information, please write the Office of Personnel Management, 1900 "E" Street, N.W., Washington, D.C. 20415.



MARY K. TURPIN
Employee Relations Specialist

13830
GPD
1 Sep 1958

TO: MRS. MARY CONNOR

Mr. Glen Kennedy, Box 12-20-78, San 140 St. 2004, Kefauver from Marine
Corps Base, Camp Lejeune, N.C. 28542-2000 on 18 May 1970. For additional
information, please write the Office of Personnel Management, 1500
Street, N.W., Washington, D.C. 20415.

MARY K. CONNOR
Employee Relations Specialist

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT PROGRAMS
BOYERS, PA 16017

CARRIE L KENNEDY
P O BOX 182
BEULAVILLE NC 28518

1. Date 06-07-00	2. Office Symbol CGJ
3. Name of Deceased KENNEDY CLEO	
4. Claim Number CSF 2 604 983	
5. Lump Sum Payment of Retirement: _____ _____ _____	
6. Federal Employees' Group Life Insurance _____ _____	
7. <input type="checkbox"/> If this block is checked, you appear eligible for survivor annuity payments. Payments to designated beneficiaries shown in item 5 have NO effect on survivor annuity payments.	

Forms Needed to Apply for Death Benefits

We were recently informed of the death of the person named in item 3 above. We have enclosed the forms needed to apply for death benefits. Items 5 and 6 above show the person or persons who appear to be eligible to receive death benefits. The person(s) shown must apply. The person who applies will need to send proof of death of any person named in Item 5 who died before the person named in Item 3. If there is no one listed in Item 5 or if the person(s) listed died before the deceased, payment of any lump sum(s) will be made in accordance with the order of precedence shown on the other side of this notice and the person(s) eligible for payment based on the order of precedence must apply. Use SF2800 or SF3104, as noted below, to apply for lump sum or survivor annuity payments from the Office of Personnel Management. Use FE-6 to apply for life insurance payable by the Office of Federal Employees' Group Life Insurance. No payments can be made until the forms are completed and returned to the addresses stated on the forms. Be sure to attach to the completed forms those documents checked in the "Attach this" column shown below. Payments will be delayed if the documents are not provided. Incomplete or inaccurate applications may also cause delays in payment.

If you have already completed either of the forms enclosed and mailed it less than two weeks before the date of this notice, do not submit another. If you are not eligible for benefits, please give the forms to the person who is eligible and ask that person to apply.

NOTE: See the other side of this notice for information about retirement payments to the deceased.

OPM HAS DETERMINED MONIES ARE PAYABLE PLEASE BE SURE TO COMPLETE SECTION D OF SF2800 LISTING SS#S ADDRESSES AND RELATIONSHIP TO THE DECEASED OF ALL NEXT-OF-KIN

Signature
John Shea
Office of Retirement Programs

Enclosed

Attach this (if checked)

Send to:

SF 2800 - Application for Death Benefits from the Civil Service Retirement System (white form)

Copy of the Death Certificate

Office of Personnel Management in Boyers, PA. (Use our enclosed return envelope.)

SF 3104 - Application for Death Benefits from the Federal Employees Retirement System (buff form)

RI 38-128, Direct Deposit Information

OPM Form 1536, Former Spouse's Application for Survivor Annuity

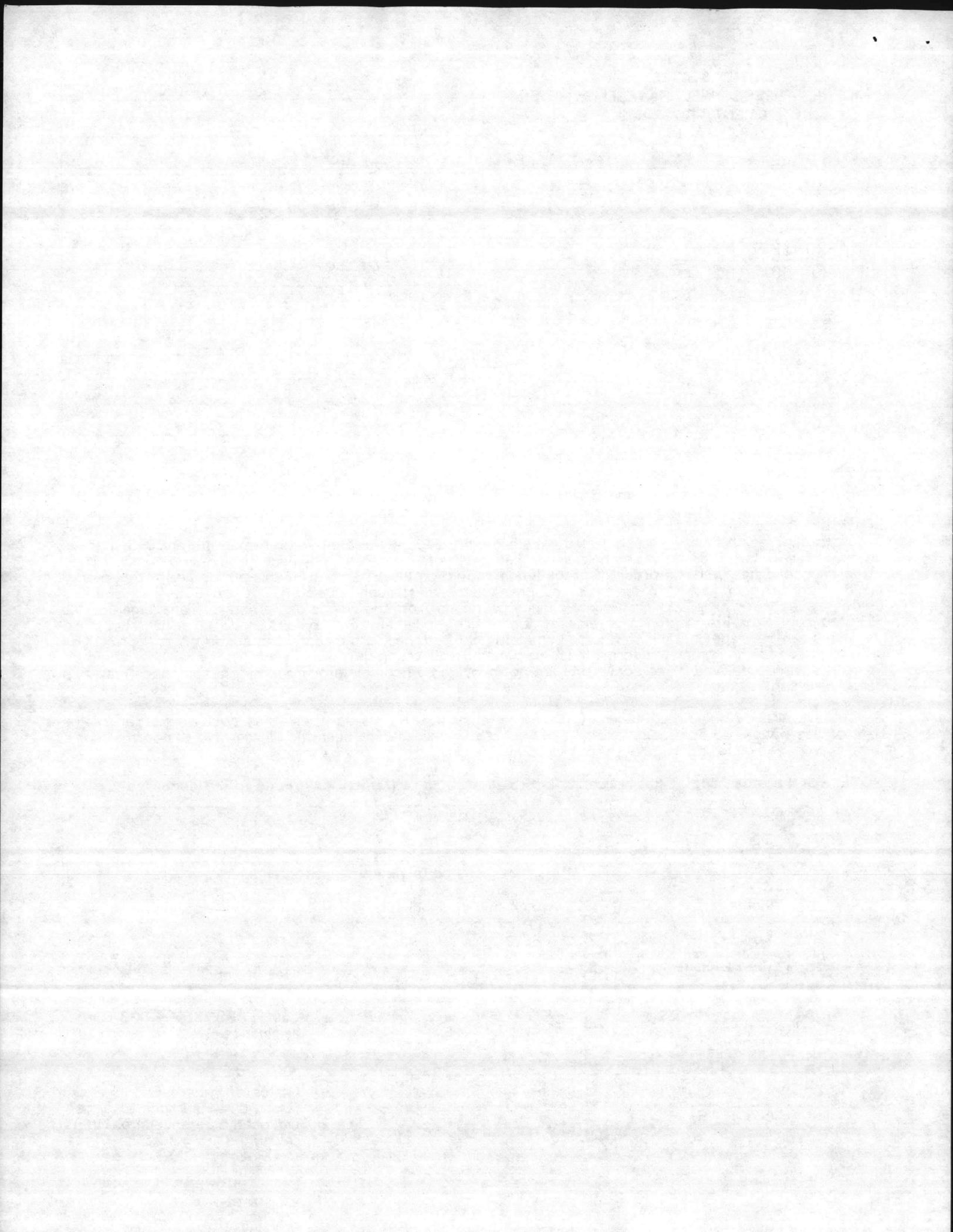
Call 1-888-767-6738 for assistance.

FE-6 - Claim for Death Benefits under the Federal Employees' Group Life Insurance Program (blue form)

Certified copy of the Death Certificate

Office of Federal Employees' Group Life Insurance (Use the enclosed blue envelope.) Do not return the life insurance forms to OPM.

Call 1-800-633-4542 for assistance.



ORDER OF PRECEDENCE

1. The beneficiary named by the deceased in a valid designation.
2. The widow or widower of the deceased.
3. The child or children. (Children of a deceased child may qualify.)
4. The parents in equal shares or all to the surviving parent.
5. The court appointed administrator or executor of the deceased's estate. (A court order naming the estate's administrator/executor must accompany the application before estate payments can be made.) An administrator/executor **named in a will does not qualify** unless also court appointed.
6. If none of the above, payment will be made to the next of kin according to the laws of the deceased's state of domicile.

NOTE: Any payment to the next of kin will be erroneous if an estate is later established, as described in Item 5 above. Such payments must be returned to the government or action to collect will be initiated.

**RETIREMENT CHECKS PAYABLE TO THE DECEASED
ARE NOT LEGALLY NEGOTIABLE AFTER THE RETIREE'S DEATH.**

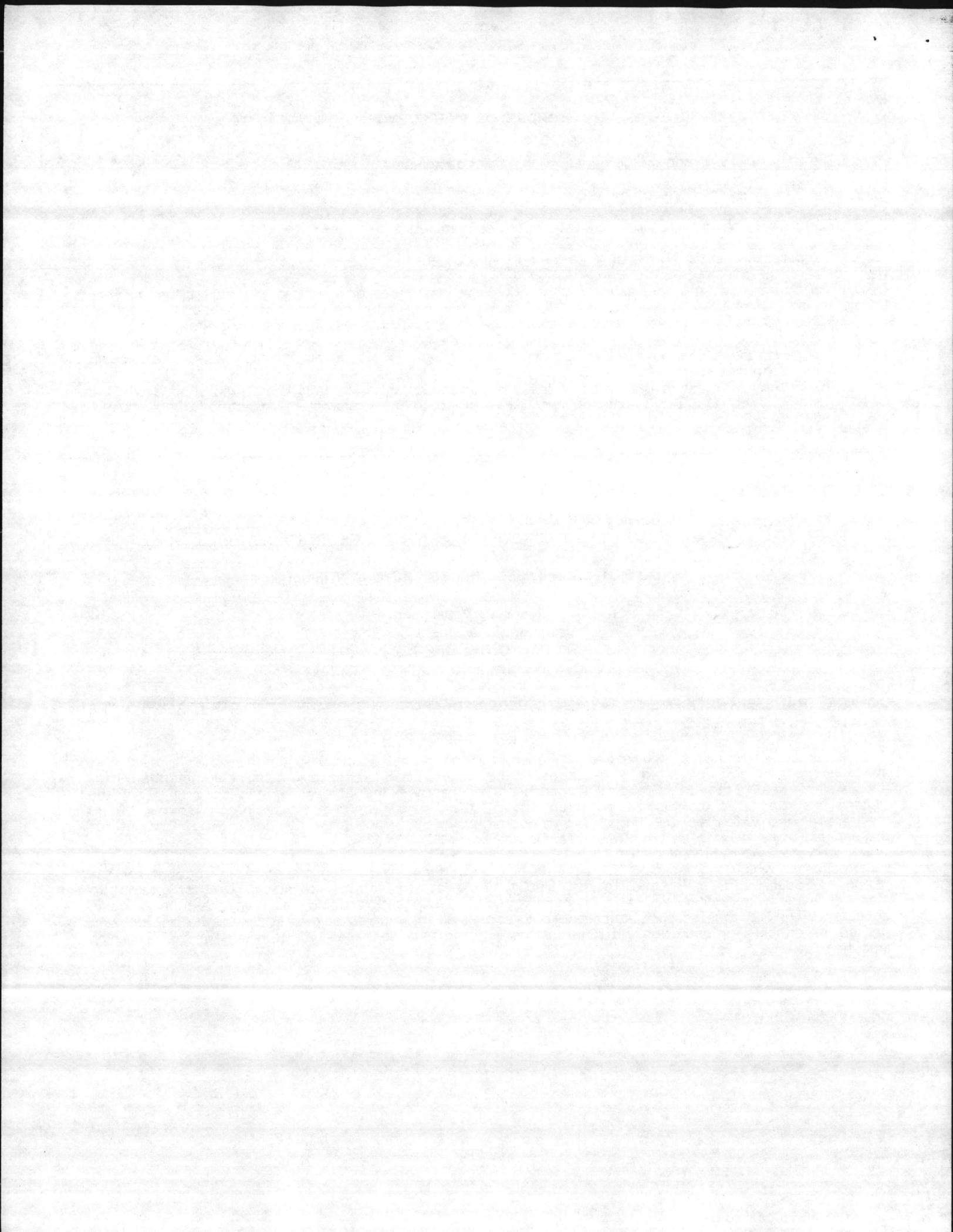
DO NOT CASH THESE CHECKS. RETURN THEM TO:

Treasury Department
Financial Management Service
Post Office Box 7224
San Francisco, California 94120-7224

DO NOT TRANSFER RETIREMENT PAYMENTS RECEIVED AFTER THE DEATH OF THE RETIREE TO THE ESTATE OR TO THE HEIRS.

If a retirement check(s) for the deceased Federal retiree named in block 3 on the other side of this notice is received and deposited in an account in the name of the deceased in a financial institution after the date of death, the U.S. Treasury Department will recover the amount of the check(s) from the financial institution. If the funds are not on deposit, the financial institution may, in turn, recover from the person who withdrew the funds. Direct deposit payments made after the death to an account for the deceased are **NOT** to be withdrawn from the account.

In all cases in which monies paid by the Treasury Department have been placed in an account for the deceased Federal retiree, let the Treasury Department recovery action take place. **Do not** attempt to make repayment by personal check or money order. Such action could result in the monies being collected twice. If the Treasury actions do not recover all the monies paid after death, the person who cashed the check(s) or withdrew the funds or the estate of the deceased will be billed for the remaining amount.





Claim for Death Benefits
Federal Employees' Group Life Insurance Program



(You should *not* use this form to claim Option C-Family Benefits. Please use form FE-6 DEP to claim those benefits.)

Instructions to claimant

General

Please read these instructions carefully, and type or print in ink.

If you need assistance in completing this claim, contact the deceased's last employing office, or the Office of Federal Employees' Group Life Insurance (OFEGLI), 200 Park Avenue, New York, NY 10166-0188. You may call the OFEGLI service representatives, toll-free, at 1-800-OFE-GLIA (1-800-633-4542) or (212) 578-2975.

OFEGLI needs the information requested on this form to adjudicate your claim for benefits under the Federal Employees' Group Life Insurance Program as authorized by chapter 87, title 5, U.S. Code. Interest payments are considered income for Federal income tax purposes. Interest will be reported to the Internal Revenue Service in accordance with the provisions of Sections 6041 and 6042 of the Internal Revenue Code of 1954. Provision of the information is voluntary; however, failure to supply all of the requested information may delay or prevent action on your claim.

Order of payment

OFEGLI will pay applicable benefits as follows:

- If the deceased assigned ownership of his/her insurance, then
 - First, to the beneficiary(ies) designated by the deceased's assignee(s), if any;
 - Second, if there is no such beneficiary, to the deceased's assignee(s), if any.

If the deceased did *not* assign ownership and there *is* a valid court order on file, OFEGLI will pay benefits in accordance with that court order.

If the deceased did *not* assign ownership and there is *no* valid court order on file, then

- First, to the beneficiary(ies) designated by the deceased;
- Second, if there is no such beneficiary(ies), to the widow or widower of the deceased;
- Third, if none of the above, to the child or children of the deceased, with the share of any deceased child distributed among descendants of that child;
- Fourth, if none of the above, to the parents of the deceased in equal shares, or the entire amount to the surviving parent;
- Fifth, if none of the above, to the executor or administrator of the deceased's estate;
- Sixth, if none of the above, to the other next of kin of the deceased entitled under the laws of the domicile of the deceased at the time of death.

Completion of the claim

Each claimant must submit a separate claim form.

All claimants must answer Part A. If the deceased designated you on Standard Form 2823 (formerly Standard Form 54) as a beneficiary, you need not answer Parts B through E. Otherwise, it is important to answer all questions. Omissions or incomplete answers will delay settlement of your claim. If the answer to any question is "No" or "None," so state. Be sure to fill out the information under Special Note on page 2 and complete Part F on page 4.

Evidence required

You must submit with this claim a certified copy of the death certificate that contains the cause and manner of death. You may obtain the certificate from the Bureau of Vital Statistics or equivalent agency. Failure to submit a certified copy of the death certificate will delay settlement of your claim.

In addition, if the deceased designated a beneficiary and a receipted copy of either Standard Form 2823 or Standard Form 54 "Designation of Beneficiary" is available, you should submit the receipted copy with your claim.

If an executor or administrator is filing this claim on behalf of the estate of the deceased, you must submit a copy of the court appointment papers.

OFEGLI will let you know if you need to submit other evidence.

Manner of payment

If the amount payable to you is less than \$7,500, OFEGLI will send you a single check for the entire amount.

If the amount payable to you is \$7,500 or more, OFEGLI will open a Money Market Option Account in your name. You will receive a checkbook giving you complete control of and immediate access to all of your funds. You may write checks for all or part of the money in your account beginning the first day you receive your checkbook. The Money Market Option Account offers a number of benefits which are explained on page 2.

Where to send the claim

If the deceased was employed at the time of death

Send your completed claim to the deceased's employing office. That office must certify the deceased's insurance status at the time of death.

If the deceased was retired or receiving Federal Workers' Compensation benefits at the time of death

Send your completed claim to OFEGLI, 200 Park Avenue, New York, NY 10166-0188.

OFEGLI will adjudicate your claim upon receipt of insurance certification from the Office of Personnel Management.

Instructions to the employing agency

It is the agency's responsibility to assist the deceased's beneficiary or next of kin in properly completing this claim. The agency should forward the completed claim and all required supporting evidence to OFEGLI, 200 Park Avenue, New York, NY 10166-0188, together with:

1. The original of the Agency Certification of Insurance Status (SF 2821);
2. The original of all Designation of Beneficiary forms (SF 2823 or SF 54), if any;
3. All court orders on file, if any;
4. Any other documents (except payroll records) bearing on the deceased employee's insurance status.

DO NOT DETACH

IMPORTANT INFORMATION ABOUT MONEY MARKET OPTION ACCOUNTS

Designed to put *you* in complete control of your life insurance proceeds.

Money Market Option Accounts provide . . .

SAFETY

- The account earns interest from the first day it is established.
- The full amount, including all interest earned, is guaranteed.

COST-FREE CHECKING

- You pay nothing for this Account. There are no monthly service charges. No charge for checks.
- You can write checks from \$250 up to the full amount of your proceeds at any time.

FLEXIBILITY

- You can withdraw all or part of your money at any time, with no penalty or loss of interest.
- You can name a beneficiary for your funds, in case something happens to you.

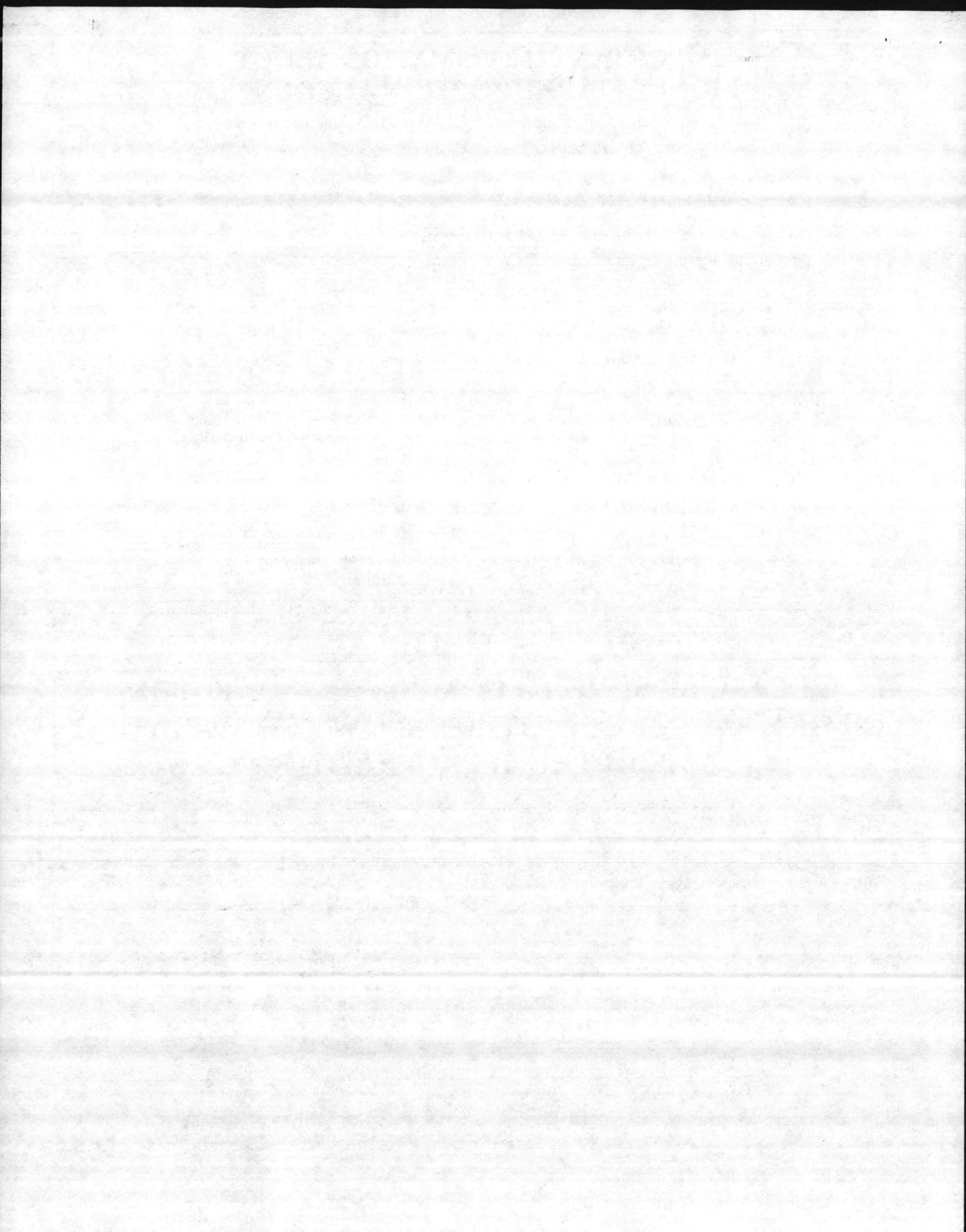
YOUR MONEY MARKET OPTION ACCOUNT GIVES YOU:

Safety • Security • Privacy • Flexibility • Free Checking

SPECIAL NOTE

**PLEASE BE SURE TO COMPLETE, IN INK, THE
INFORMATION REQUESTED BELOW AND SIGN YOUR
NAME IN THE APPROPRIATE BOX.**

Your signature (<i>Do not print</i>)											
Your name (<i>Please print</i>) Carrie L. Kennedy											
Address (<i>Number, street, apt. no.</i>) PO Box 182											
City, state, ZIP code Beulaville, NC 28518											
Your Social Security Number OR Employer identification number	2	4	5	-	7	2	-	7	2	3	9
Date (<i>mm/dd/yyyy</i>) 06/16/2000	Daytime telephone no. (910) 298-5444 <small>Area Code (910) 298-2001</small>						Evening telephone no. (910) 298-5444 <small>Area Code</small>				





Part A. General Information About the Deceased

1. Full name of the deceased (Last) (First) (Middle) Kennedy, Cleo		2. Date of birth (mm/dd/yyyy) 12/20/1926	3. Date of death (mm/dd/yyyy) 05/26/2000
4. Social Security Number 246-26-2604		5. Legal residence at time of death—(City and State) Hubert, NC	
6. Department or agency in which last employed, including bureau or division DOD/DON/US Marine Corps Base		7. Location of last employment (City, state, ZIP code) Camp Lejeune, NC 28542	
8. At the time of death was the deceased: (a) Retired and receiving annuity under any Federal civilian retirement system? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (b) Receiving Workers' Compensation benefits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>			Claim number (CSA, CSF, CSI) CSA 1225175 Effective date of Workers' Compensation benefits (mm/dd/yyyy)
If the deceased named you as beneficiary on a Designation of Beneficiary form under the Federal Employees' Group Life Insurance Program (Standard Form 2823 or Standard Form 54), attach a copy of the form that has the agency or retirement system's receipt date on the bottom. Please indicate your date of birth and relationship in the boxes to the right, and complete Part F on the other side. If you do not attach either Standard Form 2823 or Standard Form 54, you must complete all parts of this claim form.			Your date of birth (mm/dd/yyyy) 04/24/1928 Relationship to the deceased Spouse

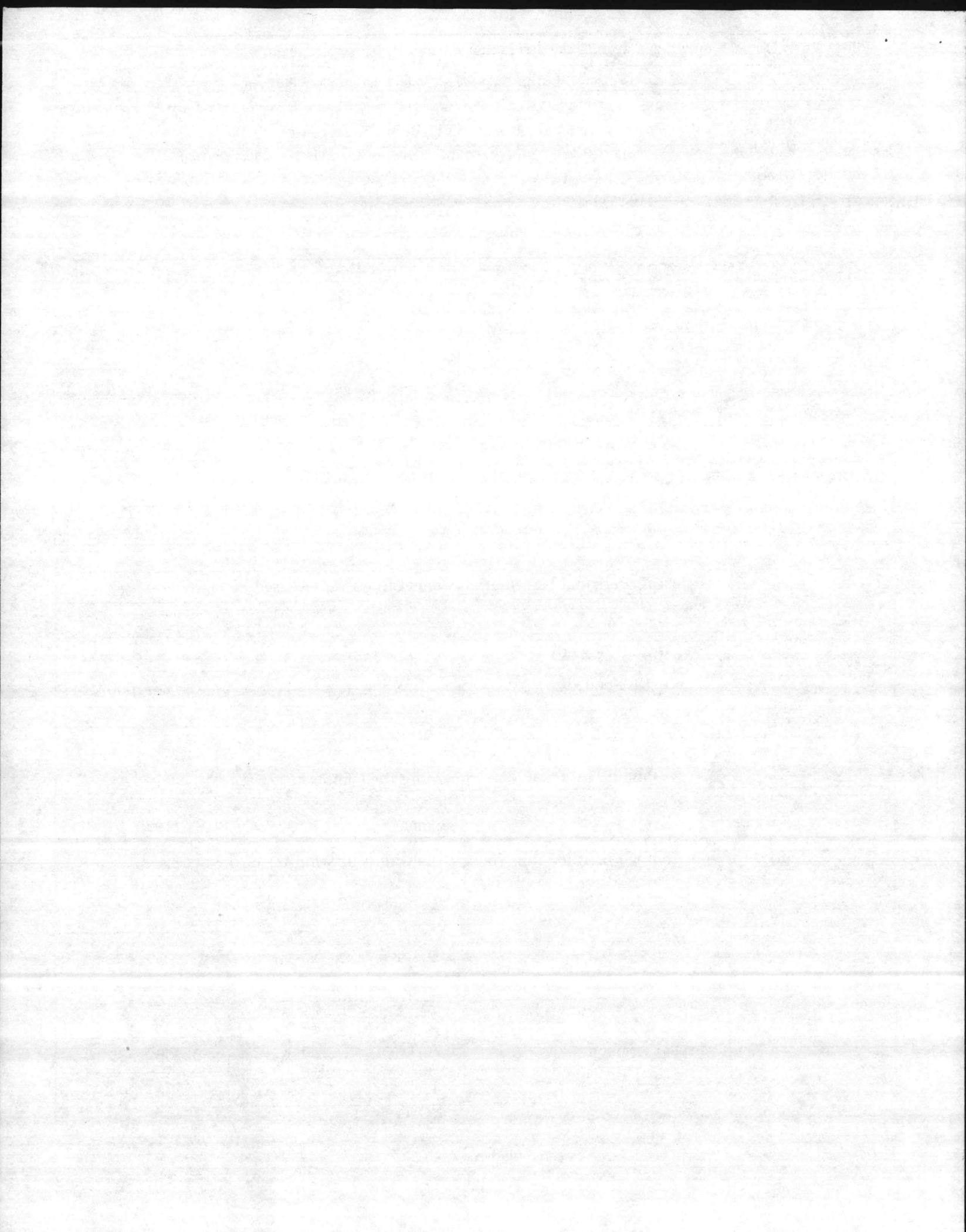
Part B. Personal Information Concerning the Deceased

1. How many times was the deceased married? twice	3. Give the name of each spouse (include all marriages) Alda Grace Kennedy	4. How was marriage terminated? (Check one in each case) <input checked="" type="checkbox"/> Death <input type="checkbox"/> Divorce	5. Date marriage was terminated (mm/dd/yyyy) 03/05/1999
2. Was the deceased survived by any children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carrie L. Kennedy	<input checked="" type="checkbox"/> Death <input type="checkbox"/> Divorce	05/26/2000
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

Part C. Information Concerning the Claimant

1. Your name (Last) (First) (Middle) Kennedy, Carrie L.		2. Your relationship to the deceased Spouse	3. Your date of birth (mm/dd/yyyy) 04/24/1928
Items 4 through 13 must be filled in if you are the widow or widower of the deceased.			
4. Date of marriage (mm/dd/yyyy) 09/12/1999	5. Place of marriage (City and State) Beulaville, NC	6. Marriage was performed by: <input checked="" type="checkbox"/> Clergy or Justice of the Peace <input type="checkbox"/> Other (specify)	
7. Were you living with the deceased at the time of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. If you were not living with the deceased at the time of death, was there a divorce? <input type="checkbox"/> Yes <input type="checkbox"/> No NA	9. If you were divorced from the deceased, give the date (mm/dd/yyyy) and place of the divorce. NA	
10. How many times were you married? twice	11. Give the name of each spouse (include all marriages) Odell Thompson Cleo Kennedy	12. How was marriage terminated? (Check one in each case) <input checked="" type="checkbox"/> Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Death <input type="checkbox"/> Divorce	13. Date marriage was terminated (mm/dd/yyyy) 02/06/1985 05/26/2000
		<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

(continued on the other side)



Fill in Parts D and E only if you are not the designated beneficiary or the widow or widower of the deceased.

NA

Part D. Information Concerning Next of Kin of the Deceased

1. List below the name, age, relationship, and address of:

- (a) Widow or widower;
- (b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (include adopted or illegitimate children, stating relationship) and the descendants of any deceased child or children;
- (c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;
- (d) If there are no survivors as indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

Name	Age	Relationship to the deceased	Full address

Fill in items 2 and 3 only if any of the persons listed above are under age 18.

2. If a guardian has been appointed by the court for the estate of any minor children above, give the name and address of the guardian and attach a copy of the appointment papers issued by the court. Natural parentage or custody as a result of a divorce does not constitute guardianship.	Name	3. If a guardian for the estate of any minor children has not been appointed, will one be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (Number, street, apt. no.)	
	City, state, ZIP code	

Part E. Information Concerning the Estate of the Deceased

1. If an executor or administrator has been appointed by the court to settle the estate of the deceased, give his/her name and address and attach a copy of the court appointment papers.	Name Patsy Lain	2. If an executor or administrator has not been appointed, will one be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (Number, street, apt. no.) 8007 Tall Oak Circle	
	City, state, ZIP code Jacksonville, NC 28540	

Part F. Certification by the Claimant

Are you claiming accidental means death benefits (injuries sustained solely through violent, external, and accidental means)? If "Yes", submit coroner's and police reports, news clippings, and any other available reports concerning the accident. OFEGLI cannot consider a claim for such benefits if the date of the deceased's separation or retirement is prior to the date injuries were sustained which caused the death of the deceased. Yes No

Backup Withholding Has the IRS notified you that you are subject to backup withholding as a result of a failure to report all interest or dividends? Yes No

If the amount payable to you is less than \$7,500, OFEGLI will issue payment by a single check. Please be sure to also complete the information requested on page 2 under "Special Note" Date (mm/dd/yyyy)

If the amount payable to you is \$7,500 or more, OFEGLI will open a Money Market Option Account—as described on page 2—in your name, giving you complete control of and immediate access to all of your funds. You may write checks for all or part of the money in your Account when you receive your checkbook.

Your signature (Do not print)
Carrie Lou Thompson

Your name (Please print)
Carrie L. Kennedy

I hereby certify under the penalties of perjury that all statements made in this claim are true, correct and complete to the best of my knowledge, information, and belief, and that no evidence necessary to settle this claim is suppressed or withheld.

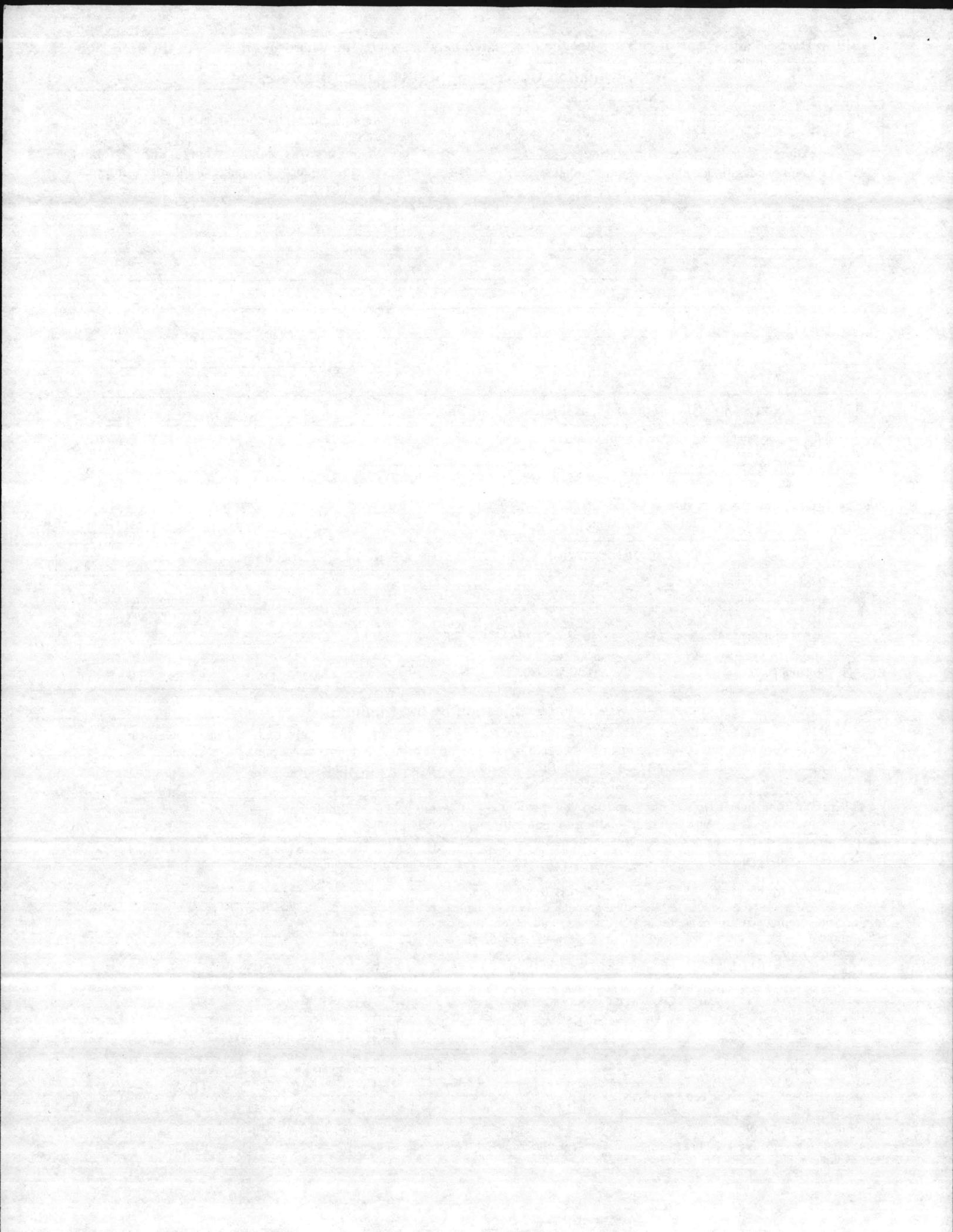
Address (Number, street, apt. no.)
PO Box 182

City, state, ZIP code
Beulaville, NC 28518

Your Social Security Number 2 4 5 - 7 2 - 7 2 3 9	Daytime telephone no. (910) 298-5444	Evening telephone no. (910) 298-5444
OR Employer identification number	Area Code (910)298-2001	Area Code

Warning—Any materially false, fictitious or fraudulent statement or representation which is knowingly and willfully made or any concealment of a material fact which is related to the requests for information required herein is punishable under 18 U.S.C. Statute 1001 by a monetary fine or imprisonment for not more than five years, or both.

DO NOT DETACH



CERTIFICATE OF DEATH

Registration District No. 07400 Local No. _____

DECEDENT'S NAME (First, Middle, Last) 1. GLEO KENNEDY				SEX 2. MALE	DATE OF DEATH (Month, Day, Year) 3. MAY 26, 2000
SOCIAL SECURITY NUMBER 4. 246-26-2604	AGE—Last Birthday (Years) 5. 73	UNDER 1 YEAR Months Days 6a.	UNDER 1 DAY Hours Minutes 6c.	DATE OF BIRTH (Month, Day, Year) 6. DEC. 20, 1926	BIRTHPLACE (County and State or Foreign Country) 7. DUPLIN CO. NC

DECEDENT

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
8. YES

HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

FACILITY NAME (If not institution, give street and number) 9b. PITT MEMORIAL HOSPITAL	CITY, TOWN, OR LOCATION OF DEATH 9c. GREENVILLE	INSIDE CITY LIMITS? (Yes or No) 9d. YES	COUNTY OF DEATH 9e. PITT
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. CARRIE COLE	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. OPERATOR	KIND OF BUSINESS/INDUSTRY 12b. WATER PLANT
RESIDENCE—STATE 13a. NC	COUNTY 13b. ONSLOW	CITY, TOWN, OR LOCATION 13c. HUBERT	STREET AND NUMBER 13d. 148 WATERFRONT ROAD

PARENTS

FATHER'S NAME (First, Middle, Last) 17. JAMES ROBERT KENNEDY	MOTHER'S NAME (First, Middle, Maiden Surname) 18. BERTHA IRENE BAKER
--	--

INFORMANT

INFORMANT'S NAME (Type/Print) 19a. CARRIE KENNEDY	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 148 WATERFRONT RD. HUBERT, NC 28539	DATE AMENDED 19c.
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CAUSE OF DEATH

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Diaphragmatic rupture related to motor vehicle crash 3/8/00

DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

b. Respiratory failure related to motor vehicle crash

DUE TO (OR AS A CONSEQUENCE OF)

c. C3-4, C4-5 fractures, diabetes, hypertension date of death

DUE TO (OR AS A CONSEQUENCE OF)

20a. Spinal cord injury with paralysis from middle line down 5/26/00

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. Diabetes, hypertension

AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death? 21a. NO	Was case referred to Medical Examiner? (Yes or No) 21c. NO	TIME OF DEATH 22. 11:25 a.m.
--	--	--

CERTIFIER

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER 23a. David Pearsall MD.	DATE SIGNED (Month, Day, Year) 23b. 6/6/00
--	--

DISPOSITION

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24. DAVID PEARSALL MD. 2100 STANTONSBURG RD. GREENVILLE, NC 27835	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25a. ONSLOW MEMORIAL PARK
LOCATION—City or Town, State, Zip Code 25c. JACKSONVILLE, NC 28540	
NAME AND ADDRESS OF FUNERAL HOME 26a. JONES FUNERAL HOME 303 CHANEY AVE. JACKSONVILLE, NC 28540	SIGNATURE OF FUNERAL DIRECTOR 26b. [Signature]
REGISTRAR'S SIGNATURE 27. John H. Morrow [Signature]	DATE FILED (Month, Day, Year) 28. 6-7-00
SIGNATURE OF EMBALMER 28a. [Signature]	LICENSE NUMBER 28c. 751915
	LICENSE NUMBER 28e. 751915

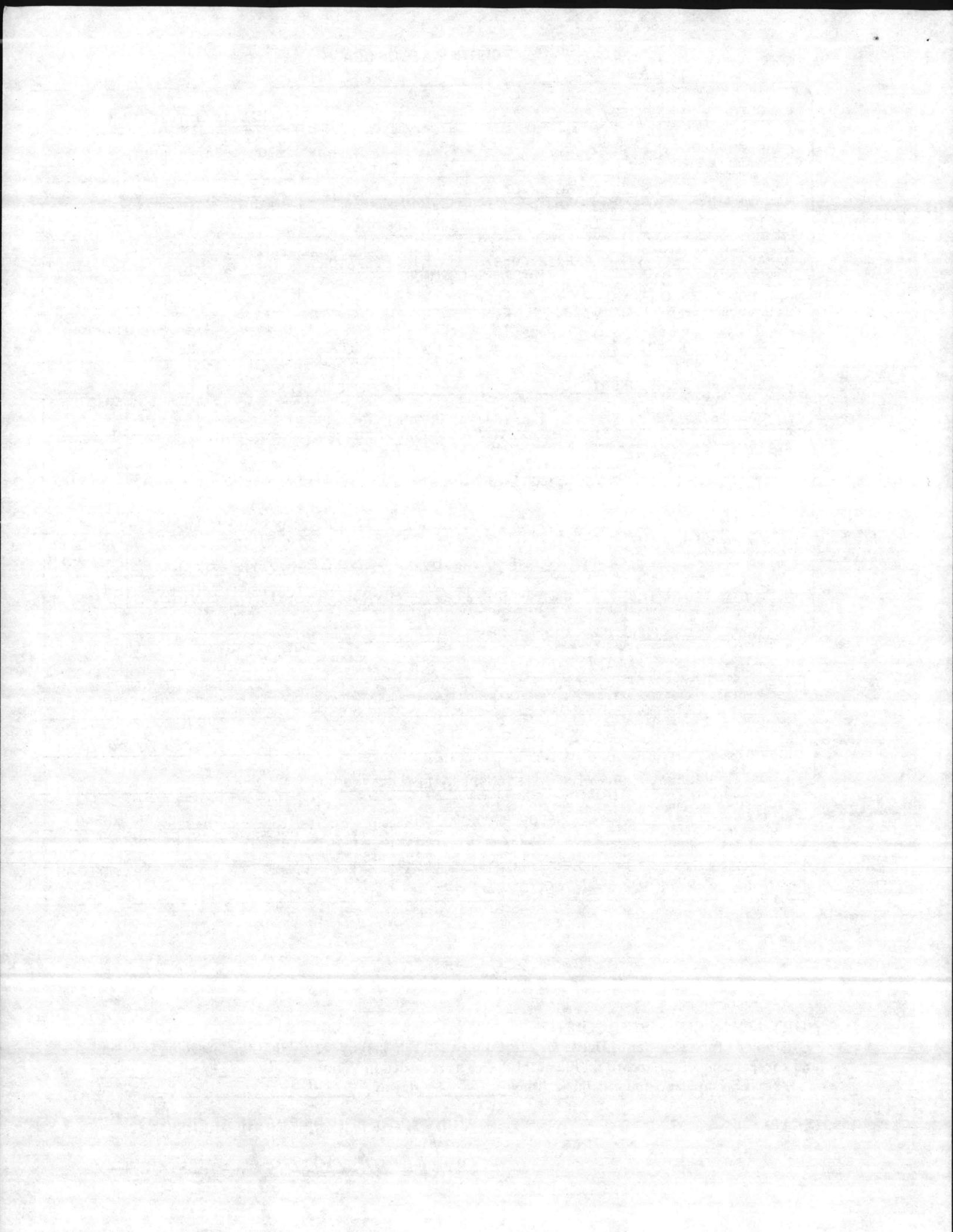
DHHS 1872
(Revised 11/87
Review 2/99)
VITAL RECORDS

NORTH CAROLINA: PITT COUNTY

I, Judy J. Tart, Register of Deeds for Pitt County, N.C. do hereby certify that the foregoing is a true and correct copy of the record on file in this office as recorded in Volume 86 Page ---
WITNESS my hand and official seal this 15 day of JUNE, 2000.

(SEAL)

JUDY J. TART, REGISTER OF DEEDS
BY [Signature] ASST/DEPUTY





Civil Service Retirement System

APPLICATION DEATH BENEFIT CIVIL SERVICE RETIREMENT

CSF-2 604 983

KENNEDY CLEO

Section A - Information About the Deceased

1. Full name of deceased (Last, first, middle) Kennedy, Cleo
4. Legal residence at time of death (City, State) Hubert, NC
7. Department or agency in which last employed, including bureau or division DOD/DON/US MARINE CORPS, Marine Corps Base
8. Location of last employment (City, State) Camp Lejeune, NC
9. Date of final separation (Mo, dy, yr) 05/18/70
10a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? [X] No
11. Name of deceased's spouse at time of death Carrie L. Kennedy
12a. Name of deceased's spouses from all former marriages Alda Grace Kennedy
12b. How did each marriage end? [X] Death
12c. Date each marriage ended (Mo, dy, yr) 03/05/99

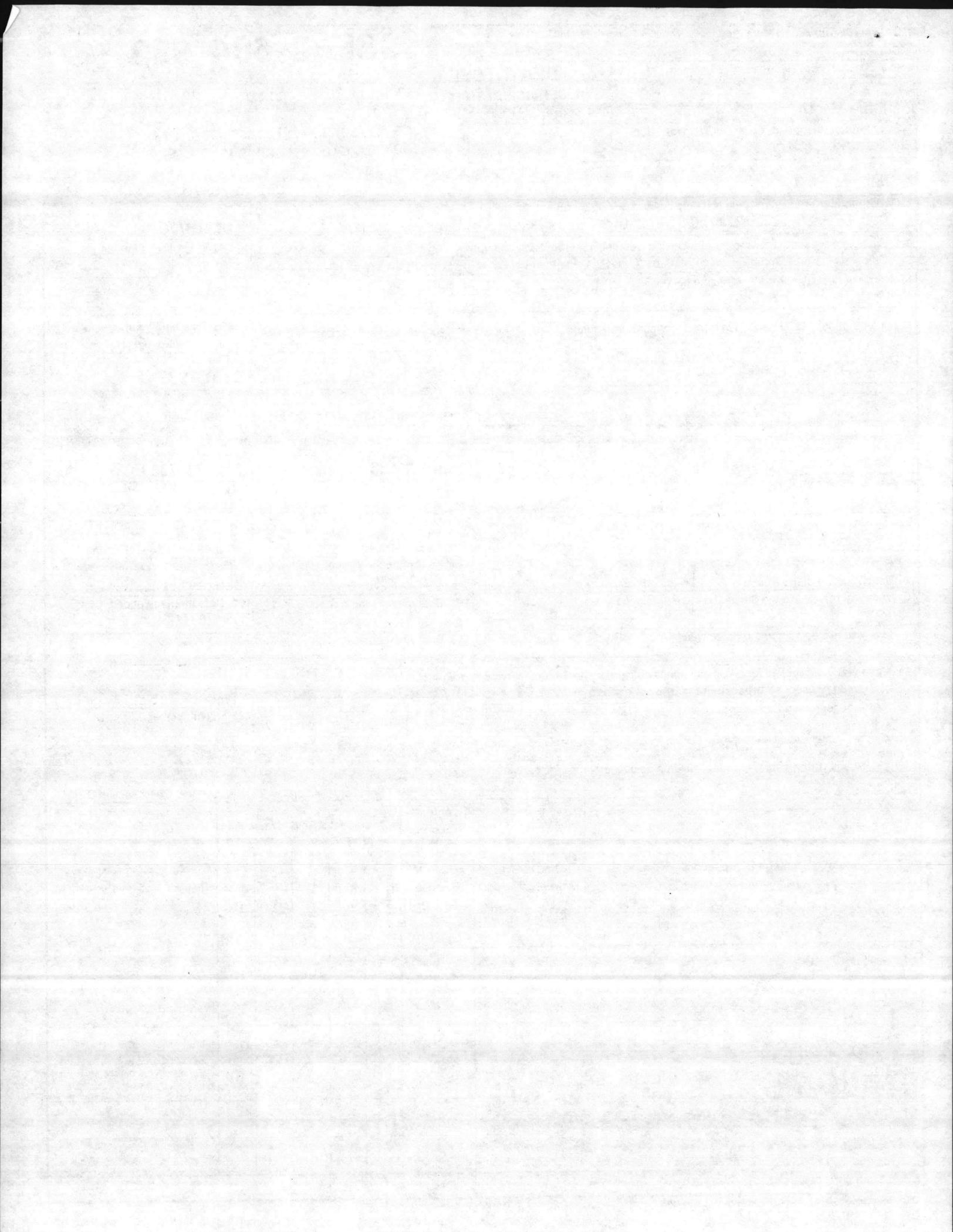
Section B - Information About the Applicant

1. Full name of applicant (Last, first, middle) Kennedy, Carrie L.
2. Date of birth (Month, day, year) 04/24/28
3. Social Security Number 245-72-7239
4a. Are you a citizen of the United States of America? [X] Yes
4b. What country are you a citizen of?
5. Relationship to deceased Spouse
6. Are you a widow or widower of the deceased? [X] Yes -> Complete items 7-12 below
7. Marriage performed by [X] Clergy/Justice of the Peace
8. Date of marriage (Month, day, year) 09/12/99
9. Place of marriage (City, State) Beulaville, NC
10. Were you married to the deceased more than once? [X] No
10a. Date of prior marriage
10b. Date marriage ended 05/26/00
11. Have you married since the date given in A.3.? [X] No
11a. Date you married
12a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the one named above in A.1.? [X] No -> Go to Section C
12b. Name of deceased former spouse
12c. Date of birth (Mo, dy, yr)
12d. Retirement system
12e. Claim number

Section C - Information About the Deceased's Dependent Children

1. Are there any unmarried dependent children as defined in the instructions? N/A
a. Name(s) of Unmarried Dependent Children (List in order of birth)
b. Date of Birth (Month, day, year)
c. Age 18 or over: Student, Disabled
d. Child's relationship to deceased: Child of marriage at death, Child of previous marriage, Adopted child, Stepchild, Child born out of wedlock
e. Social Security Number

2. Is there a child of the deceased not yet born? Yes No



3. Do you (the applicant) have responsibility for all the children in C.1.?

Yes → Go to C.4.

No → Complete a-c below

a. Name and Address of Person Responsible	b. Name(s) of Children	c. Custodian's Relationship to Child
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify
		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other → Specify

4. Has a legal guardian (other than any shown in C.3) been appointed for any child listed in C.1.?

Yes → Complete a-b below

No → Go to Section D

a. Name and Address of Legal Guardian	b. Name(s) of Children

Section D - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions.

1. Full Name of Relative	2. Complete Address	3. Relationship to Deceased
Tommie Kennedy	150 Waterfront Road Hubert, NC 28539	Son
Patsy Lain	8007 Tall Oak Circle Jacksonville, NC 28540	daughter

Section E - Information About the Deceased's Estate

1. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased?

No → Go to 3 below

Yes →

2. Full name and address of person appointed (Street, city, state, ZIP Code).

Patsy Lain
8007 Tall Oak Circle, Jacksonville, NC 28540

3. If an executor, administrator or other official has not been court appointed, will one be appointed?

Yes

No

Section F - Active Military Service

(Complete ONLY if deceased was a Federal employee covered under the Civil Service Retirement System at the time of death AND if you are the surviving spouse)

1. If the deceased performed active, honorable service in the Armed Forces or other uniformed service as described in the instructions, complete 1a-d below and attach a copy of the discharge certificate or other certificate of active military service (if available).

a. Branch of Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank
		From (Mo, dy, yr)	To (Mo, dy, yr)	
US Army	44 082 771	04-30-45	08-02-45	Private

2. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service?

Yes

No → Complete and attach OPM 1519 (See instructions)

3. Was the deceased receiving military retired pay at the time of death?

No → Go to Section G

Yes →

3.a. Do you want the military service used to compute your Civil Service annuity?

No

Yes

Section G - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

1. Signature of applicant named in Section B. (Sign in ink; do not print.)

Carrie Lou Thompson

2. Mailing address

Carrie L. Kennedy
PO Box 182
Beulaville, NC 28518

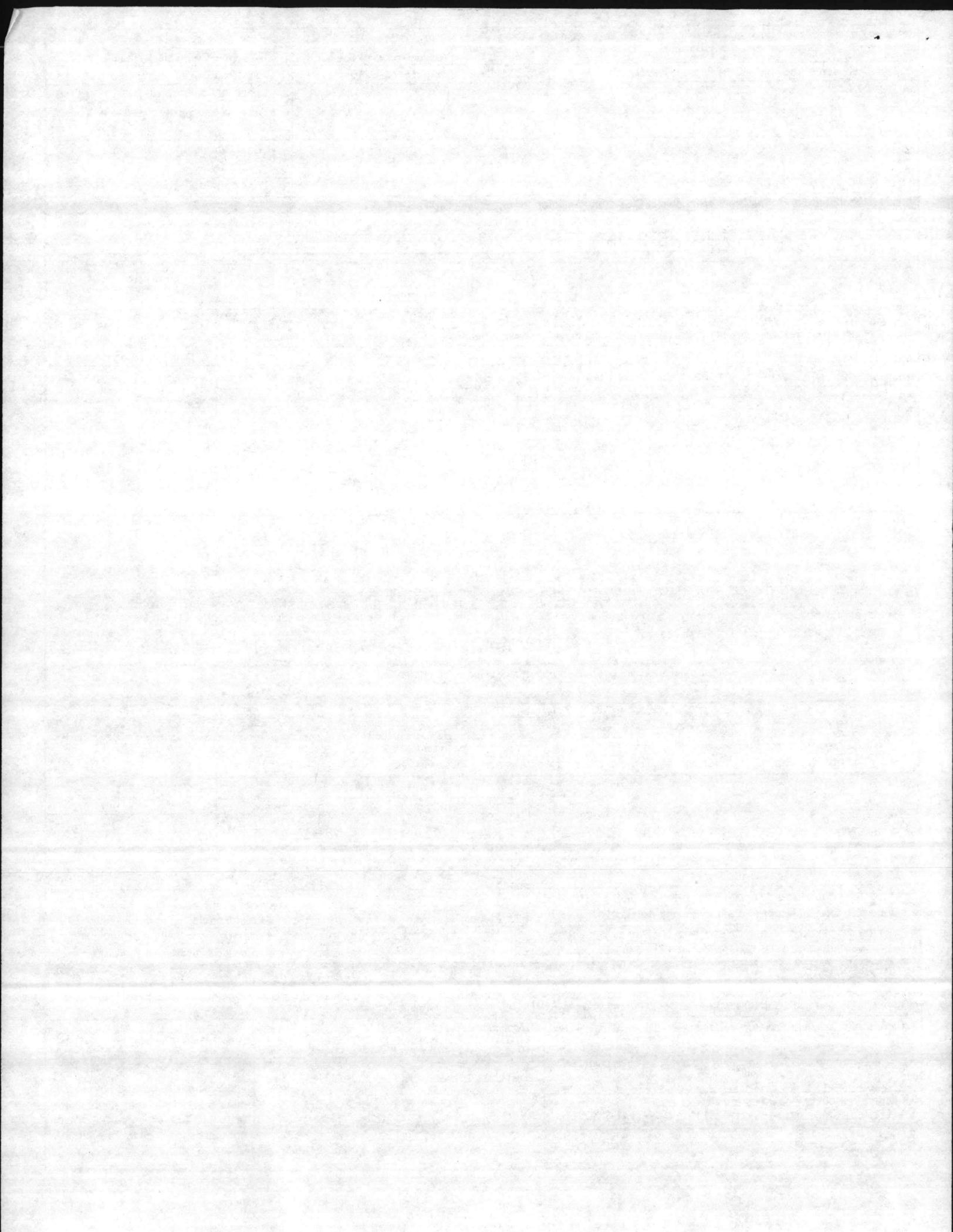
3. Telephone number (including area code)

(910) 298-5444 / (910) 298-2001

4. Date

16 June 2000

WARNING: Any intentionally false or willfully misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001)



CLEO KENNEDY

DOD 05-26-00

246-26-2604

12-20-26

CARRIE L KENNEDY • 245-72-7239

PO Box 182

BEULAVILLE, NC 28518

(910) 298-5444

Cleo Kennedy

HUBERT — Cleo Kennedy, 73, of Hubert, died May 26 at Pitt Memorial Hospital in Greenville.

Funeral services will be at 2 p.m. Monday at Jones Funeral Home with the Rev. William Ray Davis officiating. Burial will follow at Onslow Memorial Park.

He was preceded in death by a son, Mickie Earl Kennedy.

He is survived by his wife, Carrie Lou Kennedy of the home; one son, Tommie H. Kennedy of Hubert; one daughter, Patsy Lain of Jacksonville; six step-sons, Troy R. Thompson of Beulaville, Kenneth R. Thompson of Beulaville, Timmie M. Thompson of Beulaville, Tommie E. Thompson of Ayden, Tammie L. Thompson of Clinton and Marty O. Thompson of Beulaville; four step-daughters, Lillie A. Crumpler of Beulaville, Hattie F. Villanueva of Beulaville, Betty L. McDonnel of Beulaville

IF you receive annuity check for June
it must be returned to:

San Francisco Finance Center
Department of Treasury
P.O. Box 193858
San Francisco, CA 94119

put on outside of envelope

DECEASED & DOD

10:00 6-16-00 appt. Penny Wrobley

Memorandum

DATE:

FROM:

TO:

SUBJ:

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6-2-00

CLEO KENNEDY

DOD 05-26-00

246-26-2604

12-20-26

CARRIE L KENNEDY • 245-72-7239

PO Box 182

BEULAVILLE, NC 28518

(910) 298-5444

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San Francisco Finance Center
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10:00 6-16-00 appt. Penny Wronzley

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