

Department of Homeland Security  
U. S. Coast Guard  
CG-3867 (04/2022)

## CLAIM FOR FINAL RETIRED PAY

1. Name, Rank, and Social Security Number of Deceased Retiree

2. Date of Retiree's Death

3. Date of Claim

4. By signature below, I certify that all statements on this claim are true to the best of my knowledge, information and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Statute 197; 18 U.S.C. 10).

IF SUBMITTING THIS CLAIM AS A SURVIVING SPOUSE I certify that I was married to the deceased at the time of death. Such marriage had not been dissolved prior to his/her death.

IF SUBMITTING THIS CLAIM AS LEGAL REPRESENTATIVE/EXECUTOR/ADMINISTRATOR I certify that I have been duly appointed in this capacity and such appointment is still in full force and effect. A court certificate evidencing my appointment is attached.

**IF MULTIPLE PERSONS ARE MAKING A CLAIM, each person must complete and provide Form CG-3867.**

Name and Social Security  
Number

Age

Relationship  
to Deceased

Mailing Address, E-Mail,  
and Telephone Number

Signature

SSN: \_\_\_\_\_

( )

Direct Deposit:

[ ] Checking or [ ] Savings

Routing Number

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Account Number \_\_\_\_\_

An application signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the applicant required assistance must also be submitted.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

( )

\_\_\_\_\_  
TELEPHONE NUMBER

( )

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

### PRIVACY ACT STATEMENT

- AUTHORITY: 10 U.S.C. Section 2771.
- PURPOSE/USE: To allow eligible claimants to apply for arrears of retired pay.
- DISCLOSURE: Disclosure of this information is voluntary, but without disclosure, a beneficiary may not receive the final pay due the deceased retiree.

REPRODUCE AS NECESSARY

## APPLYING FOR FINAL RETIRED PAY DUE

1. **Beneficiaries.** When a retired member dies, retired pay due through the date of death is paid to the person(s) living on the date of the member's death, in this order of precedence:
  - a. Beneficiary designated by the member in writing. The beneficiary form must be received by the Coast Guard prior to the retired member's death.
  - b. Surviving spouse.
  - c. Children and their dependents, by representation.
  - d. Father and mother in equal parts or, if either is deceased, the survivor.
  - e. Legal representative.
  - f. Person entitled under the law of the domicile of the retiree.
  - g. Person paying the funeral expenses.
  
2. **Applying for Final Retired Pay Due.** You must provide the following documentation to apply for final pay due:
  - a. A completed PSC Form 3867 (form attached). Two witnesses must sign and date the form when the applicant signs with an "X." If you are claiming final retired pay as executor or payer of the funeral bill, you must provide the supporting documentation as requested on the Form.
  
  - b. Copy of the Death Certificate. Note: Death Certificate must state cause of death.
  
3. **Filing Application.** Send completed form to:

E-MAIL:  
ppc-dg-customer@uscg.mil

***OR***

POSTAL MAIL:  
COMMANDING OFFICER (RAS)  
US COAST GUARD  
PAY & PERSONNEL CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

4. **Payment.** You can expect to receive your payment for final retired pay due within 45 days after we receive your claim form and supporting documentation.

Attachment: PSC Form 3867

Enclosure (1)