



Election of Coverage

Federal Employees Retirement System

Section 1. Instructions for employee:

- See Privacy Act Information on back of Part 3.
- Complete Sections 2 and 3.
- Return according to your employing office's instructions.

For Agency Use Only

Section 2. Identifying Information

Name <i>(Last, first, middle)</i>	Date of birth <i>(mo, dy, yr)</i>	Social Security Number
Employing Department or Agency	Agency Location <i>(City, state, ZIP Code)</i>	

Section 3. Verification of Receipt of Election Form (Employee's signature in this section verifies receipt of this form. It **does not** constitute an election.)

Employee's signature	Date	Office telephone number
----------------------	------	-------------------------

After signing, return Part 1 according to employing office instructions. **Do not write below this line.**

Instructions to Employing Office

- Give a copy of SF 3109 to each employee who is being reemployed after a break in service of more than three days and
 - (1) who is covered by the Civil Service Retirement System (CSRS) (either regular or offset coverage), **OR**
 - (2) whose appointment is excluded from CSRS coverage but not from Federal Employees Retirement System (FERS) coverage and who is not automatically covered by FERS (for example, term, TAPER, and certain indefinite appointments).
- Also give this form to employees who are converted from appointments excluded from FERS coverage (such as temporary appointments not to exceed one year) to appointments that are not excluded and who do not automatically have FERS coverage.
- When the signed Part 2 of SF 3109 is received, it must be filed on the right side of the employee's OPF.
- If the signed Part 2 of SF 3109 is not received by six months after employee becomes eligible to elect FERS coverage, Part 1 must be filed on the right side of the employee's OPF.



Election of Coverage

Federal Employees Retirement System

Section 1. Instructions for Employee

- Complete this form **only** if you wish to elect FERS coverage. If you wish your current coverage to continue, take no action.
 - Read information on back of Part 3.
 - Make your election in Section 4.
 - Complete Section 5.
 - Be sure to sign and date in Section 6.
- Return Parts 2 and 3 according to your employing office's instructions.
 - Be sure to read your FERS Transfer Handbook.
 - If you elect FERS, any CSRS designation of beneficiary (SF-2808) is cancelled. If you want to make a new designation of beneficiary, use SF 3102.

Section 2. Identifying Information *(type or print)*

Name <i>(Last, first, middle)</i>	Date of birth <i>(mo, dy, yr)</i>	Social Security Number
Employing Department or Agency	Agency Location <i>(City, state, ZIP Code)</i>	

Section 3. Verification of Receipt of Election Form (Employee's signature in this section verifies receipt of this form. It **does not** constitute an election.)

Employee's signature	Date	Office telephone number
----------------------	------	-------------------------

Section 4. Election Place your initials in the box to indicate that you want FERS coverage.

I elect FERS coverage. I understand that I will be covered by (1) the Basic Benefits of FERS, (2) the Old Age, Survivors, and Disability Insurance programs of Social Security and (3) the Thrift Savings Plan. I authorize withholdings from my pay for FERS and Social Security purposes. I understand that this decision is irrevocable.

Section 5. Former Spouse Information

Do you have a living former spouse to whom a court order, on file at OPM, awards a portion of your annuity or, if the former spouse has not remarried before age 55, survivor benefits based on your Federal service?

Yes → Attach OPM Form 1556, Former Spouse's Consent to FERS Election, your request for waiver of consent requirement, or your request for extension of election deadline in order to modify court order.

No

I don't know if a court order is on file at OPM. I request OPM to determine whether a qualified court order is on file.

Section 6. Employee's Certification

I hereby certify that all statements made on this election are true to the best of my knowledge.

Signature	Date
-----------	------

Warning: Any intentional false statement in this election 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 USC 1001)

For Agency Use Only →

Date of receipt by agency



Election of Coverage

Federal Employees Retirement System

Section 1. Instructions for Employee

- | | |
|--|--|
| <ul style="list-style-type: none"> Complete this form only if you wish to elect FERS coverage. If you wish your current coverage to continue, take no action. Read information on back of Part 3. Make your election in Section 4. Complete Section 5. Be sure to sign and date in Section 6. | <ul style="list-style-type: none"> Return Parts 2 and 3 according to your employing office's instructions. Be sure to read your FERS Transfer Handbook. If you elect FERS, any CSRS designation of beneficiary (SF-2808) is cancelled. If you want to make a new designation of beneficiary, use SF 3102. |
|--|--|

Section 2. Identifying Information *(type or print)*

Name <i>(Last, first, middle)</i>	Date of birth <i>(mo, dy, yr)</i>	Social Security Number
Employing Department or Agency	Agency Location <i>(City, state, ZIP Code)</i>	

Section 3. Verification of Receipt of Election Form (Employee's signature in this section verifies receipt of this form. It **does not** constitute an election.)

Employee's signature	Date	Office telephone number
----------------------	------	-------------------------

Section 4. Election Place your initials in the box to indicate that you want FERS coverage.

<input style="width: 50px; height: 30px;" type="checkbox"/>	I elect FERS coverage. I understand that I will be covered by (1) the Basic Benefits of FERS, (2) the Old Age, Survivors, and Disability Insurance programs of Social Security and (3) the Thrift Savings Plan. I authorize withholdings from my pay for FERS and Social Security purposes. I understand that this decision is irrevocable.
---	---

Section 5. Former Spouse Information

Do you have a living former spouse to whom a court order, on file at OPM, awards a portion of your annuity or, if the former spouse has not remarried before age 55, survivor benefits based on your Federal service?

- Yes \longrightarrow Attach OPM Form 1556, Former Spouse's Consent to FERS Election, your request for waiver of consent requirement, or your request for extension of election deadline in order to modify court order.
- No
- I don't know if a court order is on file at OPM. I request OPM to determine whether a qualified court order is on file.

Section 6. Employee's Certification

I hereby certify that all statements made on this election are true to the best of my knowledge.

Signature	Date
-----------	------

Warning: Any intentional false statement in this election 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 USC 1001)

For Agency Use Only \longrightarrow	Date of receipt by agency
--	---------------------------

Information for Employees

What is FERS?

- FERS is the retirement system for Federal employees established by the Federal Employees' Retirement System (FERS) Act of 1986. FERS has three parts: the basic benefit, social security, and the savings plan.
- The **FERS Transfer Handbook** (available through your employing office) is the best source of information about FERS.
- Before making an election, you should read this handbook.
- Consider your decision carefully--an election of FERS coverage is irrevocable. Complete SF 3109 only if you wish to elect FERS coverage. If you wish your current coverage to continue, take no action.

Who may elect FERS coverage

- Generally, employees covered by the Civil Service Retirement System (CSRS) may elect to transfer to FERS within 6 months after they are reemployed following a break in service of more than 3 days or after they are converted from an excluded appointment. However, some individuals now covered by CSRS are ineligible for FERS coverage (for example, D.C. Government employees).
- Certain employees who are excluded from CSRS because of their type of appointment (such as term appointments) are not excluded from FERS and may elect FERS coverage if they do not have automatic coverage.

When may FERS election be made

Employees hired (or converted from an excluded appointment to one that is not excluded) on or after July 1, 1987, may elect FERS coverage within 6 months after they were hired (or converted) if they do not have automatic coverage.

Condition for making an election

Your spouse's consent is not needed to elect FERS coverage. However, if a qualifying court order is on file at the Office of Personnel Management and it grants either a CSRS survivor benefit to a former spouse who has not remarried before reaching age 55 or a portion of your future CSRS annuity to a former spouse, you cannot elect FERS unless that former spouse consents to the election. OPM can grant you an extension of time to make your election if you need extra time to obtain a modification of the court order. You may also request a waiver of the consent requirement if you can't locate your former spouse. If you need to request an extension of time or a waiver of the consent requirement, ask your employing office how your request should be submitted.

It is important that you answer Section 5 accurately. If you are unsure, mark the "I don't know..." box. If you answer "No" and OPM later finds that a court order was on file with OPM on the date of your election and your former spouse does not consent to your election, your election of FERS coverage will be void.

When FERS coverage begins

Your election of FERS coverage is effective on the first day of the pay period after it is received at the location your employing office has designated to receive it, unless there is a court order on file at OPM as described earlier and your former spouse does not consent to your election or you ask OPM to determine whether or not it has such a court order on file.

If you ask for a waiver of the consent requirement and OPM grants it, your election will be effective with the first pay period after OPM notifies your employing office that it has granted your request. If you ask for OPM to determine if there is a court order on file and OPM finds that there is not court order on file, your election will be effective with the first pay period after OPM notifies your employing office that it has no such court order.

Deductions

For most employees, deductions for FERS coverage for 1988 and 1989 are .94 percent of pay for FERS basic benefits and 6.06 percent of pay for the Old Age, Survivors, and Disability programs of social security. In 1990 these rates change to .8 percent and 6.2 percent, respectively.

The Thrift Savings Plan

The Thrift Savings Plan (TSP) is available to employees who are covered by either FERS or CSRS. The booklet **Thrift Savings Plan** (available through your employing office) is the best source of information about TSP.

If you elect FERS coverage, the government contributes an amount equal to 1 percent of your pay to your TSP account each pay period. You have 30 days after effective date of your FERS election to:

- (1) elect to contribute to the Thrift Savings Plan if you are not now contributing, or
- (2) change your contributions to the Thrift Savings Plan if you are already participating.

This opportunity is separate from the Thrift Savings Plan open seasons, which are held at least twice each year.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees' Retirement System Act (Public Law 99-335). The information you furnish will be used to identify records properly associated with your election, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. The information may be shared with national, state, local, or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. Furnishing the social security number, as well as other data is voluntary, but failure to do so may delay or make it impossible for us to determine your eligibility to receive benefits.