

## WAIVER OF RETIRED MILITARY PAY

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

Military Serial Number:

Social Security Number:

I am retiring from a federal civil service position and am combining my military and civilian service for purposes of retirement benefits.

I hereby waive my military retired pay for civil service retirement purposes.

The effective date of this waiver is:

\_\_\_\_\_ (The day before my civil service annuity commences since the military service is not needed to establish title to an annuity).

\_\_\_\_\_ (The date of separation for retirement since the military service is needed to establish title to an annuity).

Retired military survivor benefits:

\_\_\_\_\_ I am also **waiving** my retired military survivor benefits since I am electing survivor benefits under my federal civil service retirement.

\_\_\_\_\_ I want to **keep** my retired military survivor benefits and understand that I will make separate payments directly to the military finance center for these benefits.

I hereby authorize the Office of Personnel Management to withhold from my civil service retirement annuity any amount of military retirement pay granted beyond the effective date of this waiver due to any delay in receiving or processing this selection.

In addition, I request that your office notify the Retirement Division, Office of Personnel Management, Washington, DC of the effective date of termination of my military retired pay and furnish me with a copy of such notification.

I understand that if I have current allotments from my retired military pay that I am responsible for making arrangements for the payments. These allotments will not transfer to my federal civil service retirement annuity.

**Signature**

**Date**

**SEE NEXT PAGE FOR MAILING INSTRUCTIONS**

**Instructions:** This form is to be completed only if you wish to waive your military retired pay in order to receive credit for the military service in the computation of your civil service retirement annuity. Complete the waiver and mail the original to the applicable address (see next page) within 60 to 90 days before your planned retirement date. Be sure to keep a copy of the completed waiver since you must include a copy with your retirement package.

**Note:** It is not necessary to waive your military retired pay if it was awarded on account of a service-connected disability which was incurred in combat with an enemy of the United States, or was caused by an instrumentality of war and incurred in the line of duty during a period of war; or if it was awarded under provisions of 10 U.S.C. Chapter 67, Sections 12731 through 12739, which grants retired pay to members of reserve components who meet age and service requirements.

<b>SEND WAIVER TO</b>	
If Air Force, Army, Navy or Marine Corps, mail to:	Defense Finance and Accounting Service US Military Retirement Pay P. O. Box 7130 London, KY 40742-7130
If Coast Guard or NOAA, mail to:	Commanding Officer (RAS) Coast Guard HRSIC 444 SE Quincy Street Topeka, KS 66683-3591
If Public Health Service, mail to:	Public Health Service Division of Commissioned Personnel Compensation Branch Parklawn Building, Room 4-50 5600 Fisher's Lane Rockville, MD 20847
Fax Number:	1-800-469-6559
Phone Number:	1-800-321-1080