

**ATTACHMENT 3**

**TO**

**BAL: FERS Credit for Certain Government Service  
Performed Abroad**

REFUNDED/PAID DEPOSIT SERVICE INQUIRIES FAX LINE: 724-794-6633  
 (Fax this form to OPM to obtain a listing of service that an individual performed and to determine whether an individual received a refund or made any service credit payments)

**A. EMPLOYING AGENCY USE**

PERSONAL INFORMATION	
Employee name	
Other names used	
Social Security number	
Date of birth	

PRIOR CIVILIAN SERVICE RECORD		
FROM	TO	RETIREMENT COVERAGE

*Service not listed. Submitted to Obtain Service Listed on Individual Retirement Records and Paid CSD Accounts to Determine if Certain Service Performed Abroad is Creditable Under PL 107-228.*

AGENCY/REQUESTER INFORMATION	
Agency	
Authorized Signature and date	
Telephone number (with area code)	
Fax number (with area code)	

**B. OPM USE ONLY**

<input type="checkbox"/>	Individual has <u>not</u> applied for a refund.								
<input type="checkbox"/>	Individual was mailed a full refund in the amount of \$ _____ on _____ for all service claim.								
<input type="checkbox"/>	Individual was mailed a partial refund in the amount of \$ _____ on _____ for the following periods of service:								
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">FROM</th> <th style="width: 50%;">TO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	FROM	TO						
FROM	TO								
<input type="checkbox"/>	Individual <input type="checkbox"/> has <input type="checkbox"/> has not made a redeposit / deposit for the period(s) of service claimed. (INDICATE IN SECTION A, AS APPROPRIATE).								
<input type="checkbox"/>	Individual has contributions of \$ _____ in the retirement fund.								
Authorized OPM signature and date									