

Election of Coverage

Federal Employees Retirement System

| Section 1. Instructions for employee: | For Agency Use Only |
|--|---------------------|
| See Privacy Act Information on back of Part 3 Complete Sections 2 and 3 Return according to your employing office's instructions | |
| Section 2. Identifying Information | |

| Name (Last, first, middle) | Date of birth (mo, dy, yr) | Social Security Number | | |
|---|---|-------------------------|--|--|
| | | | | |
| | | | | |
| Employing Department or Agency | Agency location (city, state. ZIP Code) | | | |
| | | | | |
| 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

- When the signed Part 2 of OPM Form 1555 is received, it must be placed as a permanent record in the employee's OPF.
- If the signed Part 2 of OPM Form 1555 is not received by December 31, 1987 (or six months after employee becomes eligible to elect FERS coverage, if later), Part 1 must be placed as a permanent record in the employee's OPF.



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| Federal Emplo | yees Retirement Sy | /stem |
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| rederal Employees | Retirement System | |
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| Section 1. Instructions for employee: | | |
| Be sure Sections 2 and 3 are legible Read information on back of Part 3 | Be sure to read your FERS Transfer Handbook | |
| • Make your election in Section 4 | · If you elect FERS, a | ny CSRS designation of beneficiary |
| Be sure to sign and date in Section 6 | . , | d. If you want to make a new |
| Return Parts 2 and 3 according to your employing office's instruction | designation of beneficiary, use SF 3102. | |
| Section 2. Identifying Information (type or print) | | |
| Name (Last, first, middle) | Date of birth (mo, dy, yr) | 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 constitute an election.) | verifies receipt of this form. It does not |
| Employee's signature | Date | Office telephone number |
| After signing, return Part 1 accordir | I og to employing office instruction | DNS. |
| Section 4. Election Place your initials in the box to indicate who | ether or not you want FERS co | verage. (Initial only one box.) |
| and Disability Insurance programs of Social Security and for FERS and Social Security purposes. I understand the a gap in my disability protection. (If you initial box A, go to Section 5.) B. I elect not to be covered under FERS. I understand that I (If you initial box B, go to Section 6.) | at this decision is irrevocable. If I am now covered under CSR | I also understand that there may be S, CSRS coverage will continue. |
| Section 5. Former Spouse Information If you initialed babove, skip to s | | e this Section. If you initialed box B |
| Do you have a living former spouse who has not remarried before reach portion of your annuity or survivor benefits based on your Federal serv | ning age 55 to whom a court ord | ler, on file at OPM, awards a |
| Yes — Attach OPM Form 1556, Former Spouse's requirement, or your request for extension | | |
| Νο | | |
| I don't know if a court order is on file at OPM. I request OPM | 1 to determine whether a qualifi | ed court order is on file. |
| Section 6. Employee's Certification | | |
| I hereby certify that all statements made on this election are true to the | e best of my knowledge. | |
| Signature | | Date |
| Warning: Any intentional false statement in this election or willful mis by a fine of not more than \$10,000 or imprisonment of not more than 5 y | | is a violation of the law punishable |
| For Agency Use Only> | Date of receipt by agency | |
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| Section 1. Instructions for employee: | | | |
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| Be sure Sections 2 and 3 are legible | · Be sure to read you | • Be sure to read your FERS Transfer Handbook | |
| · Read information on back of Part 3 | , | | |
| Make your election in Section 4 | · If you elect FERS, | any CSRS designation of beneficiary | |
| Be sure to sign and date in Section 6 | | led. If you want to make a new | |
| • Return Parts 2 and 3 according to your employing | designation of ben | eficiary, use SF 3102. | |
| office's instruction | | | |
| Section 2. Identifying Information (type or print) | | | |
| Name (Last, first, middle) | Date of birth (mo, dy, yr) | Social Security Number | |
| Employing Department or Agency | Agency location (<i>city, state</i> | . ZIP Code) | |
| Section 3. Verification of Receipt of Election Form | (Employee's signature in this sectio constitute an election.) | n verifies receipt of this form. It does not | |
| Employee's signature | Date | Office telephone number | |
| After signing, return Part 1 accord | ding to employing office instruct | ions. | |
| Section 4. Election Place your initials in the box to indicate w | vhether or not you want FERS c | overage. (Initial only one box.) | |
| for FERS and Social Security purposes. I understand a gap in my disability protection. (If you initial box A, go to Section 5.) B. I elect not to be covered under FERS. I understand that (If you initial box B, go to Section 6.) | | | |
| | d box A above, you must comple o Section 6. | ete this Section. If you initialed box B | |
| Do you have a living former spouse who has not remarried before reaportion of your annuity or survivor benefits based on your Federal se | aching age 55 to whom a court o | rder, on file at OPM, awards a | |
| Yes — Attach OPM Form 1556, Former Spouse requirement, or your request for extension | | • | |
| No | | | |
| I don't know if a court order is on file at OPM. I request O | PM to determine whether a quali | fied 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 by a fine of not more than \$10,000 or imprisonment of not more than | • | to is a violation of the law punishable | |
| For Agency Use Only | Date of receipt by agency | | |
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Information for Employees

What is FERS?

• FERS is the new 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.

Who may elect FERS coverage

Generally, employees now covered by the Civil Service Retirement System (CSRS) may elect to transfer to FERS. 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.

When may FERS election be made

Employees who were hired before July 1, 1987, may elect FERS coverage during the period from July 1 through December 31, 1987.

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).

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 portion of your future CSRS annuity or a CSRS survivor benefit 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. 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 Part 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 no 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

Deductions for FERS coverage for 1987 are 1.3 percent of pay for FERS basic benefits and 5.7 percent of pay for the Old Age, Survivors, and Disability programs of social security.

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 the 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.