



Application for Immediate Retirement

Federal Employees Retirement System

This application is for you if you are a Federal employee covered by the Federal Employees Retirement System (FERS) and you wish to apply for retirement with an immediate annuity. You should use this application if you want to apply for an annuity which will begin within 30 days of your separation from Federal service.

Do not use this application to apply for a deferred annuity. A deferred annuity begins more than 30 days after the date of final separation. If you want to apply for a deferred annuity, call the Office of Personnel Management (OPM) on 1-888-767-6738 (TTY: 1-800-878-5707) to request an RI 92-19, *FERS Application for Deferred or Postponed Retirement*. If you prefer, you can write to us at Office of Personnel Management, Federal Employees Retirement System, P.O. Box 45, Boyers, PA 16017-0045, or email us at retire@opm.gov.

You should have received an informational pamphlet SF 3113, *Applying for Immediate Retirement Under the Federal Employees Retirement System*, with this application. If you did not receive the pamphlet you should get a copy from your employing agency or from our website at www.opm.gov.

Retirement benefits and retirement processing are complicated. Read the information in the pamphlet carefully. When you decide to retire, give your agency advance notice so it can be sure your records are complete and it can carry out its responsibilities in processing the paperwork associated with your retirement.

Give your completed application to the personnel office of your employing agency. They will forward your application to your agency payroll office and then to the Office of Personnel Management for processing. If you have any questions, ask your employing office for assistance. You must apply separately for any benefits payable from the Thrift Savings Plan and the Social Security Administration.

If your address changes after your application has been forwarded to the Office of Personnel Management, call us on 1-888-767-6738 (TTY: 1-800-878-5707). If you prefer, you can write to us at the address above. If you have received your claim number, please refer to it. If you have not received your claim number we'll need your name, date of birth and Social Security Number.

Instructions for Completing Application

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number written at the top. If you do not know an answer write "unknown." If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

Section A - Identifying Information

Item 2: List other names under which you have been employed in the Federal government (such as a maiden name). This will help us to locate and identify records maintained under these names.

Item 3: Enter the address to which correspondence should be mailed. If you want your payments sent to a bank, do not enter the bank address here; see Section H of the application form.

Item 4: Give a telephone number where you can be reached after you retire and the best time to reach you during business hours.

Section B - Federal Service

Item 2: Enter the date of final separation for retirement. (Leave blank if applying for disability retirement and not separated.)

Item 4: Indicate whether or not you have performed active duty that terminated under honorable conditions in the armed services or other uniformed services of the United States including the following:

- a. Army, Navy, Marine Corps, Air Force or Coast Guard of United States;
- b. Commissioned Corps of the Public Health Service after June 30, 1960;
- c. Commissioned Corps of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961;
- d. Cadet or Midshipman of the U.S. Military Academy, U.S. Air Force Academy, U.S. Coast Guard Academy, or U.S. Naval Academy.

Service in reserve components and/or the National Guard is not considered active Federal military service except when ordered to active duty in the service of the United States and during an initial 4-month training period for Guardsmen. However, full time National Guard duty (as such term is defined in Section 101(d) of title 10) is creditable, if such service interrupts FERS creditable civilian service and is followed by reemployment, in accordance with Chapter 43 of title 38, that occurs after August 1, 1990.

If you have performed such service, complete and attach Schedule A, furnishing the requested information for each period of active duty.

To receive FERS credit for military service performed on or after January 1, 1957, you must pay a deposit. The amount of the deposit is:

- For service performed through 12/31/98 (3% of your military basic pay).
- For service performed from 1/1/99 through 12/31/99 (3.25% of your military basic pay).
- For service performed from 1/1/00 through 12/31/00 (3.4% of your military basic pay).
- For service performed from 1/1/01 to the present (3% of your military basic pay).

You must pay the deposit to your agency while you are still employed. You may not pay OPM after you retire.

If you are entitled to have part of your retirement computed under CSRS rules, military service performed prior to your transfer to FERS comes under CSRS deposit rules. These rules are as follows:

- The CSRS deposit is 7 percent of your military basic pay.
- If you were first employed in a civilian position before October 1, 1982, you do not pay the deposit and you are eligible for a Social Security benefit at age 62, the CSRS part of your annuity will be recomputed at age 62 to delete credit for the post-1956 military service.
- If you were first hired on or after October 1, 1982, you will not receive any credit for post-1956 military service if you do not make the deposit for it.
- CSRS military service deposits must also be paid to your agency while you are still employed.

Item 5: If you are receiving, or have applied for, military retired pay or benefits from the Department of Veterans Affairs in lieu of military retired pay, answer "yes" to Item 5, then complete and attach Schedule B-Military Retired Pay. (Note: Military retired pay includes disability pay.)

This information is needed to assure correct credit for military service. Receipt of military retired pay may affect the computation of your annuity rate.

If you are waiving military retired pay awarded for:

- reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10); or
- a disability incurred in enemy combat or caused by an instrumentality of war in the line of duty during a period of war as defined in Chapter II, title 38, U.S. Code,

attach a copy of the notice of the award to this application.

If you do not have this documentation, you can request verification of the type of award from:

For Army, Navy, Air Force, and Marine Corps retired pay verifications:

DFAS
U.S. Military Retirement Pay
P.O. Box 7130
London, KY 40742-7130.

For Coast Guard retired pay verification:

Commanding Officer (RAS)
USCG Pay and Personnel Center
444 SE Quincy Street
Topeka, KS 66683-3591.

If you are waiving military retired pay for FERS retirement purposes, your agency can help you prepare your request for waiver. Attaching a copy of your waiver request and the finance center's acknowledgment (if available) to your application may help us to process your claim more quickly. (Even if you have already waived your military retired pay to receive benefits from the Department of Veterans Affairs, you also need to file a waiver for FERS.)

Section C - Marital Information

Item 2: Indicate whether you have a living former spouse to whom a court order awards a survivor annuity based on your Federal employment. If you answer "yes," you must submit a certified copy of the court order and any attachments or amendments. You are not required to submit this if you are sure the court order has already been submitted.

Section D - Annuity Election

(See pages 13-20 of SF 3113, *Applying for Immediate Retirement Under the Federal Employees Retirement System.*)

Read the information about survivor benefits found in the pamphlet, *Applying for Immediate Retirement Under FERS*, before completing Section D.

Survivor elections terminate upon the death of the person elected, divorce of the annuitant from the elected spouse before age 55 [unless the parties were married for 30 years or more], or subject to the terms of a court order acceptable for processing. You must notify us when one of these events occurs. Please note that, in accordance with the law, both a survivor annuity election made at retirement and a pre-divorce survivor annuity election **terminate upon death or divorce** and the annuitant **must make a new election** (reelection) within 2 years after the terminating event to provide a survivor annuity for a spouse acquired after retirement or for a former spouse. Continuing a survivor reduction, *by itself*, is not effective to reelect a survivor annuity for a spouse married after retirement or for a former spouse.

Box 4: If you initial Box 4, a person selected by you, who has an insurable interest in you, will receive a survivor annuity upon your death. Insurable interest exists if the person named may reasonably expect to derive financial benefit from your continued life. A disabled child or a former spouse are persons who might have an insurable interest in you.

If you choose an insurable interest survivor annuity, the survivor annuity will be 55 percent of your annuity after your annuity has been reduced to provide this benefit. The table below shows the reduction percentages.

Any employee who is not retiring for disability and who can prove good health may elect a reduced annuity to provide a survivor annuity for a person having an insurable interest in the retiree.

You may elect this insurable interest survivor annuity in addition to a regular survivor annuity for a current or former spouse. If you elect an insurable interest annuity for your current spouse, you must both jointly waive the current spouse annuity. Generally, an insurable interest annuity cannot be cancelled. However, if you elect the insurable interest annuity for a current spouse because a court order awards (or you have elected) the regular survivor annuity to a former spouse, the insurable interest election for your current spouse can be converted to a current spouse annuity if the former spouse loses entitlement to the regular annuity.

If you choose an insurable interest annuity, the amount of the reduction in your annuity will depend upon the difference between your age and the age of the person named as survivor annuitant, as shown in the table below.

Age of the Person Named in Relation to That of Retiring Employee	Reduction in Annuity of Retiring Employee
Older, same age, or less than 5 years younger	10%
5 but less than 10 years younger	15%
10 but less than 15 years younger	20%
15 but less than 20 years younger	25%
20 but less than 25 years younger	30%
25 but less than 30 years younger	35%
30 or more years younger	40%

Box 5: If you initial box 5, your former spouse(s) will receive a survivor annuity upon your death. The maximum survivor annuity payable to your former spouse(s) is 50% of your unreduced annuity. Your annuity will be reduced 5% or 10% according to the total benefit you want to provide.

You may elect to provide a survivor annuity for more than one former spouse. The total of the survivor annuities must equal either 25% or 50% of your unreduced annuity.

If you are married, you must have your spouse's consent to choose this option, because any benefit elected for a former spouse limits what can be elected for your current spouse. (Complete and attach SF 3107-2, *Spouse's Consent to Survivor Election*, to your application.) The maximum combined survivor benefits that can be elected for your current and former spouse(s) is 50% of your benefit.

Section E - Insurance Information

Item 1b: Indicate whether there is a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren). If you answer "yes," you must submit a copy of the court order or administrative order.

Section F - Other Claim Information

Item 1: If you have applied for, or received, workers' compensation from the Office of Workers' Compensation Programs, U.S. Department of Labor, because of a job-related illness or injury, check the "yes" box and complete Schedule C.

In Schedule C you should provide the following information:

1. If you are receiving (or have received in the last 2 years) compensation, enter your compensation claim number(s), the beginning and ending dates of each period for which compensation was paid, and whether the benefits were a scheduled award or disability compensation.
2. If you have applied for, but are not receiving benefits, indicate whether your claim is pending or has been denied and the claim numbers applicable.
3. Indicate whether you agree to notify us if the status of your workers' compensation claim changes and whether or not you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs to collect any overpayment if we find that you were paid, but not eligible for, both compensation and annuity benefits covering the same period of time. Without this authorization from you, we will not pay your annuity until we can confirm that OWCP is not paying you compensation.

The information requested regarding benefits from the Office of Workers' Compensation Programs is needed because the law prohibits the dual compensation which would exist if you received both a FERS annuity and compensation for total or partial disability under the Federal Employees' Compensation Act.

Section G - Information About Children

Complete Section G by providing the names and dates of birth of your unmarried dependent children under the age of 18. Also list any child who is over age 18 and incapable of self-support because of mental or physical disability incurred before age 18. Check the box headed "disabled" by the name of each child to whom this applies. Information about your children in your annuity claim file may help to expedite the processing of claims for survivor benefits in the event of your death.

Section I - Applicant's Certification

Be sure to sign (do not print) and date your application after reviewing the warning.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees' Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, 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 and is subject to verification via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. The Government may use your number in collecting and reporting amounts that you owe the Government. Failure to furnish the requested information may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.



Application for Immediate Retirement

Federal Employees Retirement System

See Privacy Act
Information on
Instruction Sheet

Section A - Identifying Information

1. Name (last, first, middle)		2. List all other names you have used	
3. Address (number, street, city, state, ZIP code)		4a. Daytime telephone # after retirement (including area code)	4b. Best time to reach you
-----		4c. Email address	4d. FAX number
-----		5. Date of birth (mm/dd/yyyy)	6. Social Security Number
7. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Is this an application for disability retirement? <input type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input type="checkbox"/> No	

Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)		2. Date of final separation (mm/dd/yyyy)	
-----		3. Title of position from which you are retiring	
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)? <input type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <input type="checkbox"/> No			
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.) <input type="checkbox"/> Yes (Complete Schedule B and attach it to this form) <input type="checkbox"/> No			

Section C - Marital Information (All applicants must complete questions 1 and 2 below.)

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment.) <input type="checkbox"/> Yes (Complete items 1a - 1f) <input type="checkbox"/> No (Go to item 2)			
1a. Spouse's name (last, first, middle)		1b. Spouse's date of birth (mm/dd/yyyy)	1c. Spouse's Social Security Number
1d. Place of marriage (city, state)	1e. Date of marriage (mm/dd/yyyy)	1f. Marriage performed by:	Clergyman or Justice of Peace Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity? <input type="checkbox"/> Yes (Attach a certified copy of the court order[s] and any amendments.) <input type="checkbox"/> No			

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the pamphlet SF 3113, *Applying for Immediate Retirement under FERS*, and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits.

Your election to provide a survivor annuity for a current spouse terminates upon the death of that spouse or if the marriage ends due to divorce or annulment. You are required to make a new election (reelect) within 2 years of the terminating event if you wish to reelect a former spouse or within 2 years of a post-retirement marriage to elect a post-retirement spouse.

1.	<input type="checkbox"/>	Initials	I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your unreduced annuity.
2.	<input type="checkbox"/>	Initials	I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C. If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced annuity. You must have your spouse's consent to choose this option. Complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.
3.	<input type="checkbox"/>	Initials	I choose an annuity payable only during my lifetime. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death. If you are married and elect this, complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.

4. **Initials** **I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me.** You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.)

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social Security Number
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5. **Initials** **I choose a reduced annuity with survivor annuity for my former spouse(s) as follows:** You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 3107-2, *Spouse's Consent to Survivor Election*. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.

Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity
-----	Date of birth (mm/dd/yyyy)	Social Security Number	
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity
-----	Date of birth (mm/dd/yyyy)	Social Security Number	

Total (either 25% or 50% of your unreduced annuity) _____%

Section E - Insurance Information See the pamphlet SF 3113, *Applying for Immediate Retirement Under the Federal Employees Retirement System*, for information.

- 1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?
 Yes No
- 1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)?
 Yes (Attach a copy of the court/administrative order) No
2. Are you eligible to continue Federal Employee's Group Life Insurance coverage as a retiree?
 Yes No
3. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?
 Yes *You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums another way, either by deductions from your annuity, through automatic bank debit or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements.*
 No

Section F - Other Claim Information

1. Are you receiving or have you applied for (or received within the past 2 years) workers' compensation from the Department of Labor because of a job-related illness or injury?
 Yes (Complete Schedule C and attach it to this form) No
2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?
 Yes (Complete items 2a and 2b below.) No
- 2a. Type of application
 Refund Deposit or redeposit
 Retirement Return of excess deductions Voluntary contributions
- 2b. Claim number(s)

Section G (Optional) - Information About Your Unmarried Dependent Children

1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)	1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)

Section H - Direct Deposit and Tax Withholding Information

1. Public Law 104-134 requires that most Federal payments be paid by Direct Deposit through Electronic Funds Transfer (EFT) into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a financial hardship, or a hardship because you have a disability, or because of a geographic, language or literacy barrier, you may invoke your legal right to a waiver of the Direct Deposit requirement, and continue to receive your payment by check.

1a. Select one of the following:

- Please send my annuity payments directly to my checking or savings account. (*Go to item 2*)
- Receiving my payment(s) electronically would cause me a financial hardship, or a hardship because of a disability, or because of a geographic, language or literacy barrier. I hereby invoke my legal right to a waiver of the Direct Deposit requirements of Public Law 104-134. Please send my payment(s) by check. (*Go to item 4*)
- My permanent payment address is outside the United States in a country not accessible via direct deposit. (*Go to item 4*)

2. Financial Institution Routing Number		<i>You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.</i>	
3. Checking or Savings Account Number	3a. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3b. Telephone number of your Financial Institution (<i>including area code</i>)	
3c. Name and address of financial institution ----- -----		3d. Special Note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.	
4. Do you want Federal income tax withheld from your annuity payments? <input type="checkbox"/> Yes (<i>Go to item 4a</i>) <input type="checkbox"/> No (<i>Go to Section I</i>)		4a. Do you want to have Federal income tax withheld at the rate currently being withheld from your salary? <input type="checkbox"/> Yes (<i>Attach copy of W-4 form on file with your employing agency.</i>) <input type="checkbox"/> No (<i>Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.</i>)	

Section I - Applicant's Certification

Warning

Any intentionally false statement in this application 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 U.S.C. 1001)

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Signature (*Do not print*)

Date (*mm/dd/yyyy*)

Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. Military Service - If you answered "yes" to Section B, Item 4, did you attach Schedule A?			
2. Military Service - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?			
3. Military Retired Pay - If you answered "yes" to Section B, Item 5, did you attach Schedule B?			
4. Military Retired Pay - If you completed Schedule B and answered "yes" to Item b or c, did you attach a copy of the notice of award or other documentation of the type of military retired pay you are receiving?			
5. Military Retired Pay - If you completed Schedule B and answered "yes" to Item d, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgement or approval of your request for waiver (<i>if applicable</i>)?			
6. Survivor Election - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, <i>Spouse's Consent to Survivor Election</i> ?			
7. Life Insurance - If you answered "yes" to Section E, Item 2, did you attach SF 2818, <i>Continuation of Life Insurance Coverage As an Annuitant or Compensation</i> er?			
8. OWCP - If you answered "yes" to Section F, Item 1, did you attach Schedule C?			
9. Tax - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?			

Schedules A, B and C

- | | | |
|--|--|---------------------------|
| 1. Name (<i>last, first, middle</i>) | 2. Date of birth (<i>mm/dd/yyyy</i>) | 3. Social Security Number |
|--|--|---------------------------|

Schedule A - Military Service Information

1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

See instructions for definitions of Armed Services and Uniformed Services.

a. Branch of service	b. Serial number	c. Dates of active duty	d. Last grade or rank
		From (<i>mm/dd/yyyy</i>) To (<i>mm/dd/yyyy</i>)	

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.)
- Yes No Not applicable

Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a - 1d below.

a. Are you receiving or have you ever applied for military retired or retainer pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10)? <input type="checkbox"/> Yes (<i>Attach a copy of notice of award</i>) <input type="checkbox"/> No
c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war? <input type="checkbox"/> Yes (<i>Attach a copy of notice of award</i>) <input type="checkbox"/> No	d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits? <input type="checkbox"/> Yes (<i>Attach a copy of your request for waiver and a copy of military finance officer's acknowledgement or approval of your request for waiver</i>) <input type="checkbox"/> No

Schedule C - Federal Employees Compensation Information

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?

Yes (*complete parts 1a - c below*) No (*go to question 2*)

a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)	
			<input type="checkbox"/> Scheduled award
			<input type="checkbox"/> Total or partial disability compensation
			<input type="checkbox"/> Scheduled award
			<input type="checkbox"/> Total or partial disability compensation

2. If you have applied for workers' compensation (other than as listed in item 1a above) but are **not** receiving benefits, check reason below and give the information requested.

<input type="checkbox"/> a. Awaiting OWCP decision <div style="border: 1px solid black; padding: 2px; width: 100%;">Compensation claim number</div>	<input type="checkbox"/> b. Claim denied <div style="border: 1px solid black; padding: 2px; width: 100%;">Compensation claim number</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">Date claim denied (<i>mm/dd/yyyy</i>)</div>
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3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits **cannot** be paid for the same period of time. Please complete the information below regarding your claim. **You must complete this section.**

- a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?
- Yes No
- b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time?
- Yes No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.

Signature (*do not print*)

Date (*mm/dd/yyyy*)



Certified Summary of Federal Service

Federal Employees Retirement System

Office of Personnel Management
5 CFR Part 841

Information for the Agency

1. A certified copy of this form must accompany the employee's *Application for Immediate Retirement (SF 3107)*.
2. This form may also be used:
 - for retirement counseling purposes
 - to respond to an employee's request for a record of creditable service
3. See the CSRS and FERS Handbook for Personnel and Payroll Offices (formerly FPM Supplement 830-1) for detailed instructions for completion and disposition of this form.

Instructions for the Employee

1. Your employing office will complete and certify this form for you.
2. Review this form carefully. Be sure it contains all of your service.
3. Complete Section E, Employee's Certification, and return the form to your employing office.

Section A - Identification

1. Name of employee (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security Number
4. List all other names used (<i>maiden name, AKA, spelling variants</i>)	5. Other birth dates used	6. Military serial number
7. Service computation date for retirement purposes		
8. Did this employee elect to transfer to FERS? <input type="checkbox"/> No <input type="checkbox"/> Yes, give effective date of election:	9. If yes, is this employee entitled, according to your records, to have part of his/her annuity computed under CSRS rules? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10a. Does the applicant receive military retired pay? <input type="checkbox"/> Yes (<i>Attach a copy of the applicant's military retired pay order, if available, and complete 10b.</i>) <input type="checkbox"/> No	10b. If yes, has the applicant waived military retired pay to credit military service for FERS retirement? <input type="checkbox"/> Yes (<i>Attach a copy of the military finance center's letter to the employee accepting waiver, if available.</i>) <input type="checkbox"/> No (<i>Includes cases where a waiver is not necessary.</i>)	

Section B - Verified Service History Documented in Official Personnel Records

Federal agency or military service branch	Appointment, separation, or conversion dates for civilian and active honorable military service		Name of retirement system*	Remarks and non-creditable time**
	From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)		

* Give details of creditable civilian service not subject to retirement deductions in Section C.

**In Remarks, show if CSRS service on or after January 1, 1984, is "regular" CSRS or CSRS Offset. Indicate if service is part-time. If service was performed on a WAE or intermittent basis, show the number of hours worked in "Remarks."

Section C - Detail of Civilian Service Not Subject to Contributory Retirement System for Civilian Federal Employees

Detail below (1) any period of Federal civilian service subject only to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Government) retirement system. If total basic salary earned for any such period of service is known, you may make a summary entry on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of duty, if applicable. If part-time service is after April 6, 1986, also provide total number of hours employee worked during the period and show what a full-time tour of duty would be. Service which is not subject to FERS or CSRS deductions is creditable only as specifically allowed by law.

Nature of action (Appt., pro., res., etc.)	Effective date (mm/dd/yyyy)	Basic salary rate	Salary basis (per annum, per hour, WAE, etc.)	Leave without pay	If basic salary actually earned is available make summary entry below		
					From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total earned

Section D - Agency Certification

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency and that the retiring employee has sufficient service for an immediate annuity.

Signature of authorized agency personnel official		Agency name and address, including ZIP Code, telephone number (including area code), FAX number, and email address
Official Title	Date (mm/dd/yyyy)	

Section E - Employee's Certification

- The service listed is complete.
- I have additional service. (If you claim additional service, attach signed statement(s) giving dates, positions, titles and locations of employment, including agency, bureau, and division. Claimed service cannot be credited for retirement until it has been verified. This includes unverified service listed on an SF 144, *Statement of Prior Federal Civilian and Military Service*, or similar affidavit.)

Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section C above.

Signature (do not print)	Date (mm/dd/yyyy)
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Spouse's Consent to Survivor Election

Instructions: If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.

Part 1 - To Be Completed by the Retiring Employee

Name (<i>last, first, middle</i>)	Date of birth (<i>mm/dd/yyyy</i>)	Social Security Number
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I have elected: (*Mark the box which describes the election you have made with regard to your current spouse.*)

- a. No regular or insurable interest survivor annuity for my current spouse. ***I understand that:***
- ❖ No survivor annuity will be paid to my spouse after my death,
 - ❖ His/her health benefits coverage will terminate upon my death, and
 - ❖ He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.
- b. I am electing an insurable interest annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section D, Item 4 on my Standard Form 3107 naming my current spouse.)
- c. A partial survivor annuity (25%) for my current spouse.

Part 2 - To Be Completed by the Current Spouse of the Retiring Employee

I freely consent to the survivor annuity election described in Part 1. ***I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1.a. above, I will not receive a survivor annuity, my health benefits coverage will terminate and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).***

Name (<i>type or print</i>)	Signature (<i>do not print</i>)	Date (<i>mm/dd/yyyy</i>)
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Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

the _____ day of _____, _____, at _____.

(Month) (Year) (City and State)

(Seal of Notary Public or witnessing authority of person authorized to administer oaths)	Signature (<i>do not print</i>)
(Seal)	Expiration date (<i>mm/dd/yyyy</i>) of commission, if Notary Public

General Information: The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse, ***unless*** the current spouse consents to an election not to provide the maximum survivor benefit.

A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse even though the Office of Personnel Management (OPM) must honor the terms of the court order before it can honor the election for the current spouse.

The current spouse may, therefore, receive a smaller annuity than elected, or none at all, unless the former spouse loses eligibility for the court-ordered survivor annuity (through remarriage before age 55 or death).

Important: If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees' Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, 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 and is subject to verification via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. The Government may use your number in collecting and reporting amounts that you owe the Government. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the retirement application.



Agency Checklist of Immediate Retirement Procedures

Federal Employees Retirement System

Section A - Employing Office Checklist: To be completed by office maintaining Official Personnel Folder (OPF).

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security Number
4. Type of retirement <input type="checkbox"/> Immediate Voluntary (MRA+30, 60+20, 62+5) <input type="checkbox"/> Immediate Voluntary (MRA+10 with age reduction) <input type="checkbox"/> Early Retirement (Major RIF, reorganization, or transfer of function) <input type="checkbox"/> Involuntary Retirement <input type="checkbox"/> Disability	5. Special provisions (<i>Check any applicable</i>) <input type="checkbox"/> 25 Years Law Enforcement/Firefighter <input type="checkbox"/> 20 Years Law Enforcement/Firefighter and age 50 <input type="checkbox"/> 25 Years Air Traffic Controller <input type="checkbox"/> 20 Years Air Traffic Controller and age 50 <input type="checkbox"/> Other: _____	6. Pay Plan and Occupational Series Code at Retirement

7. Is the applicant eligible to continue health benefits coverage into retirement?
 Yes, enrollment code: _____ No, give reason: _____

8. Does the applicant meet the requirements for the continuation of life insurance into retirement?
 Yes, complete 8a. No, give reason: _____

8a. The applicant can continue Basic Life insurance and the following options:

<input type="checkbox"/> No optional insurance <input type="checkbox"/> Option B - Additional with the following multiples of pay: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Option A - Standard <input type="checkbox"/> Option C - Family with the following multiples of pay: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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	Attached	Not Applicable
a. SF 3107*		
b. All documents applicant shows as attached to SF 3107		
c. If applicant is married and elects less than the maximum survivor benefit, SF 3107-2*		
d. SF 3107-1*		
e. If discontinued service retirement, documentation specified in Chapter 44, CSRS/FERS Handbook for Personnel and Payroll Offices (formerly FPM Supplement 830-1), including OPM Form 1510* and attachments, if available.		
f. If early optional retirement, enter OPM Authority Number here _____		
g. Agency estimate of benefits, if prepared.		
h. If applicant wants a refund of military service deposit because he/she does not want to waive military retired pay, SF 3106*		
i. If post-1956 military service deposit is not made, was applicant counseled about the effects of not paying the deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
j. If applicant wants Federal Income tax withheld at the same rate as while an employee, copy of W-4 form on file with your agency.		
k. If the annuitant meets the 5-year requirement to continue health benefits into retirement based on previous coverage as a family member under someone else's FEHB plan or prior coverage under TRICARE or TRICARE for Life, attach documentation.		
l. If a court order requires the annuitant to provide mandatory self and family FEHB coverage for his/her children under P.L. 106-394, a copy of the court order.		

	Attached	Not Applicable	Sent to OWCP	Attached	Not Applicable
a. All SF 2809's* in the applicant's OPF					
b. All SF 2810's* in applicant's OPF					
c. SF 2821*					
d. SF 2818*					
e. All SF 54's* & SF 2823's* in the applicant's OPF					
f. All SF 2817's*, SF 176's*, SF 176T's*					
g. All SF 3102's*					

11. If the type of retirement is disability, is the employee's disability documentation specified in SF 3112* attached?
 Yes No, explain: _____

12. List any documents which are attached, but not listed above:

13. Certification by Chief Personnel Officer or Designee
I certify that the above accurately reflects verified information in official records and that the applicant has sufficient service to support title to an annuity.

Signature (<i>do not print</i>)	Address		
Official Title	Telephone number		Submitting Office Number (SON)
Person to contact for further information	FAX number	Email address	

Offenses Barring Annuity Payments: Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management, Center for Retirement and Insurance Services, in any case when this law possibly applies.

Section B - Payroll Office Checklist: To be completed by the office maintaining the Individual Retirement Record (SF 3100* and SF 3100A*)

Important: The SF 3100 or SF 3100A for applicant must be closed out and sent to OPM no later than 5 days after the pay date of the final paycheck.

<p>1. Does the SF 3100 or SF 3100A for the applicant named in Section A contain all information necessary to comply with OPM instructions for maintaining the Individual Retirement Record?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>	<p>2. Is the applicant someone who elected to transfer to FERS and who is entitled to have a portion of his or her benefits computed under CSRS rules?</p> <p><input type="checkbox"/> Yes (go to item 3) <input type="checkbox"/> No (go to item 4)</p>						
<p>3. If yes, are his or her sick leave balances at the time of transfer and as of retirement shown on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>	<p>4. Is applicant's last day in pay status shown on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>						
<p>5. Is applicant's health benefits status posted on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>	<p>6. If this is a preliminary SF 3100 or SF 3100A for disability retirement, is applicant's life insurance status posted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>						
<p>7. If applicant is continuing life insurance into retirement, is the SF 2821 with Payroll Office certifying signature attached?</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No (explain in item 12)</p>						
<p>8a. Has applicant made a military service deposit with your agency?</p> <p><input type="checkbox"/> Yes (go to item 8b) <input type="checkbox"/> No (go to item 9a)</p>	<p>8b. If yes, is an SF 3100 or SF 2806* for the deposit attached?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Record will follow</p>						
<p>9a. Does the applicant have any part-time service (for an employee who elected to transfer to FERS and is eligible to have a portion of his/her annuity computed under CSRS rules, any part-time service on or after April 7, 1986)?</p> <p><input type="checkbox"/> Yes (go to item 9b) <input type="checkbox"/> No (go to item 10)</p>	<p>9b. If yes, is the number of hours in each scheduled tour of duty and the date of each change in tour of duty posted on the SF 3100 or SF 3100A (including changes to full-time and intermittent status)? If the employee worked in excess of his/her scheduled tour of duty, post the actual earnings or hours actually worked at each rate of pay.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>						
<p>10. If the applicant is a postal employee, are postal earnings for non-deduction service shown on SF 3100?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (explain in item 12)</p>	<p>11. Disposition of SF 3100 or SF 3100A:</p> <p><input type="checkbox"/> SF 3100 or SF 3100A and SF 3103, <i>Register of Separations and Transfers</i>, are attached.</p> <p><input type="checkbox"/> SF 3100 or SF 3100A was forwarded as follows:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:60%; padding: 2px;">Forwarded to:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">SF 3103 number</td> <td style="padding: 2px;">Date (mm/dd/yyyy) of SF 3103</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>	Forwarded to:		SF 3103 number	Date (mm/dd/yyyy) of SF 3103		
Forwarded to:							
SF 3103 number	Date (mm/dd/yyyy) of SF 3103						

12. Remarks

13. Certification by the Chief Payroll Officer or Designee

I certify that the above reflects official records maintained by this office.

Signature (do not print)	Telephone number	FAX number	Email address
Payroll Office Number	Date (mm/dd/yyyy)		

* Employees who elected to transfer to FERS may have a redesignated SF 2806 instead of, or in addition to SF 3100 or SF 3100A.

Titles of Forms Referred to in Sections A & B:

SF 2806	Individual Retirement Record (CSRS)	SF 3102	FERS Designation of Beneficiary
SF 2809	Employee Health Benefits Election Form	SF 3103	Register of Separations and Transfers
SF 2810	Notice of Change in Health Benefits Enrollment	SF 3106	Application for Refund of Retirement Deductions
SF 176, SF 176T, & SF 2817	Life Insurance Election	SF 3107	Application for Immediate Retirement (FERS)
SF 2818	Continuation of Life Insurance Coverage As an Annuitant or Compensation	SF 3107-1	Certified Summary of Federal Service
SF 2821	Agency Certification of Insurance Status	SF 3107-2	Spouse's Consent to Survivor Election
SF 54 & SF 2823	Life Insurance Designation of Beneficiary	SF 3112	Documentation in Support of Disability Retirement
SF 3100	Individual Retirement Record (FERS)	OPM Form 1510	Certification of Agency Offer of Position and Required Documentation
SF 3100A	Individual Retirement Record (FERS)		