

Supplemental Semiannual Headcount Report

1. Address of Payroll Office (including department, bureau, location and zipcode)	2. Payroll office number	3. Report number	
	4. Date payroll paid		
	5. Pay Period		
From		To	
6. To Office of Personnel Management ATTN: Funds Control Branch P.O. Box 582 Washington, D.C. 20044-0582	7. Name of preparer (<i>print</i>)	8. Telephone number	
	9. I certify that the items listed herein are correct.		
	Signature of authorized official		Date
Number Enrolled			
Benefit Category	Dollar Amount	Deductions Made	No Deductions Made
A. Life Insurance			
1. Basic			
2. Standard - Option A			
3. Additional - Option B			
a. To age 35			
b. 35 - 39			
c. 40 - 44			
d. 45 - 49			
e. 50 - 54			
f. 55 - 59			
g. 60 & up			
4. Family - Option C			
5. Post-Retirement - Basic			
6. Total Life Insurance*			
B. Health Benefits			
1. Regular			
2. Payers of Full Premiums			
3. Total Health Benefits*			

This form may be locally reproduced

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Payroll office number	Report number	Payroll paid date			
Benefit Category	Dollar Amount	Aggregate Base Salary	Number Enrolled		
C. Retirement					
1. CSRS	CPDF Code			Deductions Made	No Deductions Made
a. Regular Withholdings	1,R				
b. Regular Contributions	1,R				
c. Special Withholdings	6,T				
d. Special Contributions	6,T				
e. Regular Withholdings for Offset Employees	C				
f. Regular Contributions for Offset Employees	C				
g. Special Withholdings for Offset Employees	E				
h. Special Contributions for Offset Employees	E				
i. Salary Offset					**
j. Military Deposits				**	
k. Civilian Service Credit				**	
2. FERS					
a. Regular Withholdings	K				
b. Regular Contributions	K				
c. Reserve Technicians Withholdings	N				
d. Reserve Technicians Contributions	N				
e. A/T Controllers Withholdings	L				
f. A/T Controllers Contributions	L				
g. Law Enforcement/Firefighters Withholdings	M				
h. Law Enforcement/Firefighters Contributions	M				
i. Salary Offset					**
j.					
k. Military Deposits				**	
3. Total Retirement*					
D. Grand Total (Dollars only)					
E. Total Employees (and/or Annuitants) on Payroll					

*Dollar amount **must** agree with SF 2812 for same reporting period.
 Memo entry only (do not** include on line 3, **Total Retirement**).

Report of Withholdings and Contributions for Health Benefits By Enrollment Code

Department or establishment	Payroll Office number	Report number
Bureau, division or office	Pay period from	Pay period to
Address (including ZIP Code)	Date payroll paid	
	Agency telephone number ()	

Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*	Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*	Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*

*Number of enrollees is required on report for the last payroll paid in March and September

Standard Form 2812-A
Revised August 1988