



# PAYROLL OFFICE LETTER

U. S. Office of Personnel Management

Number: P-99-08

Date: March 5, 1999

Subject: MARCH 1999 HEADCOUNT

This letter is our call for your March 1999 Headcount reporting. The Headcount is reported semiannually (in March and September) by all payroll offices that withhold monies from the basic pay of participants in the Civil Service Retirement System, Federal Employees Retirement System, Federal Employees Health Benefits Program, and/or the Federal Employees Group Life Insurance Programs. The Headcount is a "snapshot" of enrollment in these Programs as of a given point in time. The information you report to us plays a pivotal role in our system of internal accounting control, the negotiation of Health and Life Insurance premium rates with participating carriers, and in the determination of employer contributions for Federal Employees Retirement System employees.

The Headcount is submitted to us on the OPM Form 1523 (Supplemental Semiannual Headcount Report); and the SF 2812-A, for the reporting of enrollment by individual health benefits plan. This reporting is for the LAST PAY PERIOD PAID DURING THE FIRST 15 DAYS of March 1999. If you pay twice during the first 15 days of March, the Headcount will cover the second pay period paid during that period. For monthly pay cycles, the reporting period will be for February 1, 1999 through February 28, 1999.

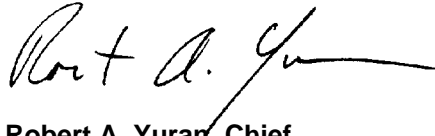
Your Headcount reporting is due to us on the applicable payroll paid date. If for any reason this cannot be accomplished, we must receive it no later than March 31, 1999. Under no circumstances, delay submitting your usual withholding and contributions because your Headcount reporting is not ready to be submitted. In the interest of time, we ask that you FAX your

Forms 1523 and 2812-A to us. If you are one of the few remaining offices still reporting withholdings and contributions to us via the hard-copy SF 2812, please fax your SF 2812, in addition to the OPM Form 1523 and SF 2812-A. Please fax from *clear* originals to ensure that we receive legible copies.

As part of our internal review of recent semiannual Headcount submissions, we have discovered that some payroll offices are including employees, who have already separated from Federal service, in the "No Deductions Made" section of the OPM Form 1523. Although we understand it is not unusual for individuals to remain on payroll systems for a time after they separate, it is important that they not be included in your Headcount submissions. Please review your Headcount reporting process to ensure that only employees in LWOP status are reported as "No

**Deductions Made”.**

**If you have any questions concerning the preparation of your Headcount reporting, please call us at (202) 606-0606, or send an email, [finance@opm.gov](mailto:finance@opm.gov). Our FAX numbers for Headcount submission are 202-606-0701 and 202-606-0195.**

A handwritten signature in black ink, appearing to read "Robert A. Yuran", with a long horizontal flourish extending to the right.

**Robert A. Yuran, Chief  
Financial Management Division  
Retirement and Insurance Service**

**Attachments (2)**

- 1. Report of Withholdings and Contributions for Health Benefits  
By Enrollment Code (SF 2812-A)**
- 2. Supplemental Semiannual Headcount Report (OPM Form 1523)**

# 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		
	<b>5. Pay Period</b>		
From		To	
6. To  <b>Office of Personnel Management                  ATTN: Funds Control Branch                  P.O. Box 582                  Washington, D.C. 20044-0582</b>	7. Name of preparer ( <i>print</i> )	8. Telephone number	
	<b>9. I certify that the items listed herein are correct.</b>		
	Signature of authorized official		Date
<b>Number Enrolled</b>			
<b>Benefit Category</b>	<b>Dollar Amount</b>	<b>Deductions Made</b>	<b>No Deductions Made</b>
<b>A. Life Insurance</b>			
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>B. Health Benefits</b>			
1. Regular			
2. Payers of Full Premiums			
3. Total Health Benefits*			

This form may be locally reproduced

# Supplemental Semiannual Headcount Report

Payroll office number	Report number	Payroll paid date			
Benefit Category	Dollar Amount	Aggregate Base Salary	Number Enrolled		
<b>C. Retirement</b>					
<b>1. CSRS</b>	<b>CPDF Code</b>			<b>Deductions Made</b>	<b>No Deductions Made</b>
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				**	
<b>2. FERS</b>					
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				**	
<b>3. Total Retirement*</b>					
<b>D. Grand Total (Dollars only)</b>					
<b>E. Total Employees (and/or Annuitants) on Payroll</b>					

\*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