

United States
Office of Personnel Management
Retirement & Benefits
Washington, DC 20415

**Federal Employee Retirement Coverage Corrections Act (FERCCA)
Election Form**

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security Number
4. Home Address (<i>number, street, city, state, ZIP code</i>)	4a. Home telephone number (<i>including area code</i>)	
	4b. Work telephone number (<i>including area code</i>)	
	4c. Email address (<i>if applicable</i>)	

5. Enter the agency name

I have read the FERCCA Election Summary material provided to me by . I have had the opportunity to receive counseling on my options and have received sufficient information to make an informed decision. I understand my options with regards to the Federal Erroneous Retirement Coverage Corrections Act (FERCCA), and I therefore, make the following election. I understand this election is final and irrevocable.

Election:

Retirement Plan name: _____ Retirement Plan name: _____

6. Do you have a qualifying court order on file with the Office of Personnel Management that gives a portion of your annuity or survivor annuity to a former spouse?

Yes No

6a. If the answer is yes, a SF 3110, *Former Spouse's Consent to FERS Election*, needs to be completed by you and your former spouse (*notarized*). This form does not need to be completed if (*check the appropriate box*):

You are legally separated, but there is no divorce decree.

After the divorce, your former spouse remarried before the age of 55 (it does not matter if your former spouse is no longer married.)

You are in CSRS or CSRS Offset and elect to stay in CSRS or CSRS Offset.

You are in FERS and Elects CSRS or CSRS Offset.

Signature	Date
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