RETIREMENT CHECKLIST

NSCBCL 12831 (2-79)

DATE	ALL RETIREMENTS
4/17/85	Application (SF-2801) Signed
4/17/85	Memo to Dept. advising of Employees application
OUT / IN	ERS-9 to Payroll for preliminary SF-2806/2807
	2801, 1084, Preliminary 2806/2807 Comp. to OPM
	Retirement Certificate (38 yrs 06 mos)
	SF-56 w/cy SF-54 (if any)
	SF-2810
	SF-56 (w/54), 2801, 1084 2810/2809 (S) to payroll

DATE	DISABILITY
out / in	SF-2801-D, Request for Medical Records (Hospital)
out / in	SF-2801-B, Private Physician Statement
	Ltr to Employee advising of physical exam (if not working)
out / in	Ltr to Fed Med O w/CSC 3178 after receipt of 2801-B
	SF-71, App for leave
	Talked w/emp Supt about possible placement
out / in	SF-2801-A, Superior Officer's Statement
	SF-2801-C to MOB (Boyers, PA) w/encls (cy to DC)
in / out	Approval of Disability rec'd ERS-7, Notice of Approval

2069

Approximate Annuity _____

Survivor Annuity Ded _____

Health Benefits Ded _____

Optional FEGLI Ded _____

Net Annuity _____

Suvivor Annuity _____

FEGLI

	yes	no	con't	
Regular	☒	☐	☐	5 years service
Optional	☐	☐	☐	enrolled since first opportunity or for 5 years before retirement

A, B 5x pay & C

HEALTH BENEFITS

☒ yes ☐ no

☐ 5 years Service

☐ enrolled since first opportunity or for 5 years before retirement

CC# 23313526 EC# 105

Type of Retirement: ☒ optional ☐ disability

Annuity: ☒ survivor ☐ life

AGE 65 DOB 7-24-20

Civ Svc 18-04-12 Comp Date 3-20-67

Mil Svc 16-02-04

Date last worked 8/1/85

Sick leave began _____

Sick leave used past 2 years _____

Sick and excess Leave expires _____

All leave expires _____

ERS 5 to Employment _____

PERSONAL INFORMATION

NAME Schmidt, Carroll Victor

PAY NUMBER 2384-11212

SSN 559-28-9603

ADDRESS 330 Blue Creek Rd., Jacksonville, NC 28540

HOME PHONE 919-346-9152

JOB TITLE Sewage Disposal Plt Oper.

DEPARTMENT B Maint

SUPERVISOR Mr. Mack Davis

PHONE 5933/2064

DATE ENTERED DEPT 3/20/67

LEAVE

PAY PERIOD ENDING _____

SICK _____ ANNUAL _____ CEILING _____

DATE SEPARATION 8/1/85

PREPARED 6/28/85

REMARKS

863.00 mil.

CSRS

APPLICATION FOR IMMEDIATE RETIREMENT

CIVIL SERVICE RETIREMENT SYSTEM

See Privacy Act Information on back of this form.

Section A -- Identifying Information

1. Name *(Last, first, middle)*		2. List all other names you have used	
Schmidt, Carroll Victor		N/A	
3. Address *(Number, street, city, State, Zip Code)*	4. Telephone Number *(Including area code)*	5. Date of birth *(Month, day, year)*	6. Social Security Number
330 Blue Creek Road Jacksonville, NC 28540	(919) 346-9152	07-24-20	559-28-9603
7. Are you a citizen of the United States of America?	[X] Yes [ ] No - If "No" give →	7a. Of what country are you a citizen?	
8. Is this an application for disability retirement?	[ ] Yes *(Ask your employing office about other documents you must submit)* [X] 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 *(Month, day, year)*
D/Navy, Facilities Department Marine Corps Base Camp Lejeune, NC 28542	8-1-85
	3. Title of last position Sewage Disposal Plant Operator WG-08
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States *(See instructions for definition)?*	[xx] Yes *(Complete Schedule A and attach to this form)* [ ] No
5. Are you receiving or have you applied for military retired pay and/or Veterans Administration pension or compensation in lieu of military retired pay?	[xx] Yes *(Complete Schedule B and attach to this form)* [ ] No

Section C -- Marital Information

1. Are you married now *(a marriage exists until ended by death, divorce, or annulment)*?		[xx] Yes *(Also complete items 1a-f below)* [ ] No	
1a. Spouse's name *(Last, first, middle)*		1b. Spouse's date of birth *(Month, day, year)*	1c. Spouse's Social Security Number
Schmidt, Leona Bettin		01-20-22	392-16-6157
1d. Place of marriage *(City, State)*	1e. Date of marriage *(Month, day, year)*	1f. Marriage performed by: [X] Clergyman or Justice of the Peace [ ] Other *(Explain):*	
Montello, Wisconsin	04-13-47		

Section D -- Annuity Election *(Initial only one of the four boxes below)*

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the information on page 3 of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the instructions. If you are married at retirement and you do not elect maximum survivor benefits, the law requires that your spouse be informed of your election; therefore, you must attach Standard Form 2801-2 to this form.

1. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR MY SPOUSE EQUAL TO:

You must be married at retirement to choose this type of annuity.

a. Maximum survivor benefits

INITIALS: CoS

55% OF ALL MY ANNUITY

OR

b. Lesser survivor benefits *(If you elect this, attach Standard Form 2801-2)*

INITIALS:

55% OF ..... $_____* A YEAR

*This amount must be less than your yearly annuity.

2. I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. *(If you are married and elect this, attach Standard Form 2801-2.)*

INITIALS:

All retiring employees may choose this type of annuity. If you are married at retirement, you CANNOT change this election after your annuity is granted and no survivor annuity will be paid to your spouse after your death.

3. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME.

INITIALS:

You must be single, healthy, and willing to undergo a physical examination 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 b	Social Security Number

Section E – Insurance Information

1. Are you enrolled in the Federal Employees Health Benefits Program?	X	Yes
		No
2. Are you covered by the Federal Employees' Group Life Insurance Program?	X	Yes
		No

Section F – Other Claim Information

1. Are you receiving, have you ever received, or have you applied for workers compensation from the Department of Labor because of a job-related illness or injury?		Yes *(Complete Schedule C and attach to this form)*
	XX	No
2. Have you previously filed any application under the Civil Service Retirement System *(for retirement, refund, deposit or redeposit, or voluntary contributions)*?		Yes *(Complete items 2a and 2b below)*
	xx	No
2a. Type of application Retirement Refund Deposit or redeposit Voluntary contributions		2b. Claim numbers

Section G *(Optional)* – Information About Your Unmarried Dependent Children

1. Dependent child's name *(First, middle, last)*	2. Date of birth *(Mo., dy., yr.)*	3. Disabled (✓)	1. Dependent child's name *(First, middle, last)*	2. Date of birth *(Mo., dy., yr.)*	3. Disabled (✓)
N/A					

Section H – Applicant's Certification

WARNING
Any intentional 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)*: X Carroll V. Schmidt

Date: 4-17-85

Applicant's Checklist

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

	Yes	No
1. If you answered "yes" to Section B, item 4, did you attach Schedule A?	✓	
2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	✓	
3. If you answered "yes" to Section B, item 5, did you attach Schedule B?	✓	
4. If you completed Schedule B and answered "yes" to item 5, 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 *(if available)*?	N/A	
5. If you are married and you elected either less than full survivor benefits *(Election 1b)* or an annuity payable only to you you during your lifetime *(Election 2)*, did you attach SF 2801-2, Spouse's Notification of Survivor Election?	N/A	
6. If you answered "yes" to Section F, item 1, did you attach Schedule C?	N/A	

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, 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, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. 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 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.

SF 2801
Revised January 1982

Schedules A, B and C

1. Name *(Last, first, middle)*	2. Date of birth *(Month, day, year)*	3. Social Security Number
Schmidt, Carroll Victor	07-24-20	559-28-9603

Schedule A — Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services shown below, complete 1a-e 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 or Service	b. Serial Number	c. Dates of Active Duty Fr. *(Mo., dy., yr.)*	c. Dates of Active Duty To *(Mo., dy., yr.)*	d. Last Grade or Rank	e. Organization at Discharge *(Div., Co., etc.)*
U. S. Marine Corps	32 11 79	8-28-41	10-18-45	GySgt	Camp Lejeune, NC
"	"	8-19-50	8-31-66		

Schedule B — Military Retired Pay

1. If you are receiving or have applied for military retired pay, complete parts 1 a-e below.

a. Are you receiving or have you ever applied for military retired or retainer pay?
[XX] Yes [ ] No

b. Have you waived all or part of your military retired or retainer pay in order to receive pension or compensation from the Veterans Administration?
[XX] Yes 10% disability [ ] No

c. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10?
[XX] Yes *(If available, attach a copy of notice of award)* [ ] No
20 yrs. active duty
2 yrs. reserve

d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war?
[XX] Yes *(If available, attach a copy of notice of award)* [ ] No

e. Are you waiving your military retired or retainer pay in order to receive credit for military service for Civil Service retirement benefits?
[ ] Yes *(If available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver)* [XX] No

Schedule C — Federal Employees Compensation Information

1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs *(OWCP)*, Department of Labor, because of a job-related illness or injury?
[ ] Yes *(Complete parts 1a-c below)*
[XX] No *(Go to question 2)*

a. Compensation Claim Number	b. Benefit Received Fr. *(Mo., dy., yr.)*	b. Benefit Received To *(Mo., dy., yr.)*	c. Type of Benefit
			[ ] Scheduled award [ ] Total or partial disability compensation
			[ ] Scheduled award [ ] 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.

[ ] a. Awaiting OWCP decision	[ ] b. Claim denied	
Compensation claim number	Compensation claim number	Date claim denied

3. Except for scheduled compensation awards, workers' compensation and Civil Service retirement benefits CANNOT be paid for the same period of time. Please complete the information below regarding your claim.

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 ineligible 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
	Carroll V. Schmidt	4-17-85

☆ U.S. GOVERNMENT PRINTING OFFICE: 1981-337-224

FEGLI

AGENCY CERTIFICATION OF INSURANCE STATUS

Federal Employees' Group Life Insurance Program

1. Name (Last) (First) (Middle)	2. Date of birth (mo., dy., yr.)	3. Social Security Number
Schmidt, Carroll Victor	7-24-20	559 | 28 | 9603

4. Check the reason for termination of insurance (4a, below) and disposition of current SF 54 or SF 2823, Designation of Beneficiary (4b, below). All SF 54's and SF 2823's, if any, should be attached to this SF 2821 if the employee (a) died, (b) is retiring, or (c) is receiving Federal Employees' Compensation and is entitled to continue life insurance. In all other cases show, whether or not a current SF 54 or SF 2823 is on file in the employee's Official Personnel Folder (or equivalent).

4a. Reason for terminating insurance

- a [ ] Separated *(includes resignation)*
- b [XX] Retired
- c [ ] Died as an employee
- d [ ] Died as a reemployed annuitant
- e [ ] End of 12 months non-pay status
- f [ ] Other *(specify)*

4b. Disposition of SF 54's or SF 2823's

- [XX] Attached
- [ ] Not on file with this agency
- [ ] On file in employee's Official Personnel Folder

5. Date of Termination *(month, day, year)*	6. Date of Notice of Conversion Privilege (SF 2819) to Employee *(month, day, year)*.	7. Annual basic pay *(not basic insurance amount)* on date in item 5. Convert daily, hourly, piecework, etc. rate to annual rate.	8. Effective date of continuous coverage under FEGLI program
8-1-85	8-1-85	$ 26,117.60	03-20-67

9. Did employee have Option A—Standard insurance on date in item 5?

- [ ] No
- [XX] Yes-If "yes" give → Effective date of election: 2-13-68

10. Did employee have Option C—Family insurance on date in item 5?

- [ ] No
- [X] Yes-If "yes" give → Effective date of election: 04-05-81

11. Did employee have Option B—Additional insurance on date in item 5?

- [ ] No
- [XX] Yes-If "yes" give →

Effective date of election	Number of multiples of pay on date in item 5.	Lowest number of multiples of pay during last 5 years
04-05-81	5 times pay	Five

12. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

Personal signature of authorized agency official	Name and address of agency, including zip code
Donald L. Smythe	
Typed name of authorized agency official: Donald L. Smythe	
Title: Employee Relations Superintendent	Commercial phone no. with area code: (919) 451-4458
	Date: 7-2-85

IMPORTANT INFORMATION

Death within 31 days.—Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates even though the employee has not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 12, above.

Continuation of insurance while receiving Federal Employees' Compensation.—See back of this page.

Conversion to an individual policy.—See back of this page.

If you are retiring, your Basic Life insurance (but not accidental death and dismemberment coverage) may be continued if: (a) you retire on an immediate annuity, (b) you do not convert to an individual policy, and (c) you have had it for the 5 years immediately preceding retirement (or, if less than 5 years, since your first opportunity). Generally, any optional insurance you have may be continued if you continue your Basic Life insurance and you have had the option for the 5 years immediately preceding retirement (or, if less than 5 years, since your first opportunity). If you want to continue your Basic Life insurance, complete SF 2818 to elect the type of reduction in coverage that will occur when you reach age 65 (or when you retire if you are already 65). See Standard Form 2818, "Election of Post-Retirement Basic Life Insurance Coverage," for details about continuing life insurance coverage into retirement.

FEGLI

Federal Employees' Group Life Insurance Program

ELECTION OF POST-RETIREMENT BASIC LIFE INSURANCE COVERAGE

A GENERAL INSTRUCTIONS:

- Read the accompanying information carefully
- Type or print in ink
- Return completed form to your employing office

B Fill in identifying information requested below

Name (Last) (First) (Middle)	Date of Birth (Month, day, year)	Social Security Number
SCHMIDT, CARROLL VICTOR	07-24-20	559 28 9603

Employing Department or Agency	Agency Location (City, State, Zip Code)
D/Navy, Marine Corps Base	Camp Lejeune, NC 28542

C By completing this form, you are choosing the amount of basic life insurance coverage you will have after you reach age 65. If you are already age 65 or older, and you choose the 75% Reduction or the 50% Reduction, that reduction will begin at retirement.

SIGN AND DATE ONE OF THE BOXES BELOW. *(DO NOT SIGN MORE THAN ONE.)* THEN CROSS OUT THE OTHER TWO BOXES. Failure to cross out the two boxes will not invalidate the form.

1 I WANT THE 75% REDUCTION	2 I WANT THE 50% REDUCTION	3 I WANT NO REDUCTION
I WANT THE 75% REDUCTION. I understand that after I reach age 65 (or upon retirement, if I'm older than 65) the amount of my basic insurance coverage will reduce at the rate of 2% per month until it reaches 25% of my basic insurance amount at retirement. I understand that I cannot change my election to a lesser reduction at a later date.	I WANT THE 50% REDUCTION. I understand that after I reach age 65 (or upon retirement, if I'm older than 65) the amount of my basic insurance coverage will reduce at the rate of 1% per month until it reaches 50% of my basic insurance amount at retirement. I understand that the only change I may make at a later date is to the 75% reduction. I authorize deductions to be made from my annuity or compensation to pay the full cost of this additional protection.	I WANT NO REDUCTION. I understand that there will be no reduction in the amount of my basic insurance coverage after I reach age 65 (or upon retirement, if I'm older than 65). I further understand that I cannot later change to the 50% reduction, but can change to the 75% reduction. I authorize deductions to be made from my annuity or compensation to pay the full cost of this additional protection.
Signature *(Do not print)*	Signature *(Do not print)*	Signature *(Do not print)* Carroll V. Schmidt
Date	Date	Date 4-17-85

PRIVACY ACT STATEMENT

Public law 96-427, Federal Employees' Group Life Insurance Act of 1980, authorizes the solicitation of this information. The data you furnish will be used to determine the amount of life insurance coverage you have after retirement.

This information may be shared with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs, or when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number to distinguish between you and people with similar names. Furnishing your Social Security Number, as well as other data, is voluntary, but failure to do so may result in the inability of your retirement system to provide you the level of insurance protection you want.