

HRSSC
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GREENSBORO NC 27497-0600

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*Provided by the Human Resources Shared Service Center
Proud Recipient of the Shared Services Outsourcing Network Award*

The following information and forms are being provided to you by the
HR Shared Service Center according to your request.

Other helpful sources of information:

Liteblue:<http://liteblue.usps.gov> (you'll need your Employee ID Number and your Password)

Retirement Videos online:

<https://liteblue.usps.gov/humanresources/retirement/home.shtml>
(via Lite Blue/My HR/Retirement)

Office of Personnel Management (OPM): <https://www.opm.gov/>

Thrift Savings Plan (TSP): <https://www.tsp.gov> (you will need your TSP PIN)

Flexible Spending Account (FSAFEDS): <https://fsafeds.com>

HR SHARED SERVICE CENTER



2018 VOLUNTARY EARLY RETIREMENT OFFER LETTER

January 8, 2018

SUBJECT: 2018 Clerk/Mailhandler VER

The U.S. Postal Service has received approval from the Office of Personnel Management (OPM) under its Voluntary Early Retirement Authority (VERA) to offer Voluntary Early Retirement (VER) to certain career employees who are VER eligible. You are receiving the enclosed package because you have been identified to be VER eligible and included in the group eligible for the announced Voluntary Early Retirement Offer.

Full Time Employees: In addition to the enclosed package, an annuity estimate will be mailed on or about January 8, 2018. This annuity estimate is based on a January 31, 2018 retirement date. Carefully review the information in the annuity estimate along with the information provided in this package before making your decision to accept the Voluntary Early Retirement Offer.

Part Time Employees: If you believe you are interested in this offer, please contact the HR Shared Service Center (HRSSC) immediately at 1-877-477-3273, Option 5. Select Retirements and inform the HRSSC you are a part-time employee and have received this offer. Request an annuity estimate for **January 31, 2018; February 28, 2018 or March 31, 2018 based on the retirement date that you have selected on the Acknowledgement of Irrevocability**. An annuity estimate will be sent to your mailing address which you should receive with 2 weeks. Please review the information in the annuity estimate along with the information provided in this package carefully as you consider your decision to accept this Voluntary Early Retirement Offer.

If You Decide **TO TAKE** the VER Offer:

Follow these steps to take advantage of this offer:

1. Complete and return the following forms included in the enclosed package:
 - Acknowledgement of Irrevocability of Voluntary Early Retirement Decision.
 - Application for Immediate Retirement (attached SF 2801 for CSRS covered employees or SF 3107 for FERS covered employees). Please complete all forms below to the best of your ability making sure to **sign & date Section I, Applicants Certification**.
 - a. Application for Immediate Retirement (SF 2801 or SF 3107)
 - b. Schedules A, B & C
 - c. Spouse's Consent to Survivor Election (SF 2801-2 or SF 3107-2)
2. Return all forms as soon as possible to the Human Resources Shared Service Center (HRSSC).

HRSSC VER Processing
PO Box 970600
Greensboro NC 27497-0600

IMPORTANT: These documents must be *received* no later than 8:30 PM ET on:

<u>VER RETIREMENT DATE</u>	<u>IRREVOCABLE DATE</u>
Wednesday, January 31, 2018	Friday, January 26, 2018
Wednesday, February 28, 2018	Friday, February 23, 2018
Saturday, March 31, 2018	Friday, March 23, 2018

Mail only original, signed documents. Photocopies or documents submitted electronically (i.e., scanned or faxed) will not be accepted.

After your Acknowledgement of Irrevocability and Application for Immediate Retirement forms are received at the HRSSC:

- You will be mailed a VER Retirement Kit containing additional forms required to complete the retirement process and the information needed to schedule a **GROUP** retirement information session. A VER counseling video is also available on the Retirement Home Page of LiteBlue (www.liteblue.usps.gov) for your convenience.

Note: To continue eligibility for the VER offer, you must not have received a final removal decision based on misconduct or unacceptable performance as of your elected VER effective date.

If You Decide NOT TO TAKE the VER Offer:

No further action is required on your part. Do not return the package to the HRSSC if you are not taking advantage of this VER offer.

Important Information About Your Retirement and the VER Offer

If you are covered by the Civil Service Retirement System (CSRS) and under age 55, your annuity reflects a two percent (2%) reduction for each year under age 55. If you are covered by the Federal Employees Retirement System (FERS) with a CSRS Frozen component and under age 55, only the CSRS portion of your annuity is reduced by two percent (2%) for each year under age 55. There is no reduction to the FERS component of the annuity. If you are an employee covered by FERS, there is no reduction for early retirement under VER.

If you are considering the offer contained in this letter, you are reminded that to continue health and life insurance into retirement you must have been covered by the Federal Employee Health Benefits (FEHB) and Federal Employees Group Life Insurance (FEGLI) programs for the 5 years of service immediately preceding your retirement or for all service since you first became eligible to participate. In certain circumstances OPM may waive the standard requirements for continuing health insurance into retirement.

Irrevocable After:

<u>VER RETIREMENT DATE</u>	<u>IRREVOCABLE DATE</u>
Wednesday, January 31, 2018	Friday, January 26, 2018
Wednesday, February 28, 2018	Friday, February 23, 2018
Saturday, March 31, 2018	Friday, March 23, 2018

HR SHARED SERVICE CENTER



The Postal Service relies on retirement decisions when developing its complement management plans. If you submit a signed Acknowledgement of Irrevocability of Voluntary Early Retirement Decision letter, **your decision to retire will become IRREVOCABLE at 8:30 PM ET on the date listed in the above chart**, the closing date of the VER period. This means that you **cannot withdraw your retirement application** after 8:30 PM ET on **the elected date listed on the above chart**.

You may only withdraw your retirement application by submitting a **signed and dated** written letter, **received** at HRSSC no later than 8:30 PM ET on **the elected date listed on the above chart**.

**HRSSC VER Processing
PO Box 970600
Greensboro NC 27497-0600**

*A request made after the irrevocability date to withdraw a VER application can be granted **only** in very limited circumstances where you can establish a hardship that did not exist and was not reasonably foreseeable as of the irrevocability date, and that warrants permitting you to withdraw your VER application. An example of such a hardship is the unanticipated death of a spouse.*

For additional information on the current VER, go to the Postal Service intranet (*Blue*) from a postal computer, or from a non-postal computer access *LiteBlue* at www.liteblue.usps.gov and select the Workforce Connection link.

Human Resources Shared Service Center

Enclosures

PRIVACY ACT NOTICE — Human Resources Forms

This notice contains a privacy statement applicable to certain forms which are used by the U.S. Postal Service® (USPS®). It must be given to an individual completing any one of the specific forms listed below, in compliance with the provisions of the Privacy Act of 1974.

This notice includes the principal purpose(s) for which the information is being collected, the laws that allow the Postal Service™ to collect the information, any effects upon an individual for not providing the information, and the circumstances (Routine Uses) in which the information may be disclosed.

FORM

FE-6	SF-2801-1	SF-3104
FE-6 DEP	SF-2801-2	SF-3104B
RI-76-10	SF-2801-3	SF-3107
SF-15	SF-2808	SF-3107-2
SF-813	SF-2817	SF-3109
SF-2800	SF-2822	SF-3110
SF-2800A	SF-2823	SF-3111
SF-2801	SF-3102	

Privacy Act Statement: Your information will be used to process all necessary action relating to routine personnel and benefits functions. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004, 1005, and 1206.

Providing this information is voluntary, but if not provided, we may be unable to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel; the Selective Service System, records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by USPS; and to financial entities regarding financial transactions issues.

FORM

FE-7	SF-1152	SF-2810
FSA-1	SF-1153	SF-2818
IRS-W4	SF-2802	SF-3106
IRS-W4A	SF-2802A/B	SF-3108
IRS-W4P	SF-2803	TSP-1
IRS-W15	SF-2804	TSP-1C
OPM-1515	SF-2809	

Privacy Act Statement: Your information will be used to process all necessary action relating to routine personnel functions, benefits, and compensation functions. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004, 1005, and 1206 and 1206; and 29 U.S. 2601 et seq.

Providing the information is voluntary, but if not provided, we may be unable to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; the Selective Service System, records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by USPS; and to financial entities regarding financial transaction issues.

See form index on reverse side



FORM INDEX

FE-6	Claim for Death Benefits Federal Employees' Group Life Insurance Program
FE-6 DEP	Settlement of Claim – Option C Family Life Insurance Federal Employees' Group Life Insurance (FEGLI)
FE-7	Claim for Dismemberment Benefits Federal Employees' Group Life Insurance (FEGLI) Program
FSA-1	Flexible Spending Account Claim Form Health Reimbursement Account
IRS-W4	Employee's Withholding Allowance Certificate
IRS-W4A	Employee's Withholding Certificate
IRS- W4-P	Withholding Certificate for Pension or Annuity Payments
IRS- W15	State Withholding Tax Exemption Certificate
OPM-1515	Military Service Deposit Election
RI 76-10	Assignment Federal Employees' Group Life Insurance (FEGLI) Program
SF-15	Application For 10-Point Veteran Preference
SF-813	Verification of Military Retiree's Service In Non-wartime Campaigns of Expeditions
SF-1152	Designation of Beneficiary Unpaid Compensation of Deceased Civilian Employee
SF-1153	Claim for Compensation of Deceased Civilian Employee
SF-2800	Application for Death Benefits Civil Service Retirement System
SF-2800A	Documentation and Elections in Support of Application for Death Benefits/Employee at Time of Death
SF-2801	Application for Immediate Retirement Under the Civil Service Retirement System
SF-2801-1	Certified Summary of Federal Service Civil Service Retirement System
SF-2801-2	Spouse's Consent to Survivor Annuity or Combination Current/Former Spouse Annuity
SF-2801-3	Election of Former Spouse Survivor Annuity or Combination Current/Former Spouse Annuity
SF-2802	Application for Refund of Retirement Deductions Civil Service Retirement System
SF-2802A/B	Current/Former Spouse's Notification of Application for Refund of Retirement Deduction the CSRS
SF-2803	Application to Make Deposit or Redeposit Civil Service Retirement System
SF-2804	Application to Make Voluntary Contribution Civil Service Retirement System
SF-2808	Designation of Beneficiary Civil Service Retirement System
SF-2809	Health Benefits Election Form
SF-2810	Notice of Change in Health Benefits Enrollment
SF-2817	Life Insurance Election Federal Employees' Group Life Insurance Program
SF-2818	Continuation of Life Insurance Coverage as an Annuitant or Compensation (FEGLI)
SF-2822	Request for Insurance Federal Employees' Group Life Insurance (FEGLI) Program
SF-2823	Designation of Beneficiary Federal Employees' Group Life Insurance (FEGLI) Program
SF-3102	Designation of Beneficiary Federal Employees' Retirement System
SF-3104	Application for Death Benefits Federal Employees Retirement System
SF-3104B	Documentation and Election in Support of Application for Death Benefits/Employee at Time of Death FERS
SF-3106	Application for Refund of Retirement Deductions Federal Employees Retirement System
SF-3107	Application for Immediate Retirement Federal Employees Retirement System
SF-3107-2	Spouse's Consent to Survivor Election
SF-3108	Application to Make Service Credit Payment Federal Employees Retirement System
SF-3109	Election of Coverage Federal Employees Retirement System
SF-3110	Former Spouse's Consent to FERS Elections Federal Employees Retirement System
SF-3111	Request for Waiver Extension, or Search in Connection with Election of FERS Coverage
TSP-1	Thrift Saving Plan Election Form
TSP-1-C	Thrift Savings Plan Catch-Up Contribution Election

Kit 7530-11-000-4665

FERS VOLUNTARY EARLY RETIREMENT KIT

Voluntary Early Retirement Offer Letter

SECTION 1 Required Forms

Statement of Irrevocability

SF 3107 Application for Immediate Retirement (FERS)

SF3107-2, Spouse's Consent to Survivor Election

SECTION 2 VER GENERAL INFORMATION

Voluntary Early Retirement Summary of Benefits

Voluntary Early Retirement Questions & Answers

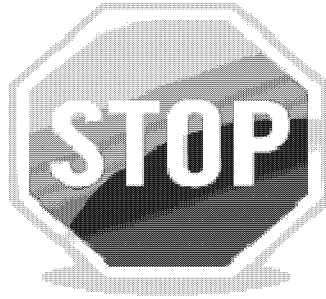
Section 1 Required Forms

Statement of Irrevocability

SF 3107, Form, Application for Immediate Retirement

SF3107-2, Spouse's Consent to Survivor Election

**YOU MUST SUBMIT ORIGINAL, SIGNED DOCUMENTS.
FAXED DOCUMENTS WILL NOT BE ACCEPTED.**



Before submitting your paperwork to the HRSSC, have you included the following required documents? You may use this as your checklist for submitting your documents.

___Application for Immediate Retirement, SF3107

- **Must complete Date of Final Separation, (Retirement Date) Section B**
- **Initial only ONE annuity election, Section D**
- **Sign and date, Section I**

___Copy of Marriage Certificate, if married

___Schedules A, B and C, of the SF3107 (required for EVERYONE)

- **Schedule A – must be completed if you had military time. If not, you will complete with an “N/A” on one of the lines in this section**
- **Schedule B – must be completed if you are retired military. If not, you will complete with an “N/A” beside the first question.**
- **Schedule C- must be completed in full. 3a and 3b must be answered (please see example for Schedule A, B, and C)**

___DD214, if you have military time.

___Spouse’s Consent to Survivor Election, SF3107-2 if married.

- **If you selected any of the other annuity elections other than the maximum survivor annuity for your spouse.**
- **No errors/cross outs are permitted.**
- **Make sure that the date your spouse signs matches date that the notary completes.**

You must return both the Application for Immediate Retirement and Acknowledgement of Irrevocability to be considered for the Voluntary Early Retirement.

Faxes and/or copies will not be accepted

**ACKNOWLEDGEMENT OF IRREVOCABILITY OF
VOLUNTARY EARLY RETIREMENT DECISION**

I have applied for Voluntary Early Retirement (VER) offered by the Postal Service under an authorized Voluntary Early Retirement Authority (VERA) granted by the Office of Personnel Management (OPM).

I understand that the Postal Service is relying on my decision to retire in developing its staffing plans.

I understand that the effective date of my retirement is based on my choice of:
(circle desired date)

Wednesday, January 31, 2018

Wednesday, February 28, 2018

Saturday, March 31, 2018

I understand that my decision to retire will become irrevocable after 8:30 PM ET on the closing date of the VER window period.

<u>VER RETIREMENT DATE</u>	<u>IRREVOCABLE DATE</u>
Wednesday, January 31, 2018	Friday, January 26, 2018
Wednesday, February 28, 2018	Friday, February 23, 2018
Saturday, March 31, 2018	Friday, March 23, 2018

I further understand that if I change my mind; I may only withdraw my retirement application by submitting a signed and dated written letter, ***received*** at HRSSC no later than 8:30 PM ET on **the above IRREVOCABLE DATE**. Mail the letter to:

**HRSSC VER PROCESSING
PO BOX 970600
GREENSBORO NC 27497-0600**

A request made after the irrevocability date to withdraw a VER application can be granted only in very limited circumstances where you can establish a hardship that did not exist and was not reasonably foreseeable as of the irrevocability date, and that warrants permitting you to withdraw your VER application. An example of such a hardship would be the unanticipated death of a spouse.

I understand that any letter received after 8:30 PM ET on **the above IRREVOCABLE DATE**, will ***not*** serve as an effective withdrawal of my retirement application. Proof of mailing is recommended (i.e., delivery confirmation) when submitting your application or withdrawal request within seven (7) days of the irrevocability/effective date.

Please print legibly:

Employee Identification Number (found on your pay stub): _____

Employee Name: _____

Signature: _____

Date: _____

Copies, Faxes and / or Scanned Documents will not be accepted.



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: 1-855-887-4957) 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 can also find this form on our website at www.opm.gov/forms/Retirement-and-Insurance-Forms.

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-services/publications-forms/pamphlets/#url=FERS.

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: 1-855-887-4957). 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. Do not enter the bank address where your payments will be deposited here; see Section H of the application form for payment information.

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.) Please note that if you are currently serving in more than one appointive or elective position in the Federal Government, you must separate from all such positions before you can qualify for an immediate retirement.

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. Regular Corps or Reserved Corps of the Public Health Service after June 30, 1960;
- c. Commissioned Officer of the National Oceanic and Atmospheric Administration after June 30, 1961 or a predecessor entity in function;
- d. Cadet at the U.S. Military Academy, U.S. Air Force Academy, U.S. Coast Guard Academy, or midshipman at the U.S. Naval Academy.
- e. Excluding the National Guard, active service in the reserve components of the uniformed services, including active duty for training, is military service. Service as a National Guard member does not meet the definition of military service for purposes of civil service retirement, except when the member is ordered to active duty in the service of the United States or performs full-time National Guard duty (as such term is defined in section 101(d) of title 10) if the National Guard duty interrupts creditable civilian service under subchapter I of chapter 84 of title 5, and is followed by reemployment in accordance with chapter 43 of title 38 that occurs on or 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 subject to CSRS coverage 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 employed in a civilian position subject to CSRS coverage 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.

The law gives an alternate method to compute the military deposit if an employee served on active duty, and such service interrupted creditable civilian service under subchapter I of chapter 84 of title 5, and was followed by reemployment in accordance with chapter 43 of title 38 that occurs on or after August 1, 1990. The employee pays no more than the amount of retirement contributions that would have been withheld from basic pay during civilian service if the employee had not performed the period of military service.

- 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 retired pay and reserve retainer pay.)

This information is needed to assure correct credit for military service. With limited exceptions, you must waive your military retired pay to receive credit for your military service in your FERS annuity.

You may receive credit in your FERS annuity for your military service without waiving your military retired pay if you are entitled to 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 combat with an enemy of the United States; or caused by an instrumentality of war in the line of duty during a period of war as defined by Section 1101 of title 38.

Attach a copy of your retirement order from your military service to this application. If applicable, also attach a copy of your military service's determination that your military disability retirement was service connected and incurred in combat as described, or caused by an instrumentality of war as described. Only your military service branch can make this determination; the Department of Veterans Affairs cannot make this determination. If you do not have verification of the type and conditions of your military retirement, you should get the verification from the retirement service organization of your military service before you retire from your civilian position.

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 military 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.)

Obtain counseling from the military before waiving military retired pay for FERS retirement if you receive or may receive Combat Related Special Compensation (CRSC) or concurrent receipt of military retired pay and veterans compensation.

Reminder: Even if you have waived military retired pay or qualify for one of the exceptions to waiver, you must pay a military deposit for your military service performed after 1956 to receive credit for the service in your FERS annuity, and the military deposit must be paid to your employing agency before you retire.

Section C - Marital Information

- Item 2: Indicate whether you have a living former spouse to whom a court order awards a survivor annuity or a portion of your retirement benefits based on your Federal employment. If you answer "yes," you must submit a certified copy of the court order and any attachments or amendments.

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. An election of a survivor annuity for a current spouse in box 1 or 2 also terminates upon a divorce from that spouse. An election of a survivor annuity for a former spouse in box 5 also terminates if that former spouse remarries before age 55, unless the annuitant and the former spouse were married for 30 years or more. You must notify us when one of those events terminating a survivor election occurs. Also notify us if a former spouse who is entitled to a survivor annuity under a court order acceptable for processing becomes ineligible for the former spouse annuity because of a reason specified in the court order or because of a remarriage prior to age 55.

Please note that, in accordance with the law, both a survivor annuity election made at retirement and a survivor annuity election made before a divorce, **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 an insurable interest annuity for your current spouse because a former spouse is entitled to the regular survivor annuity (under a court order acceptable for processing or based on your election of that survivor benefit for the former spouse), you can convert the insurable interest election for your current spouse to a current spouse annuity within two (2) years of the former spouse losing entitlement to the regular survivor 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 have ever 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 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, disability or other type of 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 22. Also list any child who is over age 22 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 H - Payment Instructions

Complete in all cases. The US Department of the Treasury pays all Federal benefit payments electronically. Most Federal payments are paid by Direct Deposit into a savings or checking account at a financial institution. If you do not have a bank account, or prefer not to have your annuity payments deposited directly to your bank account, you can choose a Direct Express debit card. If you choose this option, your annuity payment will be automatically deposited to the Direct Express card on the payment date. To obtain a debit card, go to www.godirect.org or call 1-800-333-1795. If your payments are not electronically deposited to your account and you do not have a Direct Express card, you must contact the Department of the Treasury at 1-800-333-1795.

You cannot receive your annuity payments by direct deposit or the Direct Express debit card program if your permanent payment address is outside the United States in a country where these programs are not available.

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.

REFER TO THIS EXAMPLE

 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. Home 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)
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> Retirement Date" (Last day on the rolls of the USPS) </div>		3. Title of position from which you are retiring
		3a. Your pay plan and occupational series
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 OP <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 and attach a copy of your marriage certificate) <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: <input type="checkbox"/> Clergyman or Justice of Peace <input type="checkbox"/> Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity or a portion of your retirement benefits based on your Federal employment? <input type="checkbox"/> Yes (Attach a certified copy of the court order(s) and any amendments.) <input type="checkbox"/> No		
Section D - Annuity Election		
<p>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, <i>Applying for Immediate Retirement under FERS</i> 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.</p> <p>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 (re-elect) within 2 years of the terminating event. If you wish to re-elect a survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement, Continuing a survivor reduction by this if, is not effective to re-elect a survivor annuity for a spouse married after retirement or for a former spouse.</p> <p>If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 3 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.</p>		
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 earned 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 earned 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.	
<div style="background-color: black; color: white; padding: 5px;"> Section D, an annuity election is required. There are 5 annuity options. Initial only one (1) box </div>		
C 33/FERS Handbook for Personnel and Payroll Offices 3107-108 Previous editions are not valid. Standard Form 3107 Issue of May 2014		



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. Home 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
	3a. Your pay plan and occupational series
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 and attach a copy of your marriage certificate) <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: <input type="checkbox"/> Clergyman or Justice of Peace <input type="checkbox"/> Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity or a portion of your retirement benefits based on your Federal employment? <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 survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement. 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.

If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 5 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.

1. <div style="border: 1px solid black; padding: 2px; text-align: center;">Initials</div>	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 earned annuity.
2. <div style="border: 1px solid black; padding: 2px; text-align: center;">Initials</div>	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 earned 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. <div style="border: 1px solid black; padding: 2px; text-align: center;">Initials</div>	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.) If you are married and elect this option for your spouse, complete SF 3107-2, Spouse's Consent to Survivor Election and attach it to your application.*

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social Security Number

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 enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)?
☐ Yes ☒ Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.
☐ No ☒ If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.
4. 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. Have you applied for, are you receiving, or have you ever received 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 | 2b. Claim number(s) |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Return of excess deductions | <input type="checkbox"/> Voluntary contributions | |

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 - Payment Instructions

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

- ☐ Please send my annuity payments directly to my checking or savings account. (Go to item 2)
- ☐ Please send my annuity payments to my Direct Express debit card. (Go to item 3a)
- ☐ My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. (Go to item 3a)

2a. Financial Institution Routing Number		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.	
2b. Checking or Savings Account Number	2c. What kind of account is this?	2d. Telephone number of your Financial Institution (including area code)	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
2e. Name and address of Financial Institution		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.	
3a. Do you want Federal income tax withheld from your annuity payments?		3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary?	
<input type="checkbox"/> Yes (Go to item 3b) <input type="checkbox"/> No (Go to Section I)		<input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)	

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 acknowledgment or approval of your request for waiver (if applicable)?			
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 Compensationer</i> ?			
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?			
10. Court or Administrative Order(s) - If you answered "yes" to Section C, item 2 and/or "yes" to Section E, Item 1b, did you attach a copy of the order(s)?			

REFER TO THIS EXAMPLE

Schedules A, B and C			
1. Name (last, first, middle) PUBLIC, JOHN Q		2. Date of birth (mm/dd/yyyy) 02021948	3. Social Security Number 111-22-3333
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 From (mm/dd/yyyy) To (mm/dd/yyyy)	
		d. Last grade or rank	
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.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Schedule B: Military Retired Pay			
1. If you are receiving or have applied for military retired or retiree pay (including disability or retired pay), complete Parts 1a-1d below.			
a. Are you receiving or have you ever applied for military retired or retiree 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 retiree pay awarded for resumed active duty under Chapter 1223, title 10, US Code (formerly Chapter 67, title 10)? <input type="checkbox"/> Yes (attach a copy of notice of award) <input type="checkbox"/> No		
c. Was your military retired pay or retiree 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 (attach a copy of notice of award) <input type="checkbox"/> No	d. Are you seeking your military retired or retiree pay in order to receive credit for military service for PERS retirement benefits? <input type="checkbox"/> Yes (attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver) <input type="checkbox"/> 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? <input type="checkbox"/> Yes (complete parts 1a-c below) <input type="checkbox"/> No (go to question 2)			
a. Compensation claim number	b. Benefits received From (mm/dd/yyyy) To (mm/dd/yyyy)		c. <input type="checkbox"/> Scheduled award <input type="checkbox"/> Other <input type="checkbox"/> Total or partial disability compensation <input type="checkbox"/> Scheduled award <input type="checkbox"/> Other <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 Compensation claim number		<input type="checkbox"/> b. Claim denied Compensation claim number Date claim denied (mm/dd/yyyy)	
3. Except for scheduled compensation awards, workers' compensation and PERS 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) John Q Public	Date (mm/dd/yyyy) MM/DD/YYYY

ALL THREE SCHEDULES MUST BE COMPLETED

If you have no military service write N/A in Schedules A & B

This section must be completed

Schedule C: from the date you sign this document until you leave the USPS, you agree to notify OPM of a work

Question 3A must be answered

Question 3B must be answered

C SES/PERS Handbook for Personnel and Payroll Offices
 3167-108
 Periodic updates are available.
 Standard Form 3107
 Revised May 2014

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

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 acknowledgment 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 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*) ☐ 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"/> Other
		<input type="checkbox"/> Total or partial disability compensation
		<input type="checkbox"/> Scheduled award <input type="checkbox"/> Other
		<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.

☐ a. Awaiting OWCP decision ☐ b. Claim denied

Compensation claim number	Compensation claim number	Date claim denied (<i>mm/dd/yyyy</i>)
---------------------------	---------------------------	---

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*)

REFER TO THIS EXAMPLE NO MARKOUTS/WHITEOUTS OR ERASURES ALLOWED ON THIS FORM

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 (last, first, middle)

Date of birth (month/day/yyyy)

Social Security Number

I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)

- ☐ a. Noregular 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. 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.
- ☐ d. A maximum survivor annuity for my former spouse _____ (name of former spouse)
- ☐ e. A partial survivor annuity for my former spouse _____ (name of former spouse) equal to 25% of my annuity.
- ☐ f. A partial survivor annuity for my former spouse _____ (name of former spouse) equal to 25% of my annuity.

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 and irrevocable.

Name (type or print)

Signature (do not print)

Date (month/day/yyyy)

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 _____

(month)

(year)

(City and State)

(Seal of Notary Public or witnessing authority of person authorized to administer oaths)

Signature (do not print)

(Seal)

Expiration date (month/day/yyyy) or 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 spouse 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

Collection 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 federal or non-federal administrative agencies in order to determine the benefits under these programs, to obtain information necessary for determination of benefit 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 9637 (November 22, 1983) 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.

To be
completed
by
employee

To be
completed
by spouse

These
dates
MUST
be the
same

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 (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
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I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)

- ☐ 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. 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.
- ☐ d. A maximum survivor annuity for my former spouse _____
(name of former spouse)
- ☐ e. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former spouse)
- ☐ f. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former 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 (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
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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) <div style="text-align: center; margin-top: 20px;">(Seal)</div>	Signature (do not print) <hr/> Expiration date (mm/dd/yyyy) of commission, if Notary Public
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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.

Section 2 VER GENERAL INFORMATION

Voluntary Early Retirement Summary of Benefits

Voluntary Early Retirement Questions & Answers

FEDERAL EMPLOYEE HEALTH BENEFITS INFORMATION

For those retiring in conjunction with a VER, you must have been enrolled (or covered as a family member) under the FEHB Program:

- For the last 5 years of service immediately preceding your retirement; **OR**
- If less than 5 years, must have been enrolled continuously since your first opportunity to enroll in FEHB.

If you do not meet either of the requirements above, OPM will grant pre-approved waivers to employees who have been:

- Covered under the FEHB Program continuously since the beginning date of the OPM-approved VER; and
- Retire during the OPM-approved VER period; and
- Take Voluntary Early Retirement

OPM Authority Number	Definition	OPM VER Approval Date
2017-048	EAS, Pay Band PCES	10/01/17 – 12/31/18

If you meet the 5-year / 1st opportunity to enroll requirement **OR** meet the eligibility criteria for the pre-approved waiver, no further action is required on your part. The HRSSC will automatically transfer your current health benefits coverage to OPM along with the request for pre-approved waiver, if applicable. You will receive a copy of the transfer memorandum, and the pre-approved waiver (if applicable), as part of the complete copy of your retirement paperwork that will be mailed to you after processing is complete.

If you have not:

- Had FEHB coverage for the last 5 years; or
- Had FEHB coverage since your first opportunity to enroll; or
- Had FEHB coverage continuously since the beginning date of the VER authority,

you may make a written request for a waiver directly to OPM. OPM will consider each request on its own merits, based on the criteria that are applied to all other retiring employees. You should send OPM the following information:

- Explanation of why you believe OPM should consider granting a waiver (why you cannot meet the 5-year requirement or why meeting it would be harmful)
- All health benefit enrollment forms on file in your electronic OPF. You can access your eOPF from usps.liteblue.gov.
- Copy of your Retirement Plan Correction Report and/or Certified Summary of Federal Service
- The VER Authority Number (see chart above)

- Exact date you plan to retire
- If you are a family member have a medical condition that is a factor in the decision to retire, include any medical documentation you want OPM to consider.

Mail to the following address:

Office of Personnel Management
Retirement Benefits Branch
1900 E Street NW
Washington, DC 20415-3532
Fax 202-606-1640 or 202-606-4931

Additional information about health insurance benefits after retirement can be found in the Health Benefits section of the VER FAQs

FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)

To be eligible to carry life insurance coverage, you must meet the following criteria:

- You must be entitled to retire on an immediate annuity under a retirement system for civilian employees.
- You must also have been continuously enrolled in the FEGLI program for the five (5) years of service immediately before your annuity begins, or for the full period of service since your first opportunity to enroll (if less than five (5) years).
- You must not have converted to an individual life insurance policy.

THRIFT SAVINGS PLAN (TSP)

- Following retirement you are not eligible to make contributions to or borrow money from your TSP account. You may continue to reallocate money among the TSP accounts.
- If you retire, you will receive extensive information regarding your TSP withdrawal options and whether you may leave your money in TSP. Withdrawal of funds may take at least two months following separation and after the receipt of properly completed forms by TSP.
- There are no differences in TSP provisions for retirement under VER versus separation or optional retirement. You will have the same withdrawal choices and tax consequences as any other separate or retired employee of the same separation or retirement date and age.
- If you retire before the year that you reach age 55, then any amount that you withdraw from your TSP account before you reach the age of 59 ½ is subject to an early withdrawal penalty tax of ten percent (10%). However, the penalty tax does not apply to amounts received under certain withdrawal options, such as an annuity or rollover to an Individual Retirement Account (IRA).
- All employees eligible for VER are fully vested in their TSP contributions and the earnings on those contributions.
- If you have an outstanding TSP loan, this would delay a TSP withdrawal because you cannot withdraw funds from your TSP account until you have repaid your loan in full or until your loan has been declared a taxable distribution.

FLEXIBLE SPENDING ACCOUNT (FSAFEDS)

- If you are an FSAFEDS participant, your participation ends as of the day after your retirement. This means that from this date on:
 - You may request payment only for the expenses of eligible services or items received up to and including your retirement date. Any services or items received after that date are not eligible for payment.
 - What happens to my carryover funds if I separate from the government? You have until April 30 of the following year to submit claims towards your current year and carryover balance. Any balances remaining for which claims were not submitted by April 30 will be forfeited.
 - The FSAFEDS is not available to you as an annuitant. Under Internal Revenue Service (IRS) tax rules, all employers may only make FSAs available to employees, not retirees.

SICK LEAVE

The years of service used to compute an annuity are a combination of creditable Federal Service and Postal Service + unused sick leave hours converted to creditable service. Sick leave is used in the annuity computation, but cannot be used to meet the service credit eligibility requirements for VER.

ANNUAL LEAVE

You may be eligible for a lump sum payment of accumulated annual leave carried over from the previous year (annual leave earned and unused in the current year, including amounts over the carryover maximum as well as any unused donated leave), and for full-time and part-time regular employees, holidays that fall within the terminal period. (Ref: ELM 512). Note: Annual leave in excess of the carryover limit cannot be carried forward in the next leave year.

MORE INFORMATION

- Retirement, health insurance, life insurance: www.opm.gov
- Thrift Savings Plan: www.tsp.gov
- Social Security: www.ssa.gov
- Medicare: www.medicare.gov

Pay Programs: <https://blue.usps.gov/hr/pay-benefits/pay-programs/pay-programs-overview.htm>

Pay for Performance: <https://blue.usps.gov/hr/pay-benefits/pay-programs/pfp/pay-for-performance-program.htm>

Questions and Answers on Benefits, Pay, and Leave Under Voluntary Early Retirement Authority (VERA)

Updated 12/28/17

The date above indicates the date that this document was reviewed and updated. The date on an FAQ indicates when that FAQ was updated. Whenever this document is updated, every FAQ is reviewed, but not every FAQ requires a change.

NOTE: For more information related to any questions and answers presented in this document, you should review the VIDEO segments in the Retirement Information Seminar Online under the My HR tab and select Retirement on *LiteBlue* at www.liteblue.usps.gov

VOLUNTARY EARLY RETIREMENT (VER)

Question 1. What is Voluntary Early Retirement (VER) Authority (VERA)?

Answer Voluntary Early Retirement (VER), or "Early Out," as it is commonly referred to, is a strictly voluntary option that allows eligible employees to retire early by authority granted by the Office of Personnel Management (OPM).

Question 2. Where can I find the most current VER information?

Answer From a postal computer (Blue - postal intranet):
<https://liteblue.usps.gov/humanresources/retirement/home.shtml>

From a non-postal computer (*LiteBlue*): www.liteblue.usps.gov

Question 3. Who is eligible for a VER? (Updated 04/13/2011)

Answer Employees covered by the Civil Service Retirement System (CSRS) and employees covered by the Federal Employees Retirement System (FERS) are eligible if they meet the following requirements:

- (1) At least 50 years of age with at least 20 years of service, or any age with at least 25 years of service, and
- (2) At least five (5) years **MUST** be creditable civilian service, not military service. Employees may use military service to meet the balance of service required for eligibility.
- (3) Hold a position covered by the VER offer.
- (4) Have been on the Postal Service's rolls at least 31 days before the Postal Service's request to OPM for the applicable VER authority, and have remained continuously on the Postal Service's rolls without a break in service since that time.
- (5) Employees who are in receipt of a final decision of removal based on misconduct or unacceptable performance on or before the VER effective date are not eligible for VER.

CSRS employees must have been employed under CSRS for at least one (1) year out of the last two (2) years, but the service need not be continuous.

Question 4. Are all employees who meet the above requirements eligible for the VER? (Updated 04/13/2011)

Answer No. At the time of the VER offer, the specific category or categories of employees who are covered by the VER offer if they meet the other eligibility requirements will be announced. The Postal Service can only offer VER opportunities to the category or categories of employees authorized by OPM.

Question 5. What is the major difference between VER and Optional Voluntary Retirement?

Answer The age and service requirements are less under VER than under optional retirement. Early retirement may carry a penalty in the annuity computation.

Question 6. If I meet the service requirement with 20 years of service, but not the age requirement, would my 50th birthday be the earliest date I could retire?

Answer Yes, provided your birthday is within the VER offer window. For retirement purposes an employee legally meets the age requirement the day before a birthday. For example, an employee meeting the service requirement who will be 50 years old on October 4 would be eligible to retire if the last date of the VER offer is October 3.

Question 7. Is there a time period for retiring under the VER? (Updated 04/13/2011)

Answer Yes, each VER offer has a 'window' during which applications will be accepted and one or more retirement effective dates. The window dates and retirement effective date(s) will be announced at the time of the VER offer.

Question 8. Can I cancel an application I submitted for disability retirement and take advantage of this VER offer now that I meet the eligibility requirements?

Answer Yes, an application for disability retirement may be withdrawn at any time prior to approval from OPM. Also, applications may be submitted for more than one retirement for which you qualify (discontinued service, MRA, etc.), and OPM will review each separately.

Question 9. Can I use my accumulated annual or sick leave balance to meet the years of service requirement?

Answer No, neither your annual nor your sick leave balance can be used to meet eligibility requirements.

Question 10. Am I eligible for the VER as a FERS covered employee who meets Minimum Retirement Age (MRA) with at least 10 years of service, but less than 20 years?

Answer No, 20 years of service is the minimum to qualify for the VER. (You are eligible to retire under a FERS MRA + 10 optional retirement with a reduced annuity.)

Question 11. How much money can I expect to receive in retirement on a monthly basis?

Answer If you are offered a VER opportunity, you will receive an estimate of the annuity you will receive as of the effective date for retirements processed under your offer.

Question 12. Will my annuity be reduced if I take the VER? (Updated 04/13/2011)

Answer **CSRS/CSRS Offset Covered Employees:** If you are under age 55, your annuity will be computed using a voluntary optional retirement annuity calculation based on total creditable years and months of service and average high-3 salary. Then, your annuity will be reduced at the rate of two percent (2%) for each year (or by 1/6th of one (1%) percent for each full month) that you are under age 55. This reduction is permanent — your annuity is not recomputed when you reach age 55.

FERS Covered Employees with a Frozen CSRS Component: The portion of your annuity based on a benefit that you accrued and retain under CSRS frozen service is subject to the reduction mentioned above for CSRS/CSRS Offset covered employees.

FERS Covered Employees without a CSRS Component: No reduction.

Question 13. How is the high-3 average salary determined in computing an annuity? (Updated 04/13/2011)

Answer Your high-3 average salary is the highest figure obtained by averaging your basic salary during any three (3) consecutive years of service, with each rate weighted by the length of time it was in effect. Basic salary includes higher-level pay and cost-of-living adjustments (COLAs), but does not include territorial cost of living allowance (TCOLA), overtime, bonuses, night differential, premium pay, military pay, lump sum terminal leave, or annual leave exchange payments, etc. In most cases, the last three (3) years of basic salary are the high-3 years. If you have a period of higher basic salary prior to the last three (3) years of employment, OPM will compute your annuity based on that earlier period, even if that period of service was with another federal agency. The high-3 calculation for part-time employees may differ; such employees may request a NARECS annuity estimate through the HR Share Service Center and the high-3 amount will be shown on it.

Question 14. When will my annuity start? (Updated 05/09/2012)

Answer CSRS voluntary retirement annuities commence the first day of the month after the employee separates from service and meets the age and service requirements. Under the three-day rule, annuities of employees who serve in a pay status for three (3) days (or fewer) in the month of retirement commence on the day after separation or the day after pay ceases and the age and service requirements are met. For example, if your date of retirement is October 31st, your annuity commences on November 1st, or if your date of retirement is March 3rd your annuity commences on March 4th.

FERS voluntary retirement annuities commence the first day of the month after separation for retirement. Unlike CSRS, there is no special provision for employees who serve three days or less in the month of retirement or any provision allowing a voluntary retirement annuity to begin on the day after the last day of pay. For example, if your date of retirement is October 31st, your annuity commences on November 1st, or if your date of retirement is March 3rd, your annuity commences on April 1st.

A discontinued service annuity commences on the day after separation.

Deferred annuities commence on the former employee's 62nd birthday. FERS deferred annuities based on having at least 10 years of service and reaching their Minimum Retirement Age (MRA) begin after reaching the MRA.

Question 15. How can I get credit for time worked in a position for which no retirement contributions were deducted from my pay?

Answer **CSRS/CSRS Offset Covered Employees:** If the service was performed before October 1, 1982, it is creditable in full toward retirement eligibility and in computing your annuity if you make a deposit. However, if you don't make a deposit for this service, your annuity will be reduced by ten percent (10%) of the amount of the unpaid deposit, plus interest. If the service was performed on or after October 1, 1982, it will be used to determine retirement eligibility, but is not creditable for annuity computation purposes unless you make a deposit, with interest, for this service.

FERS Covered Employees with a Frozen CSRS Component: The portion of your annuity based on a benefit that you accrued and retain under CSRS frozen service is subject to the creditability rules and calculations as mentioned above for CSRS/CSRS Offset covered employees.

FERS Covered Employees without a CSRS Component: If the service was performed before January 1, 1989, it will not count toward retirement eligibility or in computing your annuity unless a deposit, with interest, is made before the final adjudication of your retirement application. **If the service was performed on or after January 1, 1989**, it is not creditable under FERS, and a deposit cannot be made for this service.

Question 16. What impact will a previous withdrawal of my retirement contributions have on my retirement annuity? (Updated 05/09/2012)

Answer **CSRS/CSRS Offset Covered Employees:** If you are a CSRS employee and you previously worked for the Postal Service or another federal agency where retirement deductions were withheld from your pay and later refunded to you, you can apply to make a **redeposit** of those funds for that period of service. CSRS covered employees whose refunded service ended **before** March 1, 1991, will receive retirement eligibility and annuity computation credit for the length of the refunded service. However, ***unless the redeposit is paid in full, plus interest, your annuity will be actuarially reduced***, based on your age and the amount of redeposit. If the refunded service ended on or after March 1, 1991, you will receive credit for eligibility but you must pay the redeposit in full, plus interest, to receive credit for the service in the annuity computation. [Note that the March 1, 1991, date applies to non-disability annuitants whose separation from service occurs on or after October 28, 2009; otherwise, the refunded service must have occurred prior to October 1, 1990].

FERS Covered Employees with a Frozen CSRS Component: The portion of your annuity based on a benefit that you have accrued and retain under CSRS frozen service is subject to the creditability rules and calculations as mentioned above for CSRS/CSRS Offset covered employees. For the portion of your annuity based on a benefit that you accrued under FERS, please see the next paragraph.

FERS Covered Employees without a Frozen CSRS Component: The 2009 National Defense Authorization Act (NDAA) changed the rule that FERS participants who took refunds of their retirement contributions irrevocably lost service credit for the period covered by the refund. Now, if you had a prior period of service covered by FERS and withdrew your FERS retirement contributions, you have the opportunity to make a redeposit of the amount refunded, plus interest, and receive credit for the refunded period of service under FERS. Retirement regulations have been announced that give you credit for determining your eligibility to retire even if you do not make a redeposit. ***However, if the redeposit is not paid in full, plus interest, no credit is allowed for calculating your annuity.***

Question 17. If I take the VER, will I be eligible to withdraw my retirement contributions and take a reduced annuity?

Answer No. The Alternative Form of Annuity/Lump Sum option is presently available to only those employees documented to have a life-threatening affliction, and who separate with immediate entitlement to an annuity, other than a disability annuity.

[NOTE: Questions 18 through 24 apply to FERS Covered Employees ONLY]

Question 18. What is the FERS Special Retirement Supplement? (Updated 05/22/2012)

Answer **FERS Employees Only:** It is an annuity supplement only for FERS covered employees paid by the U.S. Office of Personnel Management (OPM – a separate government agency that administers the federal insurance and retirement plans), which estimates the

Social Security benefit earned by your FERS covered years of service. It is paid until you become eligible for a Social Security benefit at age 62. However, under VER, this supplement is payable only if you have reached your MRA - your earliest optional retirement age, which ranges from 55 to 57, depending upon your year of birth. If you are retiring at less than your MRA, the supplement will not be paid until you reach your MRA.

FERS employees are eligible for the FERS Special Retirement Supplement if they retire:

- at MRA with 30 years of service;
- at age 60 with 20 years of service; or
- at age 50 with 20 years of service or any age with 25 years of service in an early voluntary retirement (in a RIF, major reorganization, or transfer of function) or in an involuntary (discontinued service) retirement. This supplement is payable only if you have reached your MRA. If you are separating at less than MRA the supplement will not be paid until you reach your MRA. If you are eligible for the supplement it cannot be paid until your retirement application has been adjudicated by the U.S. Office of Personnel Management (OPM—a separate government agency that administers the federal insurance and retirement plans).

Question 19. **Can I still receive the Special Retirement Supplement as a FERS covered employee with a CSRS component? (Updated 04/13/2011)**

Answer **FERS Covered Employees Only:** Yes, if you had one (1) full calendar year of service subject to FERS and otherwise meet the requirements.

Question 20. **How is the Special Retirement Supplement computed? (Updated 04/13/2011)**

Answer **FERS Covered Employees Only:** The supplement is computed as if you were age 62 and eligible for a Social Security benefit when the supplement begins. By law, OPM first estimates what your full career (40 years) Social Security benefit would be. Then it calculates the amount of your civilian service under FERS and reduces the estimated full career Social Security benefit accordingly. For example, if your estimated full career Social Security benefit is \$1,000 monthly and you have worked 30 years under FERS, OPM will divide 30 by 40 (0.75) and multiply ($\$1,000 \times 0.75 = \750 monthly). The result would be your Special Retirement Supplement, before any reductions.

Question 21. **Do salary or wages earned after I retire affect the Supplement? (Updated 05/09/2012)**

Answer **FERS Covered Employees Only:** Yes. Your Special Retirement Supplement, like Social Security benefits, is subject to an earnings test. It is reduced if you earn more than the exempt amount of earnings (determined each year by Social Security) in the immediately preceding year. Under OPM rules, the earnings history does not include certain monies you may receive, and these amounts are not included in the earnings test:

- earnings during the year in which an employee separates for an immediate retirement,
- pensions or annuities paid as retirement income, including a FERS annuity,
- your terminal annual leave payment, or
- a separation incentive.

Question 22. **Can my FERS basic benefit also be reduced because of earnings over the earnings test limit? (Updated 05/09/2012)**

Answer **FERS Covered Employees Only:** No. Your FERS basic benefit cannot be reduced

because of earnings over the earnings test limit.

Question 23. How long will I continue to receive the Special Retirement Supplement?

Answer **FERS Covered Employees Only:** The Special Retirement Supplement will continue until the earlier of (1) the last day of the month before the first month for which you would be entitled to Social Security benefits, or (2) the last day of the month in which you reach age 62.

Question 24. Can I continue to get the Special Retirement Supplement after age 62 if I'm not eligible or I don't apply for Social Security benefits?

Answer **FERS Covered Employees Only:** The supplement ends at age 62, regardless of whether or not you receive benefits from Social Security.

[NOTE: End of questions that apply to FERS Covered Employees ONLY]

[NOTE: The following questions apply to both FERS and CSRS Covered Employees]

Question 25. How can I receive credit for military service if I'm receiving military retired pay? (Updated 04/13/2011)

Answer To receive credit, you must waive your retired pay and you must make a post-1956 deposit, unless your retirement is based on exception criteria. Contact the Human Resources Shared Service Center (HRSSC) at 1-877-477-3273, option 5, TDD/TTY 1-866-260-7507 if you were injured in combat or in the line of duty.

Question 26. When should I make my Post 1956 military deposit? (Updated 12/28/2017)

Answer Completed deposits plus applicable interest are required before retirement; however, you may initiate this payment while completing the retirement application package.

If you currently have a military deposit in progress through payroll deductions or periodic lump sum payments, contact the HRSSC at 1-877-477-3273, option 5, TDD/TTY 1-866-260-7507 to determine the remaining balance of your military deposit. For more information related to Post-1956 military deposits, access the Retirement Seminar Online at www.liteblue.usps.gov, My HR tab, and enter "Retirement" in the search My HR box.

Question 27. Where can I find more information about the VER and retirement in general? (Updated 04/13/2011)

Answer If you are eligible for retirement under the VER you will receive further information from the HRSSC, which is your source for retirement information while you are an employee. To learn more about retirement, the U.S. Office of Personnel Management (OPM - a separate government agency that administers federal retirement plans) provides extensive information. Do NOT call OPM. They cannot respond to questions from employees. Refer to OPM's web site at www.opm.gov/retire

CSRS VOLUNTARY CONTRIBUTIONS

Question 28. Will CSRS voluntary contributions I previously made be refunded to me? (Updated 04/13/2011)

Answer If you have elected to make CSRS Voluntary Contributions, there will be no automatic refund, but you may apply for a refund (including a rollover to a traditional Individual Retirement Account [IRA], a Roth IRA, or an eligible employer plan) any time before you receive an annuity based on these contributions. Otherwise, your CSRS annuity will be increased according to the Voluntary Contribution regulations.

SOCIAL SECURITY

Question 29. How would Voluntary Early Retirement affect my Social Security benefits?

Answer In terms of Social Security, taking a VER is the same as Optional Retirement. If you qualify for Social Security, you may receive full benefits beginning between age 65 and 67, depending on your date of birth. You may apply to receive actuarially reduced benefits as early as age 62.

Question 30. Will my Social Security benefit be reduced under the Windfall Elimination Provision because I receive a CSRS annuity? (Updated 05/09/2012)

Answer Your Social Security benefit may be reduced under the Windfall Elimination Provision (WEP). WEP lowers the percentages used to compute benefits for all workers who have less than 30 years of Social Security-covered employment and who have earned an annuity from employment not covered by Social Security, such as a CSRS annuity. The Social Security Administration publishes information on this provision on its web site: <http://www.ssa.gov/gpo-wep/>.

Question 31. What is the Government Pension Offset? (Updated 04/13/2011)

Answer This provision in the Social Security law affects the Social Security benefit of a CSRS retiree who did not pay Social Security taxes, but expects to receive a Social Security benefit as a spouse or surviving spouse. This provision does NOT affect CSRS Offset and FERS covered annuitants. The Social Security Administration publishes information on this provision on its web site: <http://www.ssa.gov/gpo-wep/>.

Question 32. How do I obtain more information about Social Security?

Answer Social Security offers several pamphlets, books and fact sheets. For more information or to obtain free publications, contact your local Social Security office, or call 1-800-772-1213, or refer to the web site: <http://www.ssa.gov>.

MEDICARE

Question 33. Am I eligible for Medicare? (Updated 05/09/2012)

Answer Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are age 65 or older and a citizen or permanent resident of the United States.

Question 34. How do I obtain more information about Medicare?

Answer Call 1-800-MEDICARE (1-800-633-4227), or refer to the web site: www.medicare.gov

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

Question 35. What will happen to my health benefits? (Updated 05/09/2012)

Answer Your current health benefits coverage will transfer into retirement provided you meet the eligibility requirements of:

(1) retiring on an immediate annuity, and

(2) continuous coverage in the FEHB program for the five (5) years of service immediately preceding the date your annuity starts or since your first opportunity to enroll (if less than five years).

For employees who do not qualify under the preceding requirements, the U.S. Office of Personnel Management (OPM—a separate government agency that administers the federal insurance and retirement plans) has the authority to grant pre-approved waivers to employees who have been:

- Covered under the FEHB program continuously since the beginning date of the OPM-approved VER; and
- Retire during the OPM-approved VER period; and
- Take the VER offering.

If you qualify for a pre-approved waiver, the HR Shared Service Center will include the pre-approved waiver with your retirement application that is sent to OPM.

Question 36. What will happen to my health benefits if I don't meet the eligibility requirements described in the preceding question? (Added 04/13/2011)

Answer If you do not qualify under the eligibility requirements to transfer your health benefits into retirement as described in the preceding answer, and you do not qualify to receive a pre-approved waiver as described above, OPM has the authority to grant waivers to employees who fail to satisfy the five-year or first opportunity requirement due to exceptional circumstances. If you request a waiver, you must provide OPM with evidence that:

- you had intended to have FEHB coverage as a retiree;
- the circumstances that prevented you from meeting the 5-year or first opportunity requirement were essentially outside your control; and
- you acted reasonably to protect your right to continue FEHB coverage into retirement. (This includes reading and acting on information provided and requesting information if none is given automatically.)

If OPM does not approve your waiver request, you have two options, as follows:

- Convert to a nongroup contract (individual policy) with the carrier of the plan you are enrolled in at the time of your separation.
- Elect 18 months of coverage under the Temporary Continuation of Coverage (TCC) provisions of the FEHB Program.

The HR Shared Service Center will notify you that your group health insurance coverage will terminate and provide information about continuing your health insurance coverage beyond the 31-day temporary extension.

Question 37. Will my health benefits costs increase if they transfer into retirement? (Updated 04/13/2011)

Answer **Bargaining Employees:** Your premium payment will increase to the level paid by all other federal annuitants (and federal employees) rather than receiving the more favorable Postal Service employer health benefits contribution. This means the same health plan may be noticeably more costly for an annuitant than for a Postal Service employee.

As an annuitant, you would pay for health coverage through monthly withholding from your annuity, instead of paying through biweekly withholding from your paycheck (12 payments annually instead of 26 payments annually). Of course, each payment is higher when you pay on a monthly basis.

Non-Bargaining Employees: No, you will pay the same premium as you paid while you were an employee. However, annuitants are paid on a monthly basis so you will pay them at the monthly rate.

Tax regulations do not permit you to receive the tax break as an annuitant that you receive as an employee under the pretax payment of health insurance premiums provided by the Postal Service.

Question 38. Will coverage I have under TRICARE/CHAMPUS count toward the FEHB five (5) year or first opportunity requirement? (Updated 04/13/2011)

Answer Yes, as long as you are covered under an FEHB enrollment at the time of retirement. In addition, you must have enrolled in the FEHB program within 60 days after you lost coverage under TRICARE/CHAMPUS* for it to be considered part of the continuous FEHB coverage.

*CHAMPUS is the former health care program established to provide health coverage for active duty family members and retirees and their family members. TRICARE replaced CHAMPUS in 1994. Benefits covered under CHAMPUS are now covered under TRICARE Standard.

Question 39. What happens if I cancel my health benefits enrollment when I retire? (Updated 12/28/2017)

Answer If you cancel your FEHB enrollment as an annuitant, you will NEVER be able to reenroll, unless you become reemployed in a position that conveys coverage.

Question 40. If I cancel my FEHB enrollment to be under my spouse's FEHB enrollment, will I be able to re-enroll under my own coverage at a later date?

Answer Yes. As long as you are continuously covered under an FEHB enrollment, you remain eligible to make any of the same enrollment elections/changes that an active employee would be eligible to make.

Question 41. Will a period of health benefits termination due to leave without pay (LWOP) greater than 12 months count as a break in the continuous coverage necessary for continuing FEHB coverage into retirement? (Updated 05/09/2012)

Answer No. The termination of your health benefits due to 365 days in LWOP status is not

considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required five (5) years of continuous coverage. In addition, to meet eligibility requirements, you must have re-enrolled within 60 days of returning to pay status.

Question 42. Where can I find more information on health insurance in retirement? (Updated 05/09/2012)

Answer If you are eligible for VER, you will receive further information from the HRSSC, which is your source for such information while you are an employee. To learn more about health insurance during retirement, the U.S. Office of Personnel Management (OPM—a separate government agency that administers the federal health insurance and retirement plans) provides extensive information. Do NOT call OPM. They cannot respond to questions from employees. Refer to OPM's website at www.opm.gov/insure/health.

Question 43 If I am not eligible to keep my FEHB for any reason, what are the options for continuing my health insurance coverage? (Updated 05/11/2012)

Answer You have two options, as follows:

- Convert to a nongroup contract (individual policy) with the carrier of the plan you are enrolled in at the time of your separation.
- Elect 18 months of coverage under the Temporary Continuation of Coverage (TCC) provisions of the FEHB Program.

The HR Shared Service Center will notify you that your group health insurance coverage will terminate and provide information about continuing your health insurance coverage beyond the 31-day temporary extension.

The 31-day temporary extension of coverage begins the day after your regular coverage ends. However, if you are confined to a hospital on the 31st day of the temporary extension, your benefits will continue during confinement up to a maximum of 60 more days, unless you convert to a nongroup (individual) policy. These temporary extensions of coverage are without cost to you, and they apply to all covered family members.

Question 44. How do I apply for an individual policy? (Updated 05/09/2012)

Answer When your enrollment terminates, the Postal Service must give you a notice of your right to convert to an individual policy on the SF 2810, *Notice of Change in Health Benefits Enrollment*. You should be provided with this notice immediately upon your enrollment termination, but no later than 60 days from the termination date.

To apply for conversion, complete the back of your copy of the SF 2810 and take or mail it to the carrier of your plan within 31 days from the date of the HR Shared Service's notice to you (part H of SF 2810), but no later than 91 days from the date your enrollment terminates (Part A, item 8 of SF 2810).

Question 45. How do I elect Temporary Continuation of Coverage (TCC)? (Added 04/13/2011)

Answer You must complete and submit SF 2809, *Health Benefits Election Form*, to the HR Shared Service Center within 60 days of the following, whichever is later:

- The date of separation.
- The date you received notification from the HR Shared Service Center about options available for continuing your health insurance coverage.

Question 46. What plan choices do I have under Temporary Continuation of Coverage (TCC)? (Updated 05/09/2012)

Answer You may choose any FEHB plan, option, or type of coverage that you are eligible to select. A list of participating plans and corresponding monthly premium rates is provided in the RI 70-5, *Guide to Federal Benefits for TCC and Former Spouse Enrollees*, which is available from the HR Shared Service Center or online at <http://www.opm.gov/insure/health/planinfo/guides/index.asp>. If you elect TCC, you will be responsible for the full premium cost plus a two percent (2%) administrative surcharge.

Question 47. If I elect one of the options available for continuing my health insurance coverage, when is coverage effective? (Added 04/13/2011)

Answer The effective date of coverage for both options is the day after the expiration of the 31-day temporary extension. When TCC expires after 18 months, you will be entitled to a free 31-day temporary extension of coverage for the purposes of converting to a nongroup contract (individual policy) with the plan.

Question 48. Where can I find more information on health insurance? (Updated 05/09/2012)

Answer For additional information, you may go online at <http://www.opm.gov/insure/health/> or contact the HR Shared Service Center at 1-877-477-3273, option 5; TDD/TTY 1-866-260-7507.

FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM

Question 49. Can I continue my dental and/or vision insurance (FEDVIP) coverage into retirement? (Updated 05/09/2012)

Answer There is no 5 year requirement for continuing your dental and/or vision insurance into retirement under the Federal Employees Dental and Vision Insurance Program (FEDVIP). If you have FEDVIP coverage when you retire, it will automatically continue into retirement, no matter how long you have had the coverage.

To be eligible to continue FEDVIP into retirement you must have retired with an immediate annuity (A FERS Minimum Retirement Age plus 10 annuity, postponed, counts as an immediate annuity.).

Question 50. Will my premiums change when I retire? (Added 04/13/2011)

Answer No, your premiums or benefits will not change after retirement. Your premiums, however, will be post-tax and will be withheld from your monthly annuity. Pre-tax premiums, which reduce your cost, are available only to employees, not to annuitants, survivor annuitants or compensationers.

Question 51. Do I need to contact BENEFEDS to let them know that I have retired and FEDVIP premiums need to come out of my annuity payments instead of my Postal Service pay check? (Added 04/13/2011)

Answer You are not required to contact BENEFEDS. However, you can speed up the process of having premiums withheld from your annuity (so you have to catch up on fewer premiums) by contacting BENEFEDS.

In most cases, changing from payroll deduction to annuity deduction is automatic, but may take one to three months to occur because premiums cannot be deducted from your annuity while you are receiving "special" or "interim" pay. Once your annuity is finalized,

premium deductions will begin, assuming your annuity is sufficient to cover the premiums.

If you miss one or more premium payments before your annuity is final, BENEFEDS may send you a direct bill which you must pay. If you do not pay the bills, your coverage may be cancelled.

Question 52. If I'm not enrolled now, and I retire, can I enroll during retirement? (Added 04/13/2011)

Answer Yes, you can enroll during an Open Season as an annuitant.

Question 53. What happens to my dental and/or vision insurance (FEDVIP) if I am involuntarily separated by the RIF and I'm not eligible for retirement with an immediate annuity? (Updated 05/09/2012)

Answer You cannot enroll or continue FEDVIP enrollment after you leave the Postal Service. There is no 31-day temporary extension of coverage or opportunity to convert to private coverage. Your coverage ends on the last day of the pay period in which you separate. If you are only eligible for deferred retirement (this means you cannot receive a retirement annuity immediately, but you can receive an annuity at a future date) you cannot enroll in or continue FEDVIP.

Question 54. How do I contact BENEFEDS and where can I find additional information about FEDVIP? (Added 04/13/2011)

Answer You can find additional information at <https://www.benefeds.com> or by calling 1-877-888-FEDS (3337), TTY 1-877-889-5680.

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI)

Question 55. What will happen to my life insurance?

Answer You are eligible to continue your current life insurance coverage into retirement provided you meet the eligibility requirements of:

- (1) Retiring on an immediate annuity, and
- (2) Continuous coverage of each election in the FEGLI program for the five (5) years of service immediately preceding retirement or since your first opportunity to enroll if less than five (5) years), and
- (3) You did not convert to an individual life insurance policy.

Accidental death and dismemberment coverage ends when your employment ends.

After you make your life insurance election, you may have opportunities to reduce your coverage, but not to increase it. Employees who assigned their insurance or have taken living benefits may not reduce or cancel their coverage.

Question 56. Will my premium costs increase? (Updated 05/09/2012)

Answer Basic insurance: If you are eligible and continue your coverage, you will pay premiums, which will be withheld from your annuity, until after you turn 65. Then, if you elected the 75% Reduction, you will not pay any more premiums. If you elected 50% Reduction or No Reduction coverage, you will no longer pay your "regular" premiums for Basic insurance; however, you will continue to pay the extra premiums. You may compute the

cost of your premiums on OPM's FEGLI Calculator at <http://www.opm.gov/calculator/worksheet.asp>.

Optional insurance: The cost of optional insurance depends on your age; see the Rates on the OPM website for information on what coverage costs enrollees. You may compute the cost of your premiums on OPM's FEGLI Calculator at <http://www.opm.gov/calculator/worksheet.asp>. When you reach age 65 or if you are age 65 or older when you retire, whether you continue to pay premiums depends on what reduction schedule you have chosen. Option A is free after you reach age 65; however it then starts to reduce at the rate of two percent (2%) per month until it reaches 25 percent (25%) of the pre-retirement amount or \$2,500.00. Option B and Option C are free if you choose the Full Reduction, but they begin to reduce at age 65 by 2 percent (2%) per month until they reach zero. If you elect No Reduction for your Option B and/or Option C coverage, then you continue to pay the premiums, which may increase based on your age group, and coverage continues unreduced until you die or change to Full Reduction. NOTE: Rates may change in the future.

Employees who assigned their insurance or have taken living benefits may not reduce or cancel their coverage.

Question 57. Will the life insurance coverage amounts change? (Updated 04/13/2011)

Answer Basic insurance: If you are eligible and continue your coverage, you elect a 75% Reduction, 50% Reduction or No Reduction in coverage. If you elect No Reduction, your coverage stays the same; otherwise, it begins to reduce when you turn 65.

Optional insurance: If you are eligible and continue your coverage:

- Option A (Standard) continues until you turn 65, when it begins to reduce at the rate of two percent (2%) per month until it reaches 25 percent (25%) of the pre-retirement amount or \$2,500.00.
- You elect how many multiples of Option B (Additional) and/or Option C (Family) you wish to continue and whether you want a Full Reduction or No Reduction for your Option B and/or Option C coverage. With No Reduction, your coverage stays the same; otherwise, it begins to reduce when you turn 65.

Employees who assigned their insurance or have taken living benefits may not reduce or cancel their coverage.

Question 58. Will the SF 2823, *Designation of Beneficiary* form filed in my electronic Official Personnel Folder (eOPF) remain valid after I retire? (Updated 05/09/2012)

Answer Yes. Any valid designation on file in your eOPF will remain valid unless your annuity terminates or you change or cancel the designation. Changes or cancellations after retirement must be submitted directly to the U.S. Office of Personnel Management (OPM). You can review Standard Forms 2823 (if applicable) in your eOPF through *LiteBlue* at www.liteblue.usps.gov

Question 59. Where can I find more information on life insurance in retirement? (Updated 05/09/2012)

Answer If you are eligible for VER, you will receive further information from the HRSSC, which is your source for such information while you are an employee. To learn more about life insurance during retirement, the U.S. Office of Personnel Management (OPM - a

separate government agency that administers the federal life insurance and retirement plans) provides extensive information. Do NOT call OPM. They cannot respond to questions from employees. Refer to the OPM website: www.opm.gov/insure/life.

You may compute the cost of your premiums on OPMs FEGLI Calculator at <https://www.opm.gov/retirement-services/calculators/fegli-calculator/>

Question 60. If I take the VER, I will not meet the five (5) year requirement to continue my FEGLI optional coverage. Can I convert this coverage to an individual policy? (Updated 05/09/2012)

Answer Yes. After you are separated, the HR Shared Service Center issues SF 2819, *Notice of Conversion Privilege, Federal Employee's Group Life Insurance Program*. This notice advises that your group life insurance coverage will terminate and gives you information about your right to convert to an individual direct-pay policy. However, if you have assigned your life insurance coverage to another party, only the assignee (or assignees) may convert the insurance coverage.

Question 61. How do I convert my life insurance to a nongroup contract? (Updated 05/09/2012)

Answer If you are eligible, complete the appropriate eligibility statement on SF 2819, *Notice of Conversion Privilege, Federal Employees' Group Life Insurance Program*, and mail it to the following address:

By regular mail:

OFEGLI
P.O. Box 8149
Long Island City, NY 11101-8149

You must mail your eligibility statement within:

- 31 days after you received notification from the HR Shared Service Center about your right to convert.
- 60 days after the date of the terminating event, whichever is earlier

Note: An individual policy will not include disability or accidental death or dismemberment benefits.

Question 62. How much will a nongroup life insurance contract cost? (Added 04/13/2011)

Answer The premiums for a nongroup life insurance contract will be determined by the type and amount of the coverage and your age and class of risk on the day following termination of your group coverage. You will be responsible for the total premium cost of the nongroup life insurance contract.

Question 63. If I elect to convert to a nongroup life insurance contract, when will coverage begin? (Added 04/13/2011)

Answer If you elect to convert to a nongroup life insurance contract, coverage and premium payments will be effective retroactive to the day after the 31-day temporary extension ended. Any insurance policy purchased under the conversion privilege is a private business transaction between you and the insurance company.

Question 64. Where can I find more information on life insurance? (Updated 05/09/2012)

Answer To learn more about life insurance refer to the OPM website: <http://www.opm.gov/insure/life>.

FEDERAL LONG TERM CARE INSURANCE PROGRAM

Question 65. Can I continue my long term care insurance into retirement? (Added 04/13/2011)

Answer Retirement will not affect your FLTCIP coverage. Your coverage will remain in effect as long as you continue to pay premiums. If you pay your premiums through payroll deduction, you will need to contact Long Term Care Partners at 1-800-LTCFEDS (1-800-582-3337), TTY 1-800-843-3557 to make other billing arrangements. In most cases, you can have your premiums deducted from your annuity once it has been finalized.

Question 66. If I'm not enrolled now, and I retire, can I enroll during retirement? (Added 04/13/2011)

Answer Yes, you can apply at any time after you retire.

Question 67. Are deferred annuitants eligible to apply? (Added 04/13/2011)

Answer Yes. If you separate from service with title to a deferred annuity you can apply at any time. You do not need to wait until you are actually receiving your deferred annuity.

Question 68. What happens to my long term care insurance if I am involuntarily separated by the RIF and I'm not eligible for retirement? (Updated 05/09/2012)

Answer This will not affect your FLTCIP coverage. Your coverage will remain in effect as long as you continue to pay premiums. If you pay your premiums through payroll deduction, you will need to contact Long Term Care Partners at 1-800-LTCFEDS (1-800-582-3337), TTY 1-800-843-3557 to make other billing arrangements. You may also complete the [Billing Change Form](#) which can be found at <http://www.ltcfeds.com>.

Question 69. Where can I find additional information about FLTCIP? (Added 04/13/2011)

Answer You can find additional information at <http://www.ltcfeds.com> or by calling Long Term Care Partners at 1-800-582-3337, TTY 1-800-843-3557.

THRIFT SAVINGS PLAN (TSP)

Question 70. If I retire under a VER, are there any special TSP advantages, penalties or rules?

Answer There are no differences in TSP provisions for retirement under VER versus separation or optional retirement. You will have the same withdrawal choices and tax consequences as any other separated or retired employee with the same separation or retirement date and age.

Question 71. If I retire under a VER, can I continue to contribute to TSP?

Answer No. Following retirement, you are not eligible to make additional contributions to or borrow money from your TSP account. You may continue to reallocate money among the TSP funds.

Question 72. If I retire under a VER, can I withdraw funds from my TSP?

Answer Yes. If you retire, you will receive extensive information regarding your TSP withdrawal options and also whether you may leave your money in TSP.

Question 73. How long will it take me to get my money from TSP?

Answer Withdrawal of funds may take at least two (2) months following separation and after the receipt of properly completed forms by TSP.

If you have an outstanding TSP loan, this would delay any TSP withdrawal because you cannot withdraw funds from your TSP account until you have repaid your loan in full or until your loan has been declared a taxable distribution.

Question 74. If I withdraw money from my TSP account, will I have to pay taxes?

Answer Yes. All persons, including those who retire under VER, will have to pay federal income taxes on any amounts withdrawn from TSP. Those taxes are due on both withdrawn TSP contributions and TSP earnings. After all, TSP is a tax-deferred savings plan, which means you didn't pay taxes when you contributed to your TSP account or on any earnings in the account.

Also, if you retire before the year that you reach age 55, then any amount that you withdraw from your TSP account before you reach age 59½ is subject to an early withdrawal penalty tax of ten percent (10%). However, this penalty tax does not apply to amounts received under certain withdrawal options, such as an annuity or rollover to an Individual Retirement Arrangement (IRA).

Question 75. Will I forfeit my agency automatic one percent (1%) contribution or earnings on those contributions, as a FERS covered employee, or am I vested? (Updated 04/13/2011)

Answer You will forfeit these amounts only if you have not completed a time-in-service requirement of three (3) years for FERS employees. Once you've completed the three years, you are vested. All employees eligible for VER are fully vested in their TSP contributions and the earnings on those contributions, including any agency automatic or matching contributions for FERS covered employees. All Postal Service and federal civilian service counts toward vesting, not just service while you are a TSP participant.

Question 76. Will I forfeit my employee contributions, or agency matching contributions, or earnings on those contributions, as a FERS covered employee, or am I vested? (Added 04/13/2011)

Answer As a FERS employee, you will never forfeit these amounts. You are immediately vested in your own contributions and in any earnings that accrue. You are also immediately vested in Agency Matching Contributions and any earnings that accrue.

Question 77. Will I forfeit my employee contributions or earnings on those contributions as a CSRS covered employee, or am I vested? (Added 04/13/2011)

Answer As a CSRS employee, you will never forfeit these amounts. You are immediately vested in your own contributions and in any earnings that accrue.

Question 78. I only have a small amount in my TSP account. Do I have any options concerning these monies? (Added 04/13/2011)

Answer If your vested account balance is less than \$200 when you retire, the TSP will automatically send you a check for the amount in your account. The check will be mailed to the address in your TSP account record. You cannot leave this money in the TSP or make any other withdrawal election.

Question 79. Does my spouse have any rights concerning how I withdraw my TSP funds? (Added 04/13/2011)

Answer Your spouse does have certain rights as explained in TSP materials you will receive.

Question 80. What happens if I have a TSP loan and I retire? (Added 04/13/2011)

Answer Your loan must be closed in one of the following ways within approximately 90 days of the Postal Service reporting your separation to TSP:

- You prepay your loan in full; or
- You partially prepay your loan, and you receive a taxable distribution on the reduced outstanding balance; or
- You receive a taxable distribution of the entire outstanding loan balance.

Note: TSP cannot process a withdrawal from your TSP account until your loan has been closed.

The Postal Service will report to TSP that you have ended your Postal Service employment. Then, TSP will mail you a notice with instructions. If TSP does not receive payment in full from you for your loan by the required date shown on the notice, TSP will declare a taxable distribution of your loan (this is reported to the IRS). If a taxable distribution is declared on any portion of your outstanding loan amount, you may be subject to the IRS 10 percent (10%) early withdrawal penalty tax, unless you separate or retire or resign in the calendar year that you are age 55 or older.

Question 81. Where can I find more information about TSP?

Answer If you are eligible for VER retirement, you will receive further information from the HRSSC, which is your source for such information while you are an employee. After you separate, you must contact the TSP Service Office for assistance with your TSP account or if you have TSP questions. It is extremely important to inform the TSP Service Office of any changes in your address. A change of address form is included in the withdrawal package sent to you by the HR Shared Service Center. Contact the TSP Service Office at 1-877-968-3778, TDD (for deaf and hard of hearing participants) use 1-877-847-4385; or access the TSP website at www.tsp.gov

FLEXIBLE SPENDING ACCOUNTS (FSAFEDS)**Question 82. If I separate or retire from service, can I receive my remaining HCFSA or LEX HCFSA balance? (updated 12/28/17)**

Answer No, you can only be reimbursed for the expenses incurred prior to the date of separation or retirement even if you have accelerated your allotments (FSA contributions).

You are not eligible for reimbursement even if there is still money in your Health Care FSA (HCFSA) or Limited Expense Health Care FSA (LEX HCFSA) to pay these expenses.

Question 83. What happens to my carryover funds if I separate from the government? (updated 12/28/17)

Answer You have until April 30 of the following year to submit claims towards your current year and carryover balance. Any balances remaining for which claims were not submitted by April 30 will be forfeited.

Question 84. Can annuitants participate in FSAFEDS? (updated 12/28/17)

Answer Under the IRS Code, annuitants (other than re-employed annuitants whose employment status is full-time) cannot participate in an FSA. An FSA is a way to set aside part of your salary — before taxes — for payment of eligible out-of-pocket expenses. An annuity is not considered salary.

Question 85. How can I contact FSAFEDS? (updated 12/28/17)

Answer www.fsafeds.gov
Phone 877-FSAFEDS (372-3337)
TTY 866-353-8058

LEAVE

Question 86. If I separate from the Postal Service under a VER, what will happen to my accumulated sick leave? (Updated 12/28/2017)

Answer No payments are made for accumulated sick leave.

The years of service used to compute the annuity are a combination of creditable Federal Service and Postal Service + unused sick leave hours converted to creditable service. Sick leave is used in the annuity computation, but cannot be used to meet the service credit eligibility requirements for VER.

Question 87. If I separate from the Postal Service under a VER, what will happen to my earned and unused annual leave?

Answer You may be eligible for a lump sum payment of accumulated annual leave carried over from the previous year (annual leave earned and unused in the current year, including amounts over the carryover maximum; as well as any unused donated leave), and, for full-time and part-time regular employees, holidays that fall within the terminal leave period. (Ref: ELM 512). Note: Annual leave in excess of the carryover limit cannot be carried forward in the next leave year.

Question 88. If I separate from the Postal Service under a VER and have earned and unused annual leave, will I be paid holiday leave for any holidays which occur after my separation date but before my annual leave would be exhausted?

Answer Yes. Annual leave is spread over the appropriate number of days following your separation date and extended one day for each postal holiday which occurs during that time period. For example, if you have 160 hours of earned and unused annual leave and two holidays would occur in the four weeks (40 hours per week) after the date of your separation, you would receive terminal leave pay for 176 hours (160 hours of earned and unused annual leave plus 16 hours of holiday leave).

Question 89. What effect will participation in the Annual Leave Exchange Program have on my terminal leave payment? (Updated 05/09/2012)

Answer As stated in the letters notifying individuals of their eligibility to participate in the Annual Leave Exchange Program:

"When an employee retires or separates from the Postal Service before earning sufficient

leave to cover the amount exchanged, the excess leave exchanged will be offset against the previously accumulated leave balance when calculating the employee's terminal annual leave payment."

Question 90. **If I separate from the Postal Service under a VER, what will happen if I am indebted to the Postal Service for unearned annual or advanced sick leave?**

Answer If you are indebted to the Postal Service for unearned annual or advanced sick leave, you must refund the amount paid for the unearned leave. If you do not refund the amount of the indebtedness, deductions will be made from any funds that you are due upon your separation.

SEVERANCE PAY

Question 91. **If I separate from the Postal Service under a VER, am I entitled to severance pay?**

Answer No. If you voluntarily retire from the Postal Service, you are not entitled to severance pay.

UNEMPLOYMENT COMPENSATION

Question 92. **If I separate from the Postal Service under a VER, can I apply for unemployment compensation?**

Answer Yes. At the time of retirement, you will receive an SF-8, Notice to Federal Employees About Unemployment Insurance, advising you of your right to file a claim for unemployment compensation. While any employee who is separated may apply for unemployment compensation, most states exclude from eligibility those applicants who have voluntarily retired from employment. Furthermore, Federal law requires states to reduce the weekly unemployment amount by the weekly amount of any government or other pension, retirement, or retired pay.

COMMUTER PROGRAM

Question 93. **Can I make commuter purchases if I retire from the Postal Service? (Added 04/13/2011)**

Answer The Commuter Program is a commute-to-work program. If you retire or otherwise separate from the Postal Service, you cannot make an election and no further purchases will be processed for you. Mass transit passes or tickets, vanpool vouchers or passes, or parking you purchased before you retired or separated will be provided as scheduled. You cannot receive a refund.



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. Home 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	3a. Your pay plan and occupational series
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 and attach a copy of your marriage certificate) <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 or a portion of your retirement benefits based on your Federal employment?		
<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 survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement. 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.

If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 5 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.

1.	<div style="border: 1px solid black; padding: 2px; text-align: center;">Initials</div>	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 earned annuity.
2.	<div style="border: 1px solid black; padding: 2px; text-align: center;">Initials</div>	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 earned 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.	<div style="border: 1px solid black; padding: 2px; text-align: center;">Initials</div>	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.) If you are married and elect this option for your spouse, complete SF 3107-2, *Spouse's Consent to Survivor Election* and attach it to your application.

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 enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)?
☐ Yes ☒ Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.
☐ No ☒ If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.
4. 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. Have you applied for, are you receiving, or have you ever received 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 | 2b. Claim number(s) |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Return of excess deductions | <input type="checkbox"/> Voluntary contributions | |

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 - Payment Instructions

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

- ☐ Please send my annuity payments directly to my checking or savings account. (Go to item 2)
- ☐ Please send my annuity payments to my Direct Express debit card. (Go to item 3a)
- ☐ My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. (Go to item 3a)

2a. 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>	
2b. Checking or Savings Account Number	2c. What kind of account is this?	2d. Telephone number of your Financial Institution (including area code)	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
2e. Name and address of Financial Institution		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.	
3a. Do you want Federal income tax withheld from your annuity payments?		3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary?	
<input type="checkbox"/> Yes (Go to item 3b) <input type="checkbox"/> No (Go to Section I)		<input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)	

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 acknowledgment or approval of your request for waiver (if applicable)?			
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 Compensationer</i> ?			
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?			
10. Court or Administrative Order(s) - If you answered "yes" to Section C, item 2 and/or "yes" to Section E, Item 1b, did you attach a copy of the order(s)?			

Schedules A, B and C

1. Name (*last, first, middle*) 2. Date of birth (*mm/dd/yyyy*) 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

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 acknowledgment 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 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*) ☐ 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"/> Other	
				<input type="checkbox"/> Total or partial disability compensation	
				<input type="checkbox"/> Scheduled award <input type="checkbox"/> Other	
				<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.

☐ a. Awaiting OWCP decision

☐ b. Claim denied

Compensation claim number

Compensation claim number

Date claim denied (*mm/dd/yyyy*)

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*)

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 (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
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I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)

- ☐ 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. 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.
- ☐ d. A maximum survivor annuity for my former spouse _____
(name of former spouse)
- ☐ e. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former spouse)
- ☐ f. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former 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 (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
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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) <div style="text-align: center;">(Seal)</div>	Signature (do not print) <hr/> Expiration date (mm/dd/yyyy) of commission, if Notary Public
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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.

Provided by the Human Resources Shared Service Center
Proud Recipient of the Shared Services Outsourcing Network Award

MISSED

