



## Application for Deferred or Postponed Retirement *Federal Employees Retirement System*

This application is for you if you are a former Federal employee who was covered by the Federal Employees Retirement System (FERS) and you wish to apply for your retirement annuity. You should complete this application if you choose to apply for an annuity which will begin more than 1 month after your separation from Federal service (or transfer to a position not covered by FERS) and:

1. you have completed at least 5 years of creditable civilian service and are eligible for a deferred retirement at age 62; or
2. you have completed at least 10 years of creditable service, including 5 years of civilian service, and are eligible for an annuity at the Minimum Retirement Age (MRA).

Send your completed application (*approximately 60 days before you want your benefits to begin*) to:

Office of Personnel Management  
Federal Employees Retirement System  
P.O. Box 45  
Boyers, PA 16017-0045

You should have received the informational pamphlet RI 92-19A, *Applying for Deferred or Postponed Retirement Under the Federal Employees Retirement System*, with this application. If you did not receive this pamphlet, you can access the pamphlet on our website at [www.opm.gov/Forms/](http://www.opm.gov/Forms/). You can also get a copy by calling the Office of Personnel Management (OPM) at 1-888-767-6738 or by contacting us at the address above. If you use TTY equipment, call 1-800-878-5707.

If your address changes before you receive your claim number, write to us giving your name, date of birth and Social Security Number. If you have received your claim number, remember to refer to it.

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### ***Instructions for Completing Application for Deferred or Postponed Retirement***

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 uncertain of any information you provide, answer to the best of your ability, followed by a question mark (?).

The following information should help you to answer the questions on the application which are not 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 all your records.
- Item 3: Enter the address to which correspondence should be mailed. If you want your payments sent to a bank, do not enter the bank address here; complete Section H of this application.

#### ***Section B - Federal Civilian Service***

- Item 2: Show the agency where you performed your last Federal service. Give the bureau and/or division as well as the name of the agency and include its location (city, state.)

- Item 3: List all Federal civilian service that you have performed. Give the bureau and/or division as well as the name of the agency, along with the agency's location and the beginning and ending dates of the service.

#### ***Section C - Military Service***

- Item 1: Indicate whether 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:
- Army, Navy, Marine Corps, Air Force or Coast Guard of the United States.
  - Cadet or Midshipman of the United States Military Academy, United States Air Force Academy, United States Coast Guard Academy, or United States Naval Academy.
  - Regular Corps or Reserve Corps of the Public Health Service after June 30, 1960.
  - Commissioned Officer of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961.

Service in reserve components and/or the National Guard is not considered active Federal military service except when ordered to active duty in the service of the United States and during an initial 4-month training period.

Item 2: Persons who performed active military service after December 31, 1956, must have paid a deposit to receive credit under the Federal Employees Retirement System (FERS) for their military service. You must have paid your deposit to your former employing agency. If you did not pay your deposit while you were still a Federal employee, you cannot pay it now. If you have military service performed after 1956, which is covered by a deposit you paid as an employee, check "Yes" and continue with this section. Items 2a and 2b will help us locate records of your payment.

Item 4: Indicate whether you are receiving or have applied for military retired or retainer pay (including disability retired pay.)

If you are receiving military retired pay, your military service cannot be used for retirement purposes unless your retired pay was awarded because of a service-connected disability incurred in combat or caused by an instrumentality of war in the line of duty during a war period, or was awarded under Chapter 1223, title 10, formerly Chapter 67, title 10 and title III of Public Law 80-810 (reserve retired pay at age 60 based on 20 years of active and reserve service). Otherwise, to receive credit for your military service, you must waive your military retired pay.

To waive military retired pay for FERS retirement purposes, send a written request, specifying the effective date of the waiver and your Social Security Number, directly to the Military Finance Center from which you receive retired pay. Attach a copy of your letter to this application. You should mail this letter at least 60 days before your annuity will begin. Your letter might say, "I, (full name, military serial number, and Social Security Number), hereby waive my military retired pay for FERS retirement purposes, effective close of business (specify the day before annuity begins)." If you wish, add "I authorize the Office of Personnel Management to withhold from my retirement annuity any amount of military pay granted beyond the effective date of this waiver due to any delay in receiving or processing this election." This authorization may hasten the processing of your waiver and your retirement application.

If you have already waived military retired pay in order to receive credit for your active military service for FERS retirement purposes, attach a copy of your request for waiver and of any reply you have received.

### **Section D - Other Claim Information**

Item 3: If you have applied for or received workers' compensation from the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor, because of a job-related illness or injury, check the "Yes" box and furnish your claim number(s), type(s) of benefits, and date(s) of benefits in 3a, 3b and 3c.

The information requested regarding benefits from the OWCP is needed because the law prohibits payment of both FERS retirement annuity and compensation for total or partial disability under the Federal Employees' Compensation Act at the same time. In some cases, credit for service, particularly for periods of leave without pay, may also be affected.

### **Section E - Marital Information**

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

### **Section F - Annuity Election**

Read the information about survivor benefits and their associated cost found in the pamphlet "Applying for Deferred or Postponed Retirement Under the Federal Employees Retirement System" (RI 92-19A) before completing Section F.

To be eligible for a survivor annuity after your death, your widow(er) must have been married to you for a total of at least 9 months or be a parent of your child. The marriage duration requirement does not apply if your death is accidental.

Survivor elections terminate upon the death of the person elected, divorce of the annuitant from the elected spouse, remarriage of a former spouse before age 55 (unless the parties were married for 30 years or more), or subject to the terms of a court order acceptable for processing. You must notify us when one of these events occurs. Please note that, in accordance with the law, both a survivor annuity election made at retirement and pre-divorce survivor annuity election 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.

Item 4: If you initial box 4, a person selected by you at retirement who has an insurable interest in you, will receive a survivor annuity upon your death. Enter the requested information about that person. Insurable interest exists if the person named (such as a close relative) may reasonably expect to derive financial benefit from your continued life.

You must provide documentation that you are in good health in order to choose this type of annuity. You will be notified of the additional evidence required.

If you choose this type of 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 following table. The survivor's rate will be 55% of your reduced annuity.

<b>Age of the Person Named in Relation to That of Retiring Employee</b>	<b>Reduction in Annuity of Retiring Employee</b>
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%

You may elect this insurable interest survivor annuity in addition to a regular survivor annuity for a current or former spouse. However, if you elect an insurable interest annuity for your current spouse, you must both jointly waive the current spouse annuity. If you elect the insurable interest annuity for a current spouse because a court order awards (or you have elected) the regular survivor annuity for a former spouse, the insurable interest election for your current spouse can be converted to a current spouse annuity if the former spouse loses entitlement to the regular survivor annuity and OPM is notified.

Item 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.

If you are married and initial box 5, you must complete and attach *Schedule A - Spouse's Consent to Survivor Election*, to your application. The law requires consent of the spouse if a married person elects less than the maximum survivor benefit. You may not elect a combined benefit for your current and former spouse(s) which exceeds 50% of your benefit.

### **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 18. Also list any child over the age of 18 who is incapable of self-support because of mental or physical disability incurred before the age of 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 when you die.

### **Section H - Direct Deposit**

Complete in all cases. Public Law 104-134 requires that most Federal payments be paid by Direct Deposit through Electronic Funds Transfer (EFT) into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a financial hardship, or a hardship because you have a disability, or because of a geographic, language or literacy barrier, you may invoke your legal right to a waiver of the Direct Deposit requirement, and continue to receive your payment by check. If your permanent address for receiving payments is outside the United States in a country not accessible via direct deposit, you cannot currently be paid by direct deposit.

Item 2: You may obtain your Financial Institution Routing Number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it. We suggest you call your financial institution to verify this number.

If you prefer, you may attach a cancelled personal check that shows the information requested 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 correct information for direct deposit. (Some financial institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.

### **Section I - Applicant's Certification**

Be sure to sign (*do not print*) and date your application after reviewing the warning.

## **Schedules (Attachments)**

There are three schedules attached to this application for deferred or postponed retirement. Some of these schedules may apply to you and some may not. Read the following to determine which schedules you should complete. Instructions for completing and information about each follows.

### **Schedule A - Spouse's Consent to Survivor Election**

Complete this schedule if you are married and, in Section F, you do not elect box 1, a maximum survivor annuity for your spouse. For any other election you must obtain your spouse's consent. (See the pamphlet entitled "*Applying for A Deferred or Postponed Retirement Benefit Under the Federal Employees Retirement System*" (RI 92-19A) for information about asking the Office of Personnel Management (OPM) to waive the spousal consent requirement in special circumstances.)

Part 1: You must complete this section. Include your name, date of birth and social security number as shown on your application. Check the box that corresponds to the selection you made in Section F on your application.

Part 2: Your spouse completes this section, in the presence of a notary public.

Part 3: A notary public or other person authorized to administer oaths (e.g., a justice of the peace) must complete this section, after witnessing your spouse's signature.

**Schedules B & C - For Applicants Who Have At Least 10 Years of Creditable Service**

If you have at least 10 years of creditable service (5 of which must be civilian) which will be used to compute your benefit, then you must complete one of these two schedules. Do not complete either of these schedules if you have less than 10 years of service.

Complete Schedule B if you were the Minimum Retirement Age (MRA) when you left Federal service and had at least 10 years of creditable service. You are eligible to choose when you want your benefit to begin and may be eligible to reenroll in the health benefits and life insurance programs and carry them into retirement.

Complete Schedule C if you were not yet the MRA when you left Federal service, but you did have at least 10 years of creditable service. You are eligible to choose when you want your benefit to begin.

The MRA is based on the year of your birth and determines the earliest date you became eligible to have your retirement annuity begin. The Minimum Retirement Age Schedule is:

If your year of birth is:	Your MRA is:
Before 1948	55 years
1948	55 years, 2 months
1949	55 years, 4 months
1950	55 years, 6 months
1951	55 years, 8 months
1952	55 years, 10 months
1953 to 1964	56 years
1965	56 years, 2 months
1966	56 years, 4 months
1967	56 years, 6 months
1968	56 years, 8 months
1969	56 years, 10 months
After 1969	57 years

**Schedule B**

Part 2: You may choose to have your annuity begin on:

1. the first day of the month following your separation from Federal service; or
2. The first day of any month which is at least 31 days after the Office of Personnel Management (OPM) receives your application for retirement (but before your 62nd birthday).

Your annuity will be reduced by 5/12 of 1% for each full month (5% per year) that the date your annuity begins precedes your 62nd birthday. You can avoid the age reduction entirely if you choose the first day of the month that you reach age 62 as your annuity commencing date. The age reduction does not apply if:

- a) Your annuity commences the first day of the month after your 60th birthday and you have at least 20 years of service, or
- b) Your annuity commences the first day of the month after you reach your MRA and you have at least 30 years of service.

Parts 3 and 4:

People who leave Federal service after reaching the MRA with at least 10 years of creditable Federal service are eligible to reenroll in the Federal Employees Health Benefits Program and the Federal Employees' Group Life Insurance Program if they had participated in the program for the 5 years of service immediately before their separation date or continually from their earliest opportunity. If you were enrolled in either of these programs when you left Federal employment and you had already attained your MRA and had 10 years of creditable service, complete these sections. If you want information about reenrolling in either program, indicate so in item 1b.

Part 5:

If you are enrolled in the Federal Long Term Care Insurance Program (FLTCIP), your coverage will continue. No action is required by you. However, you may choose to have your premium payments deducted from your annuity. To elect annuity deduction of premiums, please call Long Term Care Partners, at 1-800-582-3337 (TTY: 1-800-843-3557).

If you are not currently enrolled in the FLTCIP, you, your spouse, and your adult children may apply for FLTCIP coverage provided you are eligible for a deferred or postponed annuity. You may request an application by calling Long Term Care Partners, at 1-800-582-3337 (TTY: 1-800-843-3557), or by visiting [www.ltcfeds.com](http://www.ltcfeds.com).

**Schedule C**

Part 2: You may choose to have your annuity begin on:

1. the first day of the month following the month in which you reach your MRA; or
2. the first day of any month which is at least 31 days after OPM receives your application for retirement if you have reached your MRA (but before your 62nd birthday).

Your annuity will be reduced by 5/12 of 1% for each full month (5% per year) that the date your annuity begins precedes your 62nd birthday. You can avoid the age reduction entirely if you choose the first day of the month that you reach age 62 as your annuity commencing date. The age reduction does not apply if:

- a.) Your annuity commences the first day of the month after your 60th birthday and you have at least 20 years of service, or
- b.) Your annuity commences the first day of the month after you reach your MRA and you have at least 30 years of service.

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If you are not currently enrolled in the FLTCIP, you, your spouse, and your adult children may apply for FLTCIP coverage provided you are eligible for a deferred or postponed annuity. You may request an application by calling Long Term Care Partners, at 1-800-582-3337 (TTY: 1-800-843-3557), or by visiting [www.ltcfeds.com](http://www.ltcfeds.com).

### ***Privacy Act and Public Burden Statement***

Solicitation of this information is authorized by the Federal Employees Retirement System law (Chapter 84, title 5, U.S. Code). The data furnished will be used to determine the type of annuity awarded. 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 to determine and issue benefits under those programs. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number as an individual identifier to distinguish between people with the same or similar names. Failure to furnish the requested data may delay or prevent action on the retirement application.

We think this form takes an average of 60 minutes per response to complete including the time for reviewing instructions, getting the needed data and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), OPM Forms Officer (3206-0190), Washington, D.C. 20415-7900. The OMB number, 3206-0190, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



Federal Employees Retirement System

# Application for Deferred or Postponed Retirement

Federal Employees Retirement System

Form Approved: OMB No. 3206-0190

## Section A - Identifying Information

1. Name (Last, first, middle)	2. List all other names used	3. Date of birth (mm/dd/yyyy)
4. Address (Number, street, city, state, ZIP Code)	5a. Daytime telephone number	5b. Best time to reach you
	6. Email address	7. Social Security Number
	8. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section B - Federal Civilian Service

1. Date on which you separated from Federal service (mm/dd/yyyy)	2. What agency did you separate from? (Give agency, group or office)
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3. List below all Federal service you have performed.

Department or Agency, including Bureau or Division	Location (City and state)	Dates of Service	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

## Section C - Military Service

1. Have you performed active, honorable service in the Armed Forces or other uniformed services of the United States? (See instructions for definition.)  
 Yes, go to item 2.  No, go to Section D.

2. If you have military service performed after 1956, did you pay a deposit to your former employing agency?  
 Not applicable, go to item 3.  Yes, go to item 2a.  No, go to item 3.

2a. When did you pay your deposit for post-56 military service? (mm/dd/yyyy)	2b. To which agency did you make the payment? (Give agency, bureau or division and location)
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3. If you have performed active, honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definition), complete 3a-d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

3a. Branch of Service	3b. Serial Number	3c. Dates of Active Duty		3d. Last Grade or Rank
		From (mm/dd/yyyy)	To (mm/dd/yyyy)	

4. Are you receiving or have you ever applied for military retired or retainer pay (including disability retired pay)? <input type="checkbox"/> Yes, complete items 4a-4c. <input type="checkbox"/> No, go to Section D.	4a. Was your military retired or retainer pay awarded for 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, if available, attach a copy of notice of award. <input type="checkbox"/> No
4b. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10? <input type="checkbox"/> Yes, if available, please attach a copy of notice of award. <input type="checkbox"/> No	4c. Are you waiving your military retired pay in order to receive credit for FERS? <input type="checkbox"/> Yes, see instructions for information about how to request a waiver. <input type="checkbox"/> Yes, a copy of my waiver is attached. <input type="checkbox"/> No

## Section D - Other Claim Information

1. Have you previously filed any application under the Federal Employees Retirement System or Civil Service Retirement System (for refund, retirement, deposit, redeposit, etc) ?

Yes (*Complete items 1a and 1b*)  No

1a. Type of application	1b. Claim number(s)
<input type="checkbox"/> Retirement <input type="checkbox"/> Refund	<input type="checkbox"/> Deposit/redeposit <input type="checkbox"/> Refund of excess deductions

2. Have you ever been employed under another retirement system for Federal or District of Columbia employees?

Yes (*Complete below*)  No

2a. Name of other Retirement System	2b. Dates of Service		2c. Location of Employment	2d. Title of Position	2e. Were retirement deductions withheld?		
	From (mm/dd/yyyy)	To (mm/dd/yyyy)			Yes	No	Refunded

3. Have you ever received compensation under the Federal Employees' Compensation Act?

Yes, complete 3a thru 3c.  No

3a. Compensation Claim Number	3b. Description of benefit	3c. Date benefits received	From (mm/dd/yyyy)	To (mm/dd/yyyy)
	<input type="checkbox"/> Scheduled Award <input type="checkbox"/> Total/partial disability			

## Section E - Marital Information

1. Are you married? If separated from your spouse, but the marriage has not ended by divorce or annulment, answer "Yes."

Yes (*Complete items 1a thru 1f.*)  No

1a. Spouse's name ( <i>Last, first, middle</i> )	1b. Spouse's date of birth ( <i>mm/dd/yyyy</i> )	1c. Spouse's Social Security Number
1d. Place of marriage ( <i>City, state</i> )	1e. Date of marriage ( <i>mm/dd/yyyy</i> )	1f. Marriage performed by
		<input type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other ( <i>Explain</i> )

### Statement regarding Former Spouses

2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity?

Yes  No

## Section F - Annuity Election

**Read the attached instructions *before* making this election.**

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet *Applying for Deferred or Postponed Retirement Under the Federal Employees Retirement System, RI 92-19A*. **If you are currently married and you do not elect maximum survivor benefits** the law requires that your spouse consent to your election; therefore, you must complete Schedule A and attach it to this application. If you are married, you must initial box 1, 2, or 3. If you are married and initial box 3, you may also initial box 4. If you are married and initial box 2 or 3, you may also initial box 5, as well as box 4.

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. If you wish to reelect a survivor annuity for a former spouse, you are required to make a new election (reelect) within 2 years of the event that terminated the survivor annuity. If you wish to elect a survivor annuity for a spouse you marry after retirement, you are required to make an election within 2 years of the marriage.

1. I choose a **reduced annuity with maximum survivor annuity** for my spouse named in Section E.

**Initials**

If you are married at retirement you will automatically 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%. The survivor's annuity upon your death will be 50% of your unreduced annuity.

2. I choose a **reduced annuity with a partial survivor annuity** for my spouse named in Section E.

**Initials**

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 annuity. You must have your spouse's consent to choose this option. Attach Schedule A showing your spouse's consent.

3. I choose an **annuity payable only during my lifetime**.

**Initials**

No current spouse survivor annuity will be paid to your spouse after your death if he or she consents to this election. If you are married at retirement, you **cannot** choose this type of annuity without your spouse's consent. You should initial this box if you are electing an insurable interest benefit (Box 4) for your current spouse. Attach Schedule A showing your spouse's consent. If you are eligible to continue your health benefits coverage into retirement, your spouse's health benefits coverage will terminate upon your death. 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.

4. I choose a **reduced annuity with survivor annuity for the person named below who has an insurable interest** in me.

**Initials**

You must be healthy and willing to provide medical evidence if you choose this type of annuity.

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

5. I choose a **reduced annuity with survivor annuity for my former spouse(s)** as follows:

<b>Initials</b>	<p>You must attach:</p> <ol style="list-style-type: none"> <li>1. Certified copies of divorce decrees for all former spouses for whom you elect to provide survivor annuity.</li> <li>2. If you are married, attach a completed Schedule A (<i>Spouse's Consent to Survivor Election</i>). You <b>cannot</b> choose this option and provide a maximum survivor annuity for your spouse (Box 1).</li> </ol> <p>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.</p>
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**This election when combined with an election in Box 2 cannot exceed 50% of your unreduced annuity. Persons who completed Box 1 may not complete Box 5.**

Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to this percent 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 this percent of my annuity
	Date of birth (mm/dd/yyyy)	Social Security Number	
<b>Total (Must equal either 25% or 50%)</b>			<b>%</b>

### Section G - Information About Your Unmarried Dependent Children

Dependent Child's Name <i>(First, middle, last)</i>	Date of Birth <i>(mm/ dd/ yyyy)</i>	Disabled ✓	Dependent Child's Name <i>(First, middle, last)</i>	Date of Birth <i>(mm/ dd/ yyyy)</i>	Disabled ✓

### Section H - Direct Deposit

1. Public Law 104-134 requires that most Federal payments be paid by Direct Deposit through Electronic Funds Transfer (EFT) into a savings or checking account at a financial institution, unless the payee's address is outside the United States in a country not accessible via Direct Deposit. However, if receiving your payment electronically would cause you a financial hardship, or a hardship because you have a disability, or because of a geographic, language or literacy barrier, you may invoke your legal right to a waiver of the Direct Deposit requirement, and continue to receive your payment by check.

Therefore, you must select one of the following:

- Please send my annuity payments directly to my checking or savings account. (*Go to item 2*)
- Receiving my payment(s) electronically would cause me a financial hardship because of a disability, or because of a geographic, language or literacy barrier. I hereby invoke my legal right to a waiver of the Direct Deposit requirements of Public Law 104-134. Please send me my payment(s) by check. (*Go to Section I*)
- My permanent payment address is outside the United States in a country not accessible via direct deposit. (*Go to Section I*)

2. Please provide information about your financial institution below.

2a. Financial institution routing number	2c. Name and address of financial institution	2d. Telephone number of your financial institution <i>(including area code)</i>			
2b. Account number	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Checking</td> <td style="width: 50%;"></td> </tr> <tr> <td><input type="checkbox"/> Savings</td> <td></td> </tr> </table>		<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
<input type="checkbox"/> Checking					
<input type="checkbox"/> Savings					

### Section I - Applicant's Certification

<b>Warning</b>	I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary to the settlement of this claim is withheld. I have read and understand all the information provided in the instructions to this application.	
Any intentionally false statement in this application or willfully misleading statement or response you provide in this application 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).	Signature ( <i>Do not print</i> )	Date (mm/dd/yyyy)



## Schedule A - Spouse's Consent to Survivor Election

**Instructions** - Complete this schedule if you are married and do not elect a reduced annuity to provide a full current spouse survivor annuity. 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 Notary Public must complete Part 3.

### Part 1 - To Be Completed By the Applicant

Name (Last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
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I have elected (Mark the box which describes the election you have made with regard to your current spouse.)

- 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.
  - If I am eligible to continue my health benefits coverage into retirement, 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. A partial survivor annuity for my current spouse equal to 25% of my annuity.
- C. I am electing an insurable interest survivor annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section F, Box 4, on my RI 92-19, naming my current spouse.)

### Part 2 - To Be Completed By Current Spouse of Applicant

I freely consent to the survivor annuity election described in Part 1. I 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 acknowledges that the consent was freely given in my presence on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) at \_\_\_\_\_ (City, state)

Seal	Signature (Do not print)
	Expiration date of Commission, if Notary Public (mm/dd/yyyy)

### General Information

Public Law 99-335 requires that a person who is married at the time his or her retirement annuity begins must elect to provide a full survivor annuity for a current spouse, unless the current spouse consents to some other election by signing this form.

A court order which requires an annuitant 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. The retiring employee can still elect to provide 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 the terms of the court order, remarriage before age 55, or death).

### Privacy Act and Public Burden Statement

Public Law 99-335, which established the spousal consent requirement for FERS, authorizes solicitation of this information. The data furnished will be used to determine the type of annuity awarded. 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 to determine and issue benefits under those programs. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation of civil or criminal law. Executive Order 9397 (November 22, 1943), authorizes the use of the Social Security Number. Failure to furnish the requested data will delay or prevent action on the retirement application.

We think this form takes an average of 60 minutes per response to complete including the time for reviewing instructions, getting the needed data and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), OPM Forms Officer (3206-0190), Washington, D.C. 20415-7900. The OMB number, 3206-0190, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

## Schedule B - For Applicants with Immediate MRA+10 Eligibility (who may choose to postpone)

To be completed only by applicants who were eligible for an immediate MRA+10 annuity based on having reached the Minimum Retirement Age and having at least 10 years of creditable service at separation. Read instructions carefully to determine if you should complete this schedule.

### Part 1 - Identifying Information

Name ( <i>Last, first, middle</i> )	Date of birth ( <i>mm/dd/yyyy</i> )	Social Security Number
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### Part 2 - Commencing Date

**Read the instructions carefully and elect when you want your benefits to begin.**

I want my benefit to begin accruing (*mm/dd/yyyy*)

### Part 3 - Health Benefits Coverage

1. When you separated from service, were you enrolled (or covered as a family member) in the Federal Employees Health Benefits Program?  
 Yes, complete items 1a-1c.       No, go to Part 4.

1a. What plan were you enrolled in when you separated ( <i>if known</i> )?	<i>Plan Name</i>	<i>Enrollment Code</i>
1b. Do you want information on reenrolling with the Federal Employees Health Benefits Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1c. Do you have a copy of your SF 2810 terminating your enrollment? <input type="checkbox"/> Yes, attach copy. <input type="checkbox"/> No

### Part 4 - Life Insurance Coverages

1. When you separated from service, were you enrolled in the Federal Employees' Group Life Insurance Program?  
 Yes (*Also complete items 1a-1d*).       No, go to Part 5.

1a. What coverage(s) did you have when you separated?	1b. Do you want information on starting your coverage(s) again?
<input type="checkbox"/> Basic <input type="checkbox"/> Option B -- Additional _____ # of multiples ( <i>if known</i> ) <input type="checkbox"/> Option A -- Standard <input type="checkbox"/> Option C -- Family _____ # of multiples ( <i>if known</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c. Did you convert your coverage(s) to a private plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	1d. Do you have a copy of your SF 2821 terminating your coverage(s)? <input type="checkbox"/> Yes, attach copy. <input type="checkbox"/> No

### Part 5 - Long Term Care Insurance Coverage

1. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?

<input type="checkbox"/> Yes. <i>Your coverage will continue. If you want your premium payments deducted from your annuity, call the FLTCIP administrator, Long Term Care Partners, at 1-800-582-3337.</i>	<input type="checkbox"/> No. <i>If you are not currently enrolled in the Federal Long Term Care Insurance Program, you, your spouse, and your adult children may apply for coverage provided you are eligible for a deferred or postponed annuity. You may request an application by contacting Long Term Care Partners, at 1-800-582-3337.</i>
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### Part 6 - Applicant's Signature

Signature	Date ( <i>mm/dd/yyyy</i> )
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## Schedule C - For Applicants with Deferred MRA+10 Eligibility (who may choose to postpone)

To be completed only by applicants eligible for a deferred (*non-immediate*) annuity based on at least 10 years of creditable service. Read the instructions carefully to determine if you should complete this Schedule.

### Part 1 - Identifying Information

Name ( <i>Last, first, middle</i> )	Date of birth ( <i>mm/dd/yyyy</i> )	Social Security Number
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### Part 2 - Commencing Date

**Read the instructions carefully and elect when you want your benefits to begin.**

I want my benefit to begin accruing (*mm/dd/yyyy*)

### Part 3 - Long Term Care Insurance Coverage

1. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?

<input type="checkbox"/> Yes. <i>Your coverage will continue. If you want your premium payments deducted from your annuity, call the FLTCIP administrator, Long Term Care Partners, at 1-800-582-3337.</i>	<input type="checkbox"/> No. <i>If you are not currently enrolled in the Federal Long Term Care Insurance Program, you, your spouse, and your adult children may apply for coverage provided you are eligible for a deferred or postponed annuity. You may request an application by contacting Long Term Care Partners, at 1-800-582-3337.</i>
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### Part 4 - Applicant's Signature

Signature	Date ( <i>mm/dd/yyyy</i> )
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