

*OPM Retirement Services Program: 1-888-767-6738
 FAX Transmission Line: 202-606-0095
 EMail Address: retire@opm.gov*

Case name
CSA number
Today's date

Include your full name and claim number in all information mailed to OPM.

We Need Important Information About Your Eligibility for Social Security Disability Benefits

Our records show that you have not received a decision from the Social Security Administration (SSA).

By law, the Office of Personnel Management (OPM) is required to deduct all or a part of Social Security Disability benefits from the Federal Employees Retirement System (FERS) disability benefit paid to a retiree. Our records show that you are not receiving a disability benefit from the SSA and your FERS disability benefit is not reduced for Social Security benefits. Please complete the form below to tell us the current status of your Social Security application for disability benefits.

If you have not received a decision from the Social Security Administration concerning your application for disability benefits, wait until a decision is made to let us know. If a Social Security benefit is awarded, we will need to know the monthly amount and the date it begins.

If you were denied Social Security disability benefits, we need to know if you requested reconsideration or plan to file an appeal of the Social Security denial of your benefit. If you file an appeal and a Social Security benefit is awarded, we need to know the beginning amount of your monthly SSA benefit and the date the SSA benefit begins.

If you were denied Social Security disability benefits based on gainful employment because you were not separated from your agency at the time you applied for benefits, you must reapply for Social Security disability benefits so that the SSA can make a decision based on your disabling condition. This is a requirement, and most likely in your financial interest, to reapply to SSA.

If you are awarded Social Security disability benefits in the future, simply send a photocopy of the SSA decision statement to the address provided above. If you prefer, you can telephone OPM at 1-888-767-6738, fax us at 202-606-0095, or email us at retire@opm.gov.

If you are overpaid FERS disability benefits because of receipt of Social Security disability benefits, OPM will send you a notice of the amount of overpayment. You are legally required to repay this money to OPM. If SSA sends you a retroactive payment for the amount of Social Security disability benefits due to you from the commencing date of your SSA benefit, hold that award until you have received a notice from OPM for the amount of your overpayment, so that you have sufficient funds to repay your duplicate payment.

Your FERS Disability annuity is not reduced by any other type of Social Security benefit, such as Supplemental Security Income (SSI) or Widow(er)'s Benefits. We only need information concerning your eligibility for SSA Disability Benefits.

*Tear along the dotted line
 Mail to the address at the top of the form*

The Current Status of My Application for Social Security Disability Benefits

Instructions: Please read all information below, and check all boxes and answer all questions that apply to you.

<input type="checkbox"/> I have been awarded Social Security disability benefits.	<input type="checkbox"/> The SSA benefits are effective (date): _____	<input type="checkbox"/> Monthly amount of the SSA disability benefit: _____
<input type="checkbox"/> I was denied Social Security disability benefits.	<input type="checkbox"/> I have requested or plan to request reconsideration or file an appeal of the decision with the Social Security Administration.	
<input type="checkbox"/> I have not received a decision of my reconsideration/appeal.	<input type="checkbox"/> I have received a decision of my reconsideration/appeal and was denied.	
<input type="checkbox"/> I continue to be employed and will reapply for Social Security disability benefits when I stop working.	<input type="checkbox"/> I do not plan to request reconsideration or file an appeal of their decision with SSA. I am not receiving SSA disability benefits, and my application was denied based on my medical condition.	

Name	Claim number
Signature	Date

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement System law, Chapter 84 of title 5, U.S. Code. The information you furnish will be used to determine your eligibility to receive disability retirement benefits and the amount of these benefits. 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 the use of the Social Security Number. Furnishing the data requested is voluntary. The Government may use your number in collecting and reporting amounts that you owe the Government. Failure to provide information may delay or prevent action on your application.

Public Burden Statement

We think this form takes an average of 5 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 (3206-0216), Washington, D.C. 20415-7900. The OMB number is currently valid. OPM may not collect this information, and you are not required to respond unless this number is displayed.