

### We Need More Information About Your Missing Payment

- We are sending you this letter because of the inquiry you made by phone.
- Your correspondence is being returned because we need additional information before we can help you. We attempted contacting you by telephone. However, we were unsuccessful.

You may use page 2 of this form to report that you have not received a payment authorized by the retirement system, because the payment was lost, stolen, destroyed, or (if a direct deposit) it was not properly credited to your account at a financial organization. If you wish to file a report of nonreceipt of payment, please complete page 2 of this form. Remember to sign it and return it without delay to the address shown at the top of this page. The Office of Personnel Management (OPM) will send your report to the Department of the Treasury, which maintains all records on issued payments, so that corrective action may be taken on your behalf. No action can be taken on your report unless you return this form with page 2 properly completed.

The retirement system will send your report to the Department of the Treasury as quickly as possible after receipt of the completed form. If your payment was a check, the Department of the Treasury will determine whether it has been cashed. If it has not been cashed, a replacement check will be sent to you. If it has been cashed, the Department of the Treasury will contact you with further instructions.

**If your payment was by direct deposit**, you will need your financial organization's assistance in filling out the report on page 2 of this form. You must complete Parts A and B and sign the certification. Your financial organization must complete Part C at the bottom of the form and sign the Financial Organization's Certification in order for action to be taken on the report. The Treasury will trace the payment and contact you with further instructions.

**You must return this notice to us. We cannot take any action until you complete the form on page 2 of this notice and return the information to us.** If you need assistance in completing this form, telephone OPM's Retirement Information Office at 1-888-767-6738. Customers within local calling distance to Washington, DC must contact us on 202-606-0500. Our hours are 7:30 a.m. to 7:45 p.m. Eastern time.

Signature
Title

*Retirement Services Program*

***Reports of lost or stolen checks outnumber reports about not receiving direct deposits by one hundred to one.  
Get direct deposit -- know your payments are safe and sure.***

#### Privacy Act Statement

Title 5, U.S. Code, Chapter 83, Civil Service Retirement and Chapter 84, Federal Employees Retirement System authorize solicitation of this information. The data you furnish will be used to submit a claim for your missing payment. This 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 their programs 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 as an individual identifier to distinguish between people with the same or similar names. Failure to furnish the requested information may result in OPM being unable to assist you.

#### Public Burden Statement

We think this form usually takes 10 minutes per response to complete; on occasion it may take up to 30 minutes, 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 Forms Officer (3206-0187), Washington, DC 20415-7900. The OMB number, 3206-0187 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**A. Payee Information and Statement**

*The retirement payment described below has not been received or has been lost.*

*If the address to the left should be changed and you have not notified the Office of Personnel Management, write your correct address below.*

Name of person to whom payment was sent			Name		
Street address, including apt. no. to which check was sent			Street address, including apt. no.		
City	State	ZIP Code	City	State	ZIP Code
The missing payment is <input type="checkbox"/> A direct deposit to a financial organization			Have you financial organization verify nonreceipt by completing Part C below.		
<input type="checkbox"/> A check			Did you receive the missing check?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			Did you sign your name on the check before it was missing?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Description of the Missing Payment - Answer question 1 below and follow the instructions beside the block you check.**

1. The missing payment is (check one block).

<input type="checkbox"/> Annuity/alternative annuity <i>(Answer questions 2, 3, and 4 below.)</i>	<input type="checkbox"/> Death benefit lump sum payment <i>(Answer questions 2, 3, 4, 5, 6, and 7 below.)</i>
<input type="checkbox"/> Survivor annuity <i>(Answer questions 2, 3, 4, and 5 below.)</i>	<input type="checkbox"/> Refund of retirement deductions <i>(Answer questions 3, 4, 8, and 9 below.)</i>

2. Claim number (CSA is an annuity claim; CSF is a survivor annuity or a death benefit lump sum payment claim. Enter your claim number in the blank that applies to you.)

<b>CSA</b>	<b>CSF</b>
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3. Approximate date of payment (mm/dd/yyyy)

4. Amount of payment  
**\$**

5. Full name of the deceased former employee (last, first, middle)

6. Former employee's Social Security Number

7. Former employee's date of birth (mm/dd/yyyy)

8. Your Social Security Number

9. Your date of birth (mm/dd/yyyy)

*Please review the above responses to be sure you have provided all the information requested on the line you checked in item 1.*

**Warning:** If, after you receive a replacement payment as a result of this claim, we determine that you cashed or received the benefit of both the original and any replacement payments, we will take prompt action to recover the amount of the overpayment from you.

**Certification** - I certify that the payment described was not received or was received and is missing.

Signature	Telephone number	Date (mm/dd/yyyy)
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**C. Description of Direct Deposit -** If your payment is being deposited directly to a financial organization, your financial organization must complete this part.

Financial organization routing	Depositor account number	Type of account (check one)
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Financial organization's Certification** - I certify that the payment described was not received by this financial organization.

Signature of authorized financial organization officer	Date (mm/dd/yyyy)
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Financial organization name and address

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