

## Information and Instructions on Your Reconsideration Rights

### I. Information

Reconsideration is OPM's review of its initial decision in order to verify that all applicable laws and regulations were properly applied.

This notice gives specific instructions on how you may request reconsideration of an initial decision made by OPM's Center for Retirement and Insurance Services in any case where the decision:

- Affects your rights or interests under the Civil Service Retirement System or under the Federal Employees' Retirement System, except in matters pertaining to disability retirement and annuity overpayments. Different instructions apply to these exceptions; see below for more information. (5 C.F.R., Part 831 and 841)
- Denies you basic or optional life insurance coverage under the Federal Employees' Group Life Insurance Program or denies you the right to change your post-retirement basic life insurance coverage after retirement. (5 C.F.R., Parts 870, 871, 872, and 873)
- Denies your request to enroll or change enrollment in the Federal or Retired Federal Employees Health Benefits Program. (5 C.F.R., Parts 890 and 891)
- Denies your request to permit coverage of someone as a family member under the Federal or Retired Federal Employees Health Benefits Program. (5 C.F.R., Parts 890 and 891)

These instructions **do not** apply to:

- Decisions concerning a disability retirement eligibility.
- Initial decisions under 5 U.S.C. 8336(c) regarding law enforcement or firefighter eligibility.
- Decisions to collect an annuity overpayment.

*Where applicable, OPM will give you separate specific instructions and information in the above instances.*

- Requests for reconsideration of claims denied by your health insurance carrier should be sent to the address shown in the brochure of your plan.

If you want general information about benefits or a written decision on another matter, you should write to:

Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045

### II. Procedures

The procedures for requesting reconsideration — as established by Federal regulation — are as follows:

- A. Make your request in writing and state that you are requesting reconsideration; if possible, include a copy of the initial decision on which your request is based. Include your name, address, date of birth, claim number (if applicable), name of the health insurance plan (if applicable), and your reason(s) for the request.
- B. Your written request for reconsideration must be received by OPM within 30 calendar days from the date of OPM's initial decision. (OPM can extend the time limit if you can show that you (1) were not notified of the time limit and were not otherwise aware of it or (2) were prevented from responding by a cause beyond your control.)
- C. Send your request for reconsideration to:  
Office of Personnel Management  
Retirement Operations Center  
P.O. Box 45  
Boyers, PA 16017-0045

If you plan to submit additional evidence to support your claim and that evidence is not immediately available, you must:

- Submit a written request for reconsideration within the 30-day time limit; and
- Include in your request for reconsideration a statement that you will be submitting additional evidence, a brief description of the evidence you will submit, your estimate of the date the evidence will be available, and a brief explanation for the delay.

We will acknowledge receipt of your statement and let you know the date after which additional submissions will not be accepted.

### III. Final Decision

After reviewing our initial decision and any new evidence that has been submitted, OPM will send you a final decision in writing. We will send copies of that decision to any competing claimants or to your employing office, if applicable.

### Public Burden Statement

We think this form takes an average 45 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and writing the request for reconsideration. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing response time, to the Office of Personnel Management (OPM), OPM Forms Officer (3206-0237), Washington, DC 20415-7900. The OMB Number, 3206-0237, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.