United States
**Office of Personnel Management**
Check Loss
PO Box 7815
Washington, DC 20044-7815

Form Approved:
OMB number 3206-0187

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# We Need Information About Your Missing Payment

You may report a missing annuity or survivor annuity payment on the internet at apps.opm.gov/retire/payment/missing_pay.cfm.  Or, 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.

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 need to contact your financial organization before you complete this form. If your financial organization cannot help you, complete Parts A, B, and C and sign the certification. 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. Our hours are 7:30 a.m. to 7:45 p.m. Eastern time.

Retirement Operations

*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.*

## 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 ☐ A direct deposit to a financial organization ⟶ Have your financial organization verify nonreceipt by completing Part C below.

☐ A check ⟶

| Did you receive the missing check? | ☐ Yes | ☐ No |
|---|---|---|
| Did you sign your name on the check before it was missing? | ☐ Yes | ☐ 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)*.

☐ Annuity/alternative annuity
*(Answer questions 2, 3, and 4 below.)*

☐ Death benefit lump sum payment
*(Answer questions 2, 3, 4, 5, 6, and 7 below.)*

☐ Survivor annuity
*(Answer questions 2, 3, 4, and 5 below.)*

☐ Refund of retirement deductions
*(Answer questions 3, 4, 8, and 9 below.)*

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.)*

**CSA** **CSF**

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)*

## C. Description of Direct Deposit - If your payment is being deposited directly to a financial organization, complete this part.

| Financial organization routing | Depositor account number | Type of account *(check one)* | |
|---|---|---|---|
| | | ☐ Checking | ☐ Savings |

Financial organization name and address

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*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)* |
|---|---|---|