

# Supplemental Semiannual Headcount Report

Form Approved  
OMB No. 3206-XXXX

<b>1. Address of Payroll Office (including department, bureau, location and zip code)</b>		<b>2. Payroll Office Number</b>	<b>3. Report Number</b>
		<b>4. Date Payroll Paid</b>	
		<b>5. Pay Period</b>	
		<b>From</b>	<b>To</b>
<b>6. To</b>		<b>7. Name of Preparer (print)</b>	<b>8. Telephone Number</b>
Office of Personnel Management			
ATTN: Funds Management		<b>9. I certify that the items listed herein are correct.</b>	
P.O. Box 582		<b>Signature of authorized official</b>	<b>Date</b>
Washington, D.C. 20044-0582			
		<b>Number Enrolled</b>	
<b>Benefit Category</b>	<b>Dollar Amount</b>	<b>Deductions Made</b>	<b>No Deductions Made</b>
<b>A. Life Insurance</b>			
1. Basic			
2. Standard - Option A			
3. Additional - Option B			
a. To age 35			
b. 35-39			
c. 40-44			
d. 45-49			
e. 50-54			
f. 55-59			
g. 60 & up			
4. Family - Option C			
5. Post-Retirement - Basic			
6. Total Life Insurance *			
<b>B. Health Benefits</b>			
1. Regular			
2. Payers of Full Premiums			
3. Total Health Benefits *			

\* Dollar amounts must agree with SF 2812 for same reporting period.

### Public Burden Statement

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completing time, to the Office of Personnel Management, Funds Management, P.O. Box 582, Washington, DC 2044. The OMB Number 3206-XXXX is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

## Supplemental Semiannual Headcount Report

Payroll Office Number		Report Number		Payroll Paid Date	
Benefit Category		Dollar Amount	Aggregate Base Salary	Number Enrolled	
<b>C. Retirement</b>					
<b>1. CSRS</b>		<b>CPDF Code</b>		<b>Deductions Made</b>	<b>No Deductions Made</b>
a. Regular Withholdings	1,R				
b. Regular Contributions	1,R				
c. Special Withholdings	6,T				
d. Special Contributions	6,T				
e. Regular Withholdings for Offset Employees	C				
f. Regular Contributions for Offset Employees	C				
g. Special Withholdings for Offset Employees	E				
h. Special Contributions for Offset Employees	E				
i. Salary Offset					**
j. Military Deposits				**	
k. Civilian Service Credit				**	
<b>2. FERS</b>					
a. Regular Withholdings	K				
b. Regular Contributions	K				
c. Reserve Technicians Withholdings	N				
d. Reserve Technicians Contributions	N				
e. A/T Controllers Withholdings	L				
f. A/T Controllers Contributions	L				
g. Law Enforcement/Firefighters Withholdings	M				
h. Law Enforcement/Firefighters Contributions	M				
i. Salary Offset					**
j.					
k. Military Deposits				**	

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\*\* Memo entry only (do not include on line 4, Total Retirement).

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Payroll Office Number		Report Number		Payroll Paid Date	
Benefit Category		Dollar Amount	Aggregate Base Salary	Number Enrolled	
<b>C. Retirement - Continued</b>					
<b>3. FERS-RAE</b>		<b>CPDF Code</b>		<b>Deductions Made</b>	<b>No Deductions Made</b>
a. Regular Withholdings-RAE	<b>KR</b>				
b. Regular Contributions-RAE	<b>KR</b>				
c. Reserve Technicians Withholdings-RAE	<b>NR</b>				
d. Reserve Technicians Contributions-RAE	<b>NR</b>				
e. A/T Controllers Withholdings-RAE	<b>LR</b>				
f. A/T Controllers Contributions-RAE	<b>LR</b>				
g. Law Enforcement/Fire-fighters Withholdings-RAE	<b>MR</b>				
h. Law Enforcement/Fire-fighters Contributions-RAE	<b>MR</b>				
i. Salary Offset-RAE					**
j.					
k. Military Deposits-RAE				**	
<b>4. Total Retirement*</b>					
<b>D. Grand Total (Dollars only)</b>					
<b>E. Total Employees (and/or Annuitants) on Payroll</b>					

\* Dollar amounts must agree with SF 2812 for same reporting period.

\*\* Memo entry only (do not include on line 4, Total Retirement).