

United States
Office of Personnel Management
Retirement Surveys and Students Branch
Washington, D.C. 20415-3563

Information and Instructions for Completing the Self-Certification of Full-Time School Attendance

The retirement law provides for payment of a monthly annuity to unmarried sons and daughters who are: 1) age 18 to 22 and are full-time students in recognized schools or 2) age 18 or older and incapable of self-support because of a mental or physical disability that began before age 18 and is expected to continue for at least one year.

Use the enclosed form to apply for the student benefit. Do **not** use this form to apply for a student benefit if the son or daughter is disabled. Instead, write to the Office of Personnel Management, Retirement Operations Center, Boyers, PA 16017 to ask about a disabled child's benefit. We will send you the instructions you need to document the child's disability. Adult children who qualify are paid a benefit as long as they are disabled and are not married.

Full-time students must be taking sufficient courses to allow them to graduate within the minimum time which is considered normal for a full-time student of the school. For example, usually a college student must be enrolled for a minimum of 12 credit hours per semester to be considered a full-time student. **If you need additional information about what is considered full-time attendance, please call us at (202) 606-0249.**

A recognized educational institution for the purpose of these benefits is a school that: 1) has a faculty and requires study or training at the school; and 2) is accredited as an educational institution. Such schools are: high schools, trade schools, technical or vocational schools, colleges, junior colleges, and universities.

Not included as recognized educational institutions for purposes of receiving student benefits are: correspondence schools, elementary schools, the Government service academies such as the U.S. Naval Academy, or any training program where the trainee receives pay primarily as an employee, such as apprenticeship programs or the Job Corps.

Benefits (payments) must stop if the student:

1. dies,
2. marries,
3. discontinues full-time schooling,
4. enters military service on active duty,
5. enters any of the service academies,
6. transfers to a non-recognized school, or
7. attains age 22.

Students who attain age 22 during the school year (between September 1 and June 30) may receive benefits through the end of the month preceding the month in which full-time schooling stops or June 30, whichever occurs first.

Since you are the payee, you must notify us immediately if any one of these events occurs. If you are paid benefits after any of these events, you will be indebted to the retirement system and we will have to recover the money from you.

If you believe you are eligible to receive survivor benefits for a full-time student, complete the enclosed form after you read the back of this notice.

Privacy Act and Public Burden Statements

The Office of Personnel Management (OPM) administers the Civil Service Retirement System (Chapter 83, of title 5, U.S. Code) and the Federal Employees Retirement System (Chapter 84, title 5, U.S. Code). The information requested on the enclosed form is needed to document a retirement benefit or claim. 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 from OPM, 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 use of the Social Security Number to distinguish between the applicant and people with similar names. Failure to supply all the requested information may delay or prevent action on the benefit or claim. Intentionally false statements and/or suspected illegal activities are reportable by us to appropriate law enforcement agencies.

We estimate the RI 25-14 takes an average 12 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 U.S. Office of Personnel Management, Retirement Services Publications Team (3206-0032), Washington, D.C. 20415-3430. The OMB Number, 3206-0032, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Please Carefully Review The Example On The Reverse Side

Instructions for Completing the Enclosed Form

It Is Important That You Follow All Of The Instructions Below.

1. The enclosed form has been designed to allow your answers to be read using optical scanning equipment. Therefore, please use a pencil to blacken the ovals. If you make a mistake, erase it completely and blacken the correct oval. (*Do not use a correction fluid on the enclosed form.*)
2. Complete the form as illustrated in the example below:

EXAMPLE

Item 10 of the form is reproduced here to illustrate how you should make your entries on this form. The example below illustrates how this question would be completed for a student whose school year ends or will end on June 7, 2011.

Write the month, day, and year in the boxes.
If the month is June, enter JUN.

Blacken the corresponding oval below each box. For example, if the number is "0," blacken the oval with a "0" in it.

| | | | | | | | | | | |
|--|-----|---|----------------------------------|---|----------------------------------|---|----------------------------------|----------------------------------|-----------------------|-----------------------|
| 10. Enter the date this school attendance will end or ended. If the student plans to attend for the full school year, you should show the ending date of the full school year (<i>NOT the semester</i>). This date must be later than the date shown in block 9. | | | | | | | | | | |
| <i>Month</i> | | | <i>Day</i> | | <i>Year</i> | | | | | |
| J | U | N | 0 | 7 | 1 | 1 | | | | |
| <input type="radio"/> | JAN | | <input checked="" type="radio"/> | 0 | <input type="radio"/> | 0 | <input type="radio"/> | 0 | <input type="radio"/> | 0 |
| <input type="radio"/> | FEB | | <input type="radio"/> | 1 | <input type="radio"/> | 1 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | MAR | | <input type="radio"/> | 2 | <input type="radio"/> | 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | APR | | <input type="radio"/> | 3 | <input type="radio"/> | 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | MAY | | | 4 | <input type="radio"/> | 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | JUN | | | 5 | <input type="radio"/> | 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | JUL | | | 6 | <input type="radio"/> | 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | AUG | | | 7 | <input checked="" type="radio"/> | 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | SEP | | | 8 | <input type="radio"/> | 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | OCT | | | 9 | <input type="radio"/> | 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | NOV | | | | | | | | | |
| <input type="radio"/> | DEC | | | | | | | | | |

3. Please review your entries to avoid delays in your payments due to errors or incomplete data.
4. **DO NOT** copy or duplicate the self-certification form. If you need another form, write to the address shown in item 5, call us on (202) 606-0249, or go to our website at www.opm.gov/forms.

DO NOT staple, damage, or mutilate the form.

5. The person who is the payee must be sure to sign the form and submit it within 30 days. To reply by mail, use the enclosed envelope addressed to:
U.S. Office of Personnel Management
Surveys and Students Branch - Attn: Room 2309
1900 E Street, NW
Washington, D.C. 20415-3563

Or, you may fax your completed form to (202) 606-0022.

If you need assistance:

If, after carefully reading the instructions, you need assistance to complete the form on regular work days, you may contact us from 7:30 a.m. to 5:00 p.m. (Eastern Time) on (202) 606-0249. If you have any other questions regarding student benefits, please call us at 1-888-767-6738.