

**Office of Personnel Management**  
Retirement Surveys and Students Branch  
Washington, D.C. 20415-0001

## 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 Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form pursuant to Title 5, USC, Chapter 83, Section 8341 and Chapter 84, Section 8441, which, provides for survivor benefits for children of deceased Federal employees, including adult students age 18 to 22 who are unmarried and are full-time students in recognized schools. OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information to determine whether to continue the student benefits. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at [www.opm.gov/privacy](http://www.opm.gov/privacy). **Consequences of Failure to Provide Information:** Providing this information is voluntary. However, failure to provide this information may result in the noncompliance of the provisions of Title 5, USC, Sections 8341 and Chapter 84, Section 8441. Individuals who do not provide this information can also request changes via telephone or letter, as well as using RI 25-14. The information collected can only be obtained from the respondents.

### Public Burden Statement

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 Office of Personnel Management, Retirement Services Publications Team (3206-0032), Washington, D.C. 20415-0001. 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.

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 (*NOT the semester*). This date must be later than the date shown in block 9.

Month			Day		Year	
J	U	N	0	7	1	1
<input type="radio"/>	JAN		<input checked="" type="radio"/>	0	<input type="radio"/>	0
<input type="radio"/>	FEB		<input type="radio"/>	1	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	MAR		<input type="radio"/>	2	<input type="radio"/>	2
<input type="radio"/>	APR		<input type="radio"/>	3	<input type="radio"/>	3
<input type="radio"/>	MAY		<input type="radio"/>	4	<input type="radio"/>	4
<input checked="" type="radio"/>	JUN		<input type="radio"/>	5	<input type="radio"/>	5
<input type="radio"/>	JUL		<input type="radio"/>	6	<input type="radio"/>	6
<input type="radio"/>	AUG		<input checked="" type="radio"/>	7	<input type="radio"/>	7
<input type="radio"/>	SEP		<input type="radio"/>	8	<input type="radio"/>	8
<input type="radio"/>	OCT		<input type="radio"/>	9	<input type="radio"/>	9
<input type="radio"/>	NOV					
<input type="radio"/>	DEC					

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

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](http://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 2416  
1900 E Street, NW  
Washington, D.C. 20415-0001

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.