

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, use page 2 of this form to report that you have not received a payment authorized by the retirement system, that was lost, stolen, destroyed, or if a direct deposit 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.***

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, U. S. Code Chapters 83 and 84, which, authorizes the Office of Personnel Management (OPM) to make monthly payments of retirement benefits, as well as making one-time payments of refunds of retirement deductions and paying lump sums after the death of annuitants and employees. 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 collect all the information needed by OPM and the Department of the Treasury to replace a missing payment as soon as possible. **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. **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, U.S.C., Chapters 83 and 84. Additionally, OPM cannot arrange for the replacement of missing payments. Individuals who do not provide this information can also report a missing payment via telephone or letter, as well as using RI 38-31. The information collected can only be obtained from the respondents.

Public Burden Statement

We estimate this form usually takes 10 minutes per response to complete; on occasion it may take up to 30 minutes, 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 (3206-0187), Washington, DC 20415-0001. The OMB number, 3206-0187 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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 <input type="checkbox"/> A direct deposit to a financial organization			Have your financial organization verify nonreceipt by completing Part C below.		
<input type="checkbox"/> A check			Did you receive the missing check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Did you sign your name on the check before it was missing?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Annuity/alternative annuity (Answer questions 2, 3, and 4 below.)	<input type="checkbox"/> Death benefit lump sum payment (Answer questions 2, 3, 4, 5, 6, and 7 below.)
<input type="checkbox"/> Survivor annuity (Answer questions 2, 3, 4, and 5 below.)	<input type="checkbox"/> 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
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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)
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Financial organization name and address

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)
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