

OPM Retirement Operations: 1-888-767-6738  
FAX Transmission Line: 202-606-0095  
EMail Address: retire@opm.gov

Case name

CSA number

Today's date

Include your full name and claim number in all information mailed to OPM.

## We Need Important Information About Your Eligibility for Social Security Disability Benefits

*Our records show that you have not received a decision from the Social Security Administration (SSA).*

By law, the Office of Personnel Management (OPM) is required to deduct all or a part of Social Security Disability benefits from the Federal Employees Retirement System (FERS) disability benefit paid to a retiree. Our records show that you are not receiving a disability benefit from the SSA and your FERS disability benefit is not reduced for Social Security benefits. Please complete the form below to tell us the current status of your Social Security application for disability benefits.

If you have not received a decision from the Social Security Administration concerning your application for disability benefits, wait until a decision is made to let us know. If a Social Security benefit is awarded, we will need to know the monthly amount and the date it begins.

If you were denied Social Security disability benefits, we need to know if you requested reconsideration or plan to file an appeal of the Social Security denial of your benefit. If you file an appeal and a Social Security benefit is awarded, we need to know the beginning amount of your monthly SSA benefit and the date the SSA benefit begins.

If you were denied Social Security disability benefits based on gainful employment because you were not separated from your agency at the time you applied for benefits, you must reapply for Social Security disability benefits so that the SSA can make a decision based on your disabling condition. This is a requirement, and most likely in your financial interest, to reapply to SSA.

If you are awarded Social Security disability benefits in the future, simply send a photocopy of the SSA decision statement to the address provided above. If you prefer, you can telephone OPM at 1-888-767-6738, fax us at 202-606-0095, or email us at retire@opm.gov.

If you are overpaid FERS disability benefits because of receipt of Social Security disability benefits, OPM will send you a notice of the amount of overpayment. You are legally required to repay this money to OPM. If SSA sends you a retroactive payment for the amount of Social Security disability benefits due to you from the commencing date of your SSA benefit, hold that award until you have received a notice from OPM for the amount of your overpayment, so that you have sufficient funds to repay your duplicate payment.

Your FERS Disability annuity is not reduced by any other type of Social Security benefit, such as Supplemental Security Income (SSI) or Widow(er)'s Benefits. We only need information concerning your eligibility for SSA Disability Benefits.

*Tear along the dotted line  
Mail to the address at the top of the form*

### The Current Status of My Application for Social Security Disability Benefits

**Instructions:** Please read all information below, and check all boxes and answer all questions that apply to you.

- I have been awarded Social Security disability benefits.
- The SSA benefits are effective (date): \_\_\_\_\_  Monthly amount of the SSA disability benefit: \_\_\_\_\_
- I was denied Social Security disability benefits.
- I have requested or plan to request reconsideration or file an appeal of the decision with the Social Security Administration.  I have received a decision of my reconsideration appeal and was denied.
- I have not received a decision of my reconsideration/appeal.  I do not plan to request reconsideration or file an appeal of their decision with SSA. I am not receiving SSA disability benefits, and my application was denied based on my medical condition.
- I continue to be employed and will reapply for Social Security disability benefits when I stop working.

Name	Signature	Date
Email Address	Telephone Number	Claim Number

## 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 Chapter 84, Section 8452 and 5 CFR 844 Subpart C, which, specifies that an annuitant's FERS disability benefit is reduced by all or part of the amount received as a disability benefit from the Social Security Administration. 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 verify receipt of SSA disability benefits and to compute any resulting adjustments to the FERS disability benefit. **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, U.S.C, Chapter 84. Additionally, overpayment to FERS disability annuitants could increase. Individuals who do not provide this information can also request changes via telephone or letter, as well as using RI 98-7. The information collected can only be obtained from the respondents.

## Public Burden Statement

We estimate this form takes an average of 5 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 (OPM), Retirement Services Publications Team (3206-0216), Washington, D.C. 20415-0001. The OMB number is currently valid. OPM may not collect this information, and you are not required to respond unless this number is displayed.