



Part D Other Federal Benefits or Payments

1. OPM



UNITED STATES DEPARTMENT OF LABOR
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OPM BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Report any benefits you receive from the Office of Personnel Management (OPM), the Social Security Administration (SSA), the Foreign Service, or any other Federal disability or retirement system . **DO NOT report** benefits received under the FECA.

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OPM BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Have you been assigned a CSA number?

Yes

No



When OPM receives your retirement application, they assign a CSA number. It's eleven alphanumeric characters and will be included on all correspondences from OPM



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OPM BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Write it here:

CSA Number:



When OPM receives your retirement application, they assign a CSA number. It's eleven alphanumeric characters and will be included on all correspondences from OPM



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OPM BENEFITS

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During the past 15 months, have you received a **regular retirement** check from OPM?

Yes

No



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OPM BENEFITS

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During the past 15 months, have you received a **disability retirement** check from OPM?

Yes

No



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2. SSA



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SOCIAL SECURITY ADMINISTRATION BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Are you receiving any benefits from SSA?

Yes

No



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SOCIAL SECURITY ADMINISTRATION BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Please select benefit type:

- Retirement Benefits
- Disability Benefits

If you receive retirement benefits from SSA attributable even in part to your Federal service, your FECA benefits are subject to an offset.



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SOCIAL SECURITY ADMINISTRATION BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

If you are in receipt of retirement benefits from SSA, please complete the following:

Your Age:

65

Your Federal Retirement Coverage:

Select

i If you receive retirement benefits from SSA attributable even in part to your Federal service, your FECA benefits are subject to an offset.



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SOCIAL SECURITY ADMINISTRATION BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

If you are in receipt of retirement benefits from SSA, please complete the following:

Your Age:

Your Federal Retirement Coverage:

Select ▾

CSRS

FERS

Offset

Other

butable even in part
subject to an offset.

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SOCIAL SECURITY ADMINISTRATION BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

If you are in receipt of retirement benefits from SSA, please complete the following:

Your Age:

65

Your Federal Retirement Coverage:

Offset

Your Monthly Benefit if your retirement is not CSRS:

\$

i If you receive retirement benefits from SSA attributable even in part to your Federal service, your FECA benefits are subject to an offset.



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SOCIAL SECURITY ADMINISTRATION BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Please select benefit type:

- Retirement Benefits
- Disability Benefits

1 If you receive SSA disability benefits, those SSA disability benefits may be reduced by SSA due to your receipt of FECA benefits.



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3. VA Benefits



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VA BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Report any Veterans Administration (VA) disability award resulting from the injury for which you receive benefits under the FECA.



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VA BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Do you receive benefits from the VA on account of service in the Armed Forces of the United States?

Yes

No



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VA BENEFITS

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State:

Your File Number:

The kind of disability for which the award was made:



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Has the percentage of your VA award increased since the injury for which you are receiving benefits under the FECA?

Yes

No



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VA BENEFITS

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Give date of increase:



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VA BENEFITS

File Number: 4567874 OMB Number: 3440-099-098

Do you receive benefits from the VA on account of service in the Armed Forces of the United States?

Yes


No



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OTHER BENEFITS

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Report any Federal Black Lung benefits or any other benefits paid by the Federal government not including benefits under the FECA. If you have received any state benefits such as state workers compensation benefits or Unemployment Compensation during the period covered by this form, please also list such benefits on the following pages, as such benefits may be offset or reduced for FECA benefits received.

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Have you received any other Federally funded or assisted benefits or other state benefits as previously described?

Yes

No



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Provide the following information for each such benefit or payment:

BENEFIT 1



Type of Claim/Award/Benefit:

Agency:

Street Address:

City:

State:

Zip Code:

Country:

Claim or File No:

Amount/Value Received

Weekly Monthly