Office of Personnel Management
Retirement Operations

Request for Reconsideration – Retirement and/or Insurance

Information

- Use this form to request reconsideration of an initial decision made by OPM's Retirement Services.
- Complete all applicable items. Attach a copy of the initial decision, *if applicable.*
- Your written request must be received within 30 calendar days of the initial decision. OPM can extend the time limit if you can show that you ***(1)*** were not notified of the time limit and were not otherwise aware of it, *or* ***(2)*** were prevented from responding by a cause beyond your control.
- After reviewing our initial decision and any new evidence that has been submitted, OPM will send you a final decision in writing. We will send copies of that decision to any competing claimants or to your employing office, *if applicable.*
- Mail your completed request for reconsideration to:

  Office of Personnel Management
  Legal Reconsideration Branch
  1900 E Street NW
  Washington, DC 20415-0001

Section A — Applicant Information

1. Name *(last, first, middle)*	2. Address *(city, state, zip)*	3. Date of Birth *(mm/dd/yyyy)*	4. Claim Number *(if applicable)*
5. Daytime Telephone	**6. Email Address**	**7. Health Insurance Plan Name *(if applicable)***	

Section B — Type of Decision Being Reconsidered

- ☐ Affects rights or interests under the Civil Service Retirement System (CSRS) or the Federal Employees' Retirement System (FERS).
- ☐ Denies basic or optional life insurance coverage or post-retirement basic life insurance election under the Federal Employees' Group Life Insurance (FEGLI) Program.
- ☐ Denies a request to enroll or change enrollment in the Federal Employees Health Benefits (FEHB) Program.
- ☐ Denies a request to permit coverage of a family member under the Federal Employees Health Benefits (FEHB) Program.
- ☐ Other (Explain in Section C).

Section C — Reason(s) for Requesting Reconsideration

Provide a brief explanation below. If more space is needed, continue on a blank page.

Section D — Additional Evidence

1. Will you be submitting additional evidence after this form is filed?

☐ Yes *(If yes, briefly describe the evidence and when you expect it to be available below)* ☐ No

Section E — Certification and Signature

I certify that the statements made on this form and attachments are true and correct to the best of my knowledge.

Signature	Date *(mm/dd/yyyy)*

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 by Subpart A, Section 831.109, Subpart M; Subpart C, Section 841.306 and Subpart B, Section 845 of Title 5, Code of Federal Regulations contain the rules governing reconsideration decisions on entitlement to retirement benefits and the collection of debts. 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:** This form is used to outline the procedures required to request reconsideration of an initial OPM decision about retirement benefits, Federal Employees Health Benefits (FEHB) enrollment or change requests, or Federal Employees' Group Life Insurance (FEGLI) Program coverage decisions. **Routine Uses:** The information requested on this form may be shared externally as a "routine use" to other Federal agencies and third parties when necessary to process your application for benefits. For example, OPM may share your information with other Federal, state, or local agencies and organizations to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, 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 opm.gov/privacy. **Consequences of Failure to Provide Information:** Providing this information is voluntary. However, OPM will be unable to process your request for reconsideration if the required information is not provided.

Public Burden Statement

The public reporting burden to complete this information collection is estimated at 5 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Personnel Management, RS Publications Team at: RSPublicationsTeam@opm.gov Current information regarding this collection of information - including all background materials - can be found at: https:/www.reginfo.gov/public/do/PRAMain by using the search function to enter either the title of the collection or 3206-0237.