



Application for Immediate Retirement

Civil Service Retirement System (CSRS)

*See Privacy Act
Information on
Instruction Sheet*

Section A - Identifying Information

1. Name (<i>last, first, middle</i>)	2. List all other names you have used	
3. Address (<i>number, street, city, state, ZIP code</i>)	4a. Daytime area code and telephone number after retirement ()	4b. Best time to reach you
-----	4c. Home Email address	4d. FAX number ()
-----	5. Date of birth (<i>mm/dd/yyyy</i>)	6. All social security numbers you have used.
7. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is this an application for disability retirement? <input type="checkbox"/> Yes (<i>Ask your employing office about other documents you must submit</i>) <input type="checkbox"/> No	

Section B - Federal Service

1. Department or agency from which you are retiring (<i>Include bureau or division</i>)	2. Date of final separation (<i>mm/dd/yyyy</i>)
1a. Address and ZIP code	3. Title of position from which you are retiring
-----	3a. Your pay plan and occupational series
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (<i>see SF 2801A for definitions</i>)? <input type="checkbox"/> Yes (<i>Complete Schedule A and attach it to this form</i>) <input type="checkbox"/> No	
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay, you must notify OPM.) <input type="checkbox"/> Yes (<i>Complete Schedule B and attach it to this form</i>) <input type="checkbox"/> No	

Section C - Other Claim Information

1. Are you receiving or have you applied for (or received within the past 2 years) workers' compensation from the Department of Labor because of a job-related illness or injury? <input type="checkbox"/> Yes (<i>Complete Schedule C and attach it to this form</i>) <input type="checkbox"/> No	
2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, etc.)? <input type="checkbox"/> Yes (<i>Complete items 2a and 2b below.</i>) <input type="checkbox"/> No	
2a. Type of application <input type="checkbox"/> Retirement <input type="checkbox"/> Refund <input type="checkbox"/> Deposit or redeposit <input type="checkbox"/> Return of excess deductions <input type="checkbox"/> Voluntary contributions	2b. Claim number(s)

Section D - Insurance Information

See the pamphlet SF 2801A, *Applying for Immediate Retirement Under the Civil Service Retirement System*, for information.

1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Does a court or administrative order require that you provide health benefits coverage for one or more children? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Attach a copy of the order.</i>)
3. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)? <input type="checkbox"/> Yes → <i>Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.</i> <input type="checkbox"/> No → <i>If you retire on immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.</i>	5. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)? <input type="checkbox"/> Yes → <i>You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums, either by deductions from your annuity, through automatic bank debit, or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements.</i> <input type="checkbox"/> No

Section E - Marital Information (All applicants must complete questions 1 and 2 below.)

1. Are you married now? (<i>A marriage exists until ended by death, divorce, or annulment. You must notify the Office of Personnel Management if this marriage ends.</i>) <input type="checkbox"/> Yes (<i>Complete items 1a - 1f and attach a copy of your marriage certificate</i>) <input type="checkbox"/> No (<i>Go to item 2</i>)		
1a. Spouse's name (<i>last, first, middle</i>)	1b. Spouse's date of birth (<i>mm/dd/yyyy</i>)	1c. Spouse's social security number(s)
1d. Place of marriage (<i>city, state</i>)	1e. Date of marriage (<i>mm/dd/yyyy</i>)	1f. Marriage performed by: <input type="checkbox"/> Clergyman or Justice of Peace <input type="checkbox"/> Other (<i>explain</i>):
2. Do you have a living former spouse(s) from whom you were divorced on or after May 7, 1985, and to whom a court order gives a survivor annuity or, awards a portion of your retirement benefit based on your Federal employment? <input type="checkbox"/> Yes (<i>Attach a certified copy of the court order[s] and any amendments.</i>) <input type="checkbox"/> No		

Section F - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the attached information on pages 2 through 5 and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained on pages 7 and 8 of the attached instructions. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. An election for your spouse ends if your marriage ends by death, divorce, or annulment.

1.

Initials

I choose a reduced annuity with maximum survivor annuity (equal to 55% of my basic annuity) for my spouse named in Section E. 1a. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If your marriage ends by death, divorce, or annulment, this election terminates and you must notify the Office of Personnel Management.
2.

Initials

I choose a reduced annuity with a partial survivor annuity (equal to 55% of \$ _____ a year) for my spouse named in Section E. 1a. If you choose this option, the amount you enter must be less than your annual annuity. You **must** have your spouse's consent. Complete SF 2801-2, *Spouse's Consent to Survivor Election*, and attach it to your application. If your marriage ends by death, divorce, or annulment, this election terminates and you must notify the Office of Personnel Management.
3.

Initials

I choose an annuity payable only during my lifetime. If you are married at retirement, you **cannot** choose this type of annuity without your spouse's consent. **No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death.** If you are married and elect this type of annuity, complete SF 2801-2, *Spouse's Consent to Survivor Election*, and attach it to your application.
4.

Initials

I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (*Disability annuitants are not eligible to choose this type of annuity.*) If you are married and elect this type of annuity, complete SF 2801-2, *Spouse's Consent to Survivor Election*, and attach it to your application. **NOTE: This election is not included in determining the 55% maximum for the combined benefit elected for a spouse and former spouse in box 5.**

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social security number
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5.

Initials

I choose a reduced annuity with survivor annuity for my former spouse(s) or for my spouse and former spouse(s) shown below. You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 2801-2, *Spouse's Consent to Survivor Election*. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). An election for a former spouse ends if your former spouse dies or remarries before age 55, unless you were married for 30 years or longer. If one of these events occurs, this election terminates and you must notify the Office of Personnel Management.

Name and address of current spouse -----		Survivor annuity equal to _____% of my annuity
Name and address of former spouse -----	Date of marriage (mm/dd/yyyy) Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity
Name and address of former spouse -----	Date of birth (mm/dd/yyyy) Social security number	Survivor annuity equal to _____% of my annuity
Name and address of former spouse -----	Date of marriage (mm/dd/yyyy) Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity
Name and address of former spouse -----	Date of birth (mm/dd/yyyy) Social security number	Survivor annuity equal to _____% of my annuity

Total (cannot exceed 55% of your unreduced annuity) 0 %

Section G (Optional) - Information About Your Unmarried Dependent Children

1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)	1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)

Section H - Direct Deposit/Direct Express and Tax Withholding Information

Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See SF 2801A for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express.

1. Select one of the following:

Please send my annuity payments to my checking or savings account. (Go to item 2.)

Please send my annuity payment(s) to my Direct Express debit card. (Go to item 4.)

My permanent payment address is outside the United States in a country not accessible via Direct Deposit. (Go to item 4.)

2. Financial institution routing number *You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by Direct Deposit without it.*

3. Account number 3a. What kind of account is this? 3b. Telephone number of your financial institution (including area code)

Checking Savings ()

3c. Name and address of the financial institution 3d. **Special Note:** If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.)

4. Do you want Federal income tax withheld from your annuity payments? 4a. Do you want Federal income tax withheld at the rate currently being withheld from your salary?

Yes (Go to item 4a.) Yes (Attach a copy of W-4 form on file with your employing agency.)

No (Go to Section I.) No (Attach a new W-4 form; otherwise, withholding will be at the rate for married with 3 exemptions.)

Section I - Applicant's Certification

Warning

Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Signature (Do not print)

Date (mm/dd/yyyy)

Applicant's Checklist

	Yes	No	Not Applicable
1. Military Service - If you answered "yes" to Section B, Item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Military Service - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	┘	┘	┘
3. Military Retired Pay - If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Military Retired Pay - If you completed Schedule B and answered "yes" to item 2 or 3, did you attach a copy of award or other documentation of the type of military retired pay you are receiving?	┘	┘	┘
5. Military Retired Pay - If you completed Schedule B and answered "yes" to item 4, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgment or approval of your request for waiver (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Survivor Election - If you are married and did not initial box 1 of Section F, did you attach SF 2801-2, <i>Spouse's Consent to Survivor Election</i> ?	┘	┘	┘
7. Life Insurance - If you answered "yes" to Section D, item 3, did you attach SF 2818, <i>Continuation of Life Insurance Coverage As an Annuitant or Compensation</i> er?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. OWCP - If you answered "yes" to Section C, item 1 did you attach Schedule C?	┘	┘	┘
9. Tax - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Court or Administrative Order(s) - If you answered "yes" to Section D, item 2, and/or "yes" to Section E, item 2 did you attach a copy of the order(s)?	┘	┘	┘

Schedules A, B and C

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social security number
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Schedule A - Military Service Information

1. If you have performed active honorable service in the United States Armed Forces or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service. Include active duty for the National Guard.

a. Branch of service	b. Serial number	c. Dates of active duty		d. Last grade or rank
		From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)	

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (*You must pay this deposit to your agency. You cannot pay OPM after you retire. See Schedule A on page 4 of the instructions for the effect on your annuity if the deposit is not paid.*)

Yes No

Schedule B - Military Retired Pay

If you are receiving or have applied for military retired or retainer pay (*including disability retired pay*), complete items 1 - 4 below.

<p>1. Are you receiving or have you ever applied for military retired or retainer pay? (<i>Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.</i>)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code, Sections 12731 through 12739 (<i>formerly Chapter 67, title 10</i>)?</p> <p><input type="checkbox"/> Yes (<i>Attach a copy of notice of award.</i>) <input type="checkbox"/> No</p>
<p>3. Was your military retired pay or retainer pay awarded for a disability incurred in combat?</p> <p><input type="checkbox"/> Yes (<i>Attach a copy of notice of award.</i>) <input type="checkbox"/> No</p>	<p>4. Are you waiving your military retired or retainer pay in order to receive credit for military service for CSRS retirement benefits?</p> <p><input type="checkbox"/> Yes (<i>Attach a copy of your request for waiver and a copy of military finance office's acknowledgment or approval of your request for waiver.</i>) <input type="checkbox"/> No</p>

Schedule C - Federal Employees' Compensation Information

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?

Yes (*complete items 1a - c below*) No (*go to question 2*)

a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)	
			<input type="checkbox"/> Scheduled award
			<input type="checkbox"/> Total or partial disability compensation
			<input type="checkbox"/> Scheduled award
			<input type="checkbox"/> Total or partial disability compensation

2. If you have applied for workers' compensation (*other than as listed in item 1a above*) but are **not** receiving benefits, check reason below and give the information requested.

a. Awaiting OWCP decision b. Claim denied

<input type="checkbox"/> a. Awaiting OWCP decision Compensation claim number	<input type="checkbox"/> b. Claim denied Compensation claim number Date claim denied (<i>mm/dd/yyyy</i>)
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3. Except for scheduled compensation awards, workers' compensation and CSRS retirement benefits **cannot** be paid for the same period of time. Please complete the information below regarding your claim. **You must complete this section.**

a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?

Yes No

b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time?

Yes No

Applicant's Certification

<p><i>I certify that all statements made on these schedules are true to the best of my knowledge and belief.</i></p>	Signature (<i>do not print</i>)	Date (<i>mm/dd/yyyy</i>)
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Spouse's Consent to Survivor Election

Instructions: If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.

Part 1 - To Be Completed by the Retiring Employee

Name (<i>last, first, middle</i>)	Date of birth (<i>mm/dd/yyyy</i>)	Social security number
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I have elected: (*Mark the box(es) which describe the election you have made with regard to your current spouse. For example, a married employee who only elects a survivor annuity for a former spouse, must also check boxes "a" and "d".*)

- a. No regular or insurable interest survivor annuity for my current spouse. **I understand that:**
- No survivor annuity will be paid to my spouse after my death,
 - His/her Federal Employees Health Benefits coverage based on my Federal employment will terminate upon my death, and
 - He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.
- b. An insurable interest survivor annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section F, item 4 on my Standard Form 2801 naming my current spouse.)
- c. A partial survivor annuity for my current spouse equal to 55% of \$ _____ a year.
- d. A survivor annuity for my former spouse _____ equal to _____% of my annuity.
(*name of former spouse*)

Part 2 - To Be Completed by the Current Spouse of the Retiring Employee

General Information: The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse, **unless** the current spouse consents to some other election by signing this form.

A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse, even though the Office of Personnel Management must honor the terms of the court order before it can honor the election for the current spouse.

I freely consent to the survivor annuity election described in Part 1. **I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1 above, after my spouse dies I will not receive a survivor annuity, my Federal Employees Health Benefits coverage will terminate when my spouse dies, and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).**

The current spouse may, therefore, receive a smaller annuity than elected or none at all, unless the former spouse loses eligibility for the court-ordered survivor annuity.

Important: If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.

Name (<i>type or print</i>)	Signature (<i>do not print</i>)	Date (<i>mm/dd/yyyy</i>)
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Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

the _____ day of _____, _____, at _____.
(*Month*) (Year) (City and State)

(Seal of Notary Public or witnessing authority of person authorized to administer oaths)	Signature (<i>do not print</i>)
	Expiration date (<i>mm/dd/yyyy</i>) of commission, if Notary Public

Privacy Act Statement

Public Law 98-615, which establishes the spousal consent requirement, authorizes solicitation of this information. The data furnished will be used to determine the type of annuity awarded. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order 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. It may also be shared and verified, as noted above with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security number. Failure to provide information may delay or prevent action on your application.



Certified Summary of Federal Service

Civil Service Retirement System

Information for Agency

1. A certified copy of this form must accompany the employee's *Application for Immediate Retirement* (SF 2801) or an *Application for Death Benefits* (SF 2800) for a deceased employee if a survivor annuity appears to be payable.
2. This form may also be used:
 - for retirement counseling purposes
 - to respond to an employee's request for a record of creditable service

3. See the CSRS and FERS Handbook for Personnel and Payroll Offices for detailed instructions for completion and disposition of this form.

Instructions for the Employee

1. Your employing office will complete and certify this form for you.
2. Review this form carefully. Be sure it contains all of your service.
3. Complete Section E, Employee's Certification, and return the form to your employing office.

Section A - Identification

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social security number(s)
4. List all other names used (<i>maiden name, AKA, spelling variants</i>)	5. Other birth dates used	6. Military serial number
	7. Service computation date for retirement purposes	8. Pay plan and occupational series
9a. Does the applicant receive military retired pay? <input type="checkbox"/> Yes (<i>Attach a copy of the applicant's military retired pay order, if available, and complete 9b.</i>) <input type="checkbox"/> No	9b. If Yes, has the applicant waived military retired pay to credit military service for civil service retirement? <input type="checkbox"/> Yes (<i>Attach a copy of the military finance center's letter to the employee accepting waiver, if available.</i>) <input type="checkbox"/> No (<i>Includes cases where a waiver is not necessary.</i>)	

Section B - Verified Service History Documented in Official Records

Federal agency or military service branch	Appointment, separation, or conversion dates for civilian and active honorable military service		Name of retirement system* (e.g., CSRS, CSRS Offset, etc.)	Remarks and non-creditable time (Indicate if service is part-time. If service was WAE or intermittent, show the number of days or hours worked.)
	<i>From (mm/dd/yyyy)</i>	<i>To (mm/dd/yyyy)</i>		

*Give details of creditable civilian service not subject to retirement deductions in Section C.

Section C - Details of Civilian Service Not Subject to Contributory Retirement System for Civilian Federal Employees

This information is required to compute the portion of annuity based on such service.

Detail below (1) any period of Federal civilian service subject to "FICA" deductions and (2) any other Federal civilian service not subject to a Federal employee (or DC Government) retirement system. If total basic salary earned for any such period of service is known, you may make a summary entry on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of duty, if applicable. If part-time service is after April 6, 1986, also provide total number of hours employee worked during the period and show what a full-time tour of duty would be.

Nature of action (Appt., pro., res., etc.)	Effective date (mm/dd/yyyy)	Basic salary rate	Salary basis (per annum, per hour, WAE, etc.)	Leave without pay	If basic salary actually earned is available, make summary entry below:		
					From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total earned

Section D - Agency Certification

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency and that, if retiring, the employee has sufficient service for an immediate annuity.

Signature of Authorized Agency Human Resources Official		Agency name and address, including ZIP Code, area code and telephone number, FAX number, and email address
Official Title	Date (mm/dd/yyyy)	

Section E - Employee's Certification

- The service listed is complete.
- I have additional service. (If you claim additional service, attach signed statement(s) giving dates, positions, titles and locations of employment, including agency, bureau, and division. Claimed service cannot be credited for retirement until it has been verified. This includes unverified service listed on SF 144, *Statement of Prior Federal Civilian and Military Service*, or similar affidavit.)

Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section C above. If you have active military service on or after January 1, 1957, for which you have not made a deposit, be sure to read Schedule A on page 4 of the "Instructions" for Completing Application for Immediate Retirement for information on how this affects your annuity. You **cannot** change your decision after you retire.

Signature	Date (mm/dd/yyyy)
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Continuation of Life Insurance Coverage

As an Annuitant or Compensation

Federal Employees' Group Life Insurance (FEGLI) Program

Important:
Read instructions on pages 1 - 3
before completing this form.

Identifying Information

1. Employee's name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security number
4. Employing department/agency	5. Work location (<i>city, state, ZIP code</i>)	6. Compensation claim number (<i>if applicable</i>)

Basic Life Insurance

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

Yes (*If yes, complete item 8.*)
 No
 I received a full Living Benefit. (*skip to Item 9*)

8. What level of Basic do you want in retirement/compensation? *Check only one box. If you received a partial Living Benefit, you must check No Reduction.*

75% Reduction
 50% Reduction
 No Reduction

Option A — Standard Optional Insurance

9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic. (*Check "yes" only if you currently have as an employee*)

Yes
 No
 I don't have Option A.

Option B — Additional Optional Insurance

10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic. (*Check "yes" only if you currently have as an employee*)

Yes (*If yes, complete item 11.*)
 No
 I don't have Option B.

11. How many multiples of Option B do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.

_____ (*number of NO REDUCTION multiples*)
 _____ (*number of FULL REDUCTION multiples*)

Option C — Family Optional Insurance

12. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic. (*Check "yes" only if you currently have as an employee.*)

Yes (*If yes, complete item 13.*)
 No
 I don't have Option C.

13. How many multiples of Option C do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.

_____ (*number of NO REDUCTION multiples*)
 _____ (*number of FULL REDUCTION multiples*)

Signature

14. **Signature (Do not print.)** Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Date (*mm/dd/yyyy*)

Part 1 - Agency Use