



# Application for Immediate Retirement

## Federal Employees Retirement System

See Privacy Act  
Information on  
Instruction Sheet

### Section A - Identifying Information

1. Name (last, first, middle)		2. List all other names you have used	
3. Address (number, street, city, state, ZIP code)		4a. Daytime telephone # after retirement (including area code)	4b. Best time to reach you
-----		4c. Home email address	4d. FAX Number
-----		5. Date of birth (mm/dd/yyyy)	6. Social Security Number
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 (Ask your employing office about other documents you must submit) <input type="checkbox"/> No	

### Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)		2. Date of final separation (mm/dd/yyyy)	
-----		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 (see instructions for definitions)? <input type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <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 (Complete Schedule B and attach it to this form) <input type="checkbox"/> No			

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

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment.) <input type="checkbox"/> Yes (Complete items 1a - 1f and attach a copy of your marriage certificate) <input type="checkbox"/> No (Go to item 2)			
1a. Spouse's name (last, first, middle)		1b. Spouse's date of birth (mm/dd/yyyy)	1c. Spouse's Social Security Number
1d. Place of marriage (city, state)	1e. Date of marriage (mm/dd/yyyy)	1f. Marriage performed by:	<input type="checkbox"/> Clergyman or Justice of Peace <input type="checkbox"/> Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity or a portion of your retirement benefits based on your Federal employment? <input type="checkbox"/> Yes (Attach a certified copy of the court order[s] and any amendments.) <input type="checkbox"/> No			

### Section D - 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 pamphlet SF 3113, *Applying for Immediate Retirement under FERS* and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet. 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.

Your election to provide a survivor annuity for a current spouse terminates upon the death of that spouse or if the marriage ends due to divorce or annulment. You are required to make a new election (reelect) within 2 years of the terminating event if you wish to reelect a survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement. Continuing a survivor reduction by itself, is not effective to reelect a survivor annuity for a spouse married after retirement or for a former spouse.

If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 5 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.

1.	<input type="checkbox"/> <b>Initials</b>	<b>I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C.</b> 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 you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your unreduced earned annuity.
2.	<input type="checkbox"/> <b>Initials</b>	<b>I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C.</b> If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced earned annuity. You <b>must</b> have your spouse's consent to choose this option. Complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.
3.	<input type="checkbox"/> <b>Initials</b>	<b>I choose an annuity payable only during my lifetime.</b> If you are married at retirement, you <b>cannot</b> choose this type of annuity without your spouse's consent. <b>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.</b> If you are married and elect this, complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , 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 option for your spouse, complete SF 3107-2, *Spouse's Consent to Survivor Election* and attach it to your application.

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) as follows:** 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 3107-2, *Spouse's Consent to Survivor Election*. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.

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
-----	Date of birth (mm/dd/yyyy)	Social Security Number	
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
-----	Date of birth (mm/dd/yyyy)	Social Security Number	

**Total (either 25% or 50% of your unreduced annuity)**  **%**

**Section E - Insurance Information** See the pamphlet SF 3113, *Applying for Immediate Retirement Under the Federal Employees Retirement System*, for information.

1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?  Yes  No

1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)?  Yes (Attach a copy of the court/administrative order)  No

2. Are you eligible to continue Federal Employee's Group Life Insurance coverage as a retiree?  Yes  No

3. Are you enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)?

Yes  *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.*

No  *If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.*

4. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?

Yes  *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 another way, 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.*

No

**Section F - Other Claim Information**

1. Have you applied for, are you receiving, or have you ever received workers' compensation from the Department of Labor because of a job-related illness or injury?  Yes (Complete Schedule C and attach it to this form)  No

2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?  Yes (Complete items 2a and 2b below.)  No

2a. Type of application  Refund  Deposit or redeposit  Retirement  Return of excess deductions  Voluntary contributions

2b. Claim number(s)

**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 - Payment Instructions**

1. 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 the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) 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.

Please select one of the following:

- Please send my annuity payments directly to my checking or savings account. (Go to item 2)
- Please send my annuity payments to my Direct Express debit card. (Go to item 3a)
- My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. (Go to item 3a)

2a. Financial Institution Routing Number	<i>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.</i>	
2b. Checking or Savings Account Number	2c. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	2d. Telephone number of your Financial Institution (including area code)
2e. Name and address of Financial Institution ----- -----		<b>Special Note:</b> 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.) We can then use this information to start paying you by direct deposit.
3a. Do you want Federal income tax withheld from your annuity payments?  <input type="checkbox"/> Yes (Go to item 3b) <input type="checkbox"/> No (Go to Section I)	3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary?  <input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at 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**

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. <b>Military Service</b> - If you answered "yes" to Section B, Item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Military Service</b> - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Military Retired Pay</b> - If you answered "yes" to Section B, Item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Military Retired Pay</b> - If you completed Schedule B and answered "yes" to Item b or c, did you attach a copy of the notice of award or other documentation of the type of military retired pay you are receiving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Military Retired Pay</b> - If you completed Schedule B and answered "yes" to item d, 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. <b>Survivor Election</b> - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, <i>Spouse's Consent to Survivor Election</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Life Insurance</b> - If you answered "yes" to Section E, item 2, 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. <b>OWCP</b> - If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Tax</b> - 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. <b>Court or Administrative Order(s)</b> - If you answered "yes" to Section C, item 2 and/or "yes" to Section E, Item 1b, did you attach a copy of the order(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

See instructions for definitions of Armed Services and Uniformed Services.

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.)  Yes  No

### Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a - 1d below.

a. Are you receiving or have you ever applied for military retired or retainer pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10)? <input type="checkbox"/> Yes ( <i>Attach a copy of notice of award</i> ) <input type="checkbox"/> No
c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war? <input type="checkbox"/> Yes ( <i>Attach a copy of notice of award</i> ) <input type="checkbox"/> No	d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits? <input type="checkbox"/> Yes ( <i>Attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver</i> ) <input type="checkbox"/> No

### Schedule C - Federal Employees Compensation Information

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

Yes (*complete parts 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"/>	<input type="checkbox"/>
			<input type="checkbox"/> Scheduled award	<input type="checkbox"/> Other
			<input type="checkbox"/> Total or partial disability compensation	
			<input type="checkbox"/> Scheduled award	<input type="checkbox"/> Other
			<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 style="width: 100%;" type="text"/>	<input type="checkbox"/> b. Claim denied Compensation claim number: <input style="width: 100%;" type="text"/> Date claim denied ( <i>mm/dd/yyyy</i> ): <input style="width: 100%;" type="text"/>
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3. Except for scheduled compensation awards, workers' compensation and FERS 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

***I certify that all statements made on these schedules are true to the best of my knowledge and belief.***

Signature (*do not print*)

Date (*mm/dd/yyyy*)



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

Detail below (1) any period of Federal civilian service subject only to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. 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. Also provide total number of hours the employee worked during the period of part-time service, if available, and show what a full-time tour of duty would be. Service which is not subject to FERS or CSRS deductions is creditable only as specifically allowed by law.

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 records and that the applicant has sufficient service to be entitled to an annuity. I further certify that all required documentation in support of this application is attached, accurate and complete.

Signature of authorized agency personnel official	Agency name and address, including ZIP Code, telephone number (including area code), 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 an 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.

Signature (do not print)	Date (mm/dd/yyyy)
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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 (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
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I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)

- 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 health benefits coverage 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 annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section D, item 4 on my Standard Form 3107 naming my current spouse.)
- c. A partial survivor annuity (25%) for my current spouse.
- d. A maximum survivor annuity for my former spouse \_\_\_\_\_  
(name of former spouse)
- e. A partial survivor annuity for my former spouse \_\_\_\_\_ equal to 25% of my annuity.  
(name of former spouse)
- f. A partial survivor annuity for my former spouse \_\_\_\_\_ equal to 25% of my annuity.  
(name of former spouse)

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

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.a. above, I will not receive a survivor annuity, my health benefits coverage will terminate 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).**

Name (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
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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 (do not print)
	Expiration date (mm/dd/yyyy) of commission, if Notary Public

**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 an election not to provide the maximum survivor benefit.

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 (OPM) must honor the terms of the court order before it can honor the election for the current spouse.

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 (through remarriage before age 55 or death).

**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.

### Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. 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. The Government may use your number in collecting and reporting amounts that you owe the Government. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the retirement application.



# Continuation of Life Insurance Coverage

## As an Annuitant or Compensationier

### 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