



Application for Immediate Retirement Federal Employees Retirement System

This application is for you if you are a Federal employee covered by the Federal Employees Retirement System (FERS) and you wish to apply for retirement with an immediate annuity. You should use this application if you want to apply for an annuity which will begin within 30 days of your separation from Federal service.

Do not use this application to apply for a deferred annuity. A deferred annuity begins more than 30 days after the date of final separation. If you want to apply for a deferred annuity, you should request an RI 92-19, *FERS Application for Deferred or Postponed Retirement*, from the Office of Personnel Management, Federal Employees Retirement System, P.O. Box 200, Boyers, PA 16017.

You should have received an informational pamphlet SF 3113, *Applying for immediate retirement Under the Federal Employees Retirement System*, with this application. If you did not receive the pamphlet you should get a copy from your employing agency.

Retirement benefits and retirement processing are complicated. Read the information in the pamphlet carefully. When you decide to retire, give your agency advance notice so it can be sure your records are complete and it can carry out its responsibilities in processing the paperwork associated with your retirement.

Give your completed application to the personnel office of your employing agency. They will forward your application to the Office of Personnel Management for processing. If you have any questions, ask your employing office for assistance. You must apply separately for any benefits payable from the Thrift Savings Plan and the Social Security Administration.

If your address changes after you application has been forwarded to the Office of Personnel Management, but before you receive your claim number, write to us, giving your name, date of birth, and Social Security Number. If you have received your claim number, remember to refer to it.

Instructions for completing Application

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number written at the top. If you do not know an answer write "unknown". If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

SECTION A - Identifying Information

- Item 2: List other names under which you have been employed in the Federal government (such as a maiden name). This will help us to locate and identify records maintained under these names.
- Item 3: Enter the address to which correspondence should be mailed. If you want your payments sent to a bank, do not enter the bank address here; see Section H of the application form.

- Item 4: Give a telephone number where you can be reached after you retire and the best time to reach you during business hours.

SECTION B - Federal Service

- Item 2: Enter the date of final separation for retirement. (Leave blank if applying for disability retirement and not separated.)
- Item 4: Indicate whether or not you have performed active duty that terminated under honorable conditions in the armed services or other uniformed services of the United States including the following:
- Army, Navy, Marine Corps, Air Force or Coast Guard of United States;
 - Commissioned Corps of the Public Health Service after June 30, 1960;

- c. Commissioned Corps of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961;
- d. Cadet or Midshipman of the U.S. Military Academy, U.S. Air Force Academy, U.S. Coast Guard Academy, or U.S. Naval Academy.

service in reserve components and/or the National Guard is not considered active Federal military Service except when ordered to active duty in the service of the United States and during an initial 4-month training period for Guards men. However, full-time National Guard duty (as such term is defined in Section 101(d) of title 10) is creditable, if such service interrupts FERS creditable civilian service and is followed by reemployment in accordance with Chapter 43 of title 38 that occurs after August 1, 1990.

If you have performed such service, complete and attach Schedule A, furnishing the requested information for each period of active duty.

To receive FERS credit for military service performed on or after January 1, 1957, you must make a deposit of 3 percent of your military basic pay. You must pay the deposit to your agency while you are still employed. You may not pay OPM after you retire.

If you are entitled to have part of your retirement computed under CSRS rules, military service performed prior to your transfer to FERS comes under CSRS deposit rules. These rules are as follows:

- The CSRS deposit is 7 percent of your military basic pay.
 - If you were first employed in a civilian position before
- October 1, 1982, you do not pay the deposit and you are eligible for a Social Security benefit at age 62, the CSRS part of your annuity will be recomputed at age 62 to delete credit for the post-1956 military service.
 - If you were first hired on or after October 1, 1982, you
- will not receive any credit for post-1956 military service if you do not make the deposit for it.
 - CSRS military service deposits must also be paid to your
- agency while you are still employed.

Item 5: If you are receiving, or have applied for, military retired pay, answer "yes" to Item 5, then complete and attach Schedule B-Military Retired Pay. (Note: Military retired pay includes disability pay.)

This information is needed to assure correct credit for military service. Receipt of military retired pay may affect the computation of your annuity rate.

If you are waiving military retired pay for FERS retirement purposes, your agency can help you prepare your request for waiver. Attaching a copy of your waiver request and the finance center's acknowledgment (if available) to your claim more quickly. (Even if you have already waived your military retired pay to receive benefits from the Veterans Administration, you also need to file a waiver for FERS.)

SECTION C - Marital Information

Item 2: Indicate whether you have a living former spouse to whom a court order awards a survivor annuity based on your Federal employment. If you answer "yes", you must submit a certified copy of the court order and any attachments or amendments.

SECTION D - Annuity Election

(See pages 11-18 of SF 3113, *Applying for Immediate Retirement Under the Federal Employees Retirement System.*)

Read the information about survivor benefits found in the pamphlet, *Applying for Immediate Retirement Under FERS*, before completing Section D.

Box 4: If you initial Box 4, a person selected by you, who has an insurable interest in you, will receive a survivor annuity upon your death. Insurable interest exists if the person named may reasonably expect to derive financial benefit from your continued life (such as a former spouse or a close relative).

If you choose an insurable interest survivor annuity, the survivor annuity will be 55 percent of your annuity after your annuity has been reduced to provide this benefit (see table).

Any employee who is not retiring for disability and who can prove good health may elect a reduced annuity to provide a survivor annuity for a person having an insurable interest in the retiree. You may elect this insurable interest survivor annuity in addition to a regular survivor annuity for a current or former spouse. If you elect an insurable interest annuity for your current spouse, you must both jointly waive the current spouse annuity. Generally, an insurable interest cannot be cancelled. However, if you elect the insurable interest annuity for a current spouse because a court order awards (or you have elected) the regular survivor annuity to a former spouse, the insurable interest election for your current spouse can be converted to a current spouse annuity if the former spouse loses entitlement to the regular annuity.

If you choose and insurable interest annuity, the amount of the reduction in your annuity will depend upon the difference between your age and the age of the person named as survivor annuitant, as shown in the table below.

Age of the Person Named in Relation to That of Retiring Employee	Reduction in Annuity of Retiring Employee
Older, same age, or less than 5 years younger	10%
5 but less than 10 years younger	15%
10 but less than 15 years younger	20%
15 but less than 20 years younger	25%
20 but less than 25 years younger	30%
25 but less than 30 years younger	35%
30 or more years younger	40%

Box 5: If you initial box 5 your former spouse(s) will receive a survivor annuity upon your death. The maximum survivor annuity payable to your former spouse(s) is 50% of your unreduced annuity. Your annuity will be reduced 5% or 10% according to the total benefit you want to provide.

You may elect to provide a survivor annuity for more than one former spouse. The total of the survivor annuities must equal either 25% or 50% of your unreduced annuity.

If you are married, you must have your spouse's consent to choose this option, because any benefit elected for a former spouse limits what can be elected for your current spouse. (Complete and attach SF 3107-2, *Spouse's Consent to Survivor Election*, to your application.) The maximum combined survivor benefits that can be elected for your current and former spouse(s) is 50% of your benefit.

SECTION F - Other Claim Information

Item 1: If you have applied for, or received, workers' compensation from the Office of Workers' Compensation Programs, U.S. Department of Labor,

because of a job-related illness or injury, check the "yes" box and complete Schedule C.

In Schedule C you should provide the following information:

1. If you are receiving (or have received in the last 2 years) compensation, enter your compensation claim number(s), the beginning and ending dates of each period for which compensation was paid, and whether the benefits were a scheduled award or disability compensation.
2. If you have applied for, but are not receiving benefits, indicate whether your claim is pending or has been denied and the claim numbers applicable.
3. Indicate whether you agree to notify us if the status of your workers' compensation claim changes and whether or not you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs to collect any overpayment if we find that you were paid; but not eligible for, both compensation and annuity benefits covering the same period of time. Without this authorization, we will not authorize payment of your annuity until we can confirm that OWCP is not paying you compensation.

The information requested regarding benefits from the Office of Workers' Compensation Programs is needed because the law prohibits the dual compensation which would exist if you received both a FERS annuity and compensation for total or partial disability under the Federal Employees' Compensation Act.

SECTION G - Information About Children

Complete Section G by providing the names and dates of birth of your unmarried dependent children under the age of 18. Also list any child over the age of 18 and incapable of self-support because of mental or physical disability incurred before the age of 18. Check the box headed "disabled" by the name of each child to whom this applies. Information about your children in your annuity claim file may help to expedite the processing of claims for survivor benefits in the event of your death.

SECTION I - Applicant's Certification

Be sure to sign (do not print) and date your application after reviewing the warning.

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 for you. 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 the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.



Application for Immediate Retirement

**See Privacy Act
Information on Instruction
Sheet**

Federal Employees Retirement System

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 tele.# (area code)	5. Date of birth (month, day, year)	6. Social Security Number
	4b. Best time to reach you		
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 (month, day, year)	
		3. Title of position from which you are retiring	
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States? (See instructions for definition)	<input type="checkbox"/> Yes (Complete Schedule A and attach 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 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 (Also complete items 1a-f below) <input type="checkbox"/> No	1a. Spouse's name (last, first, middle)	
1b. Spouse's date of birth (month, day, year)	1c. Spouse's social security number	1d. Place of marriage (city,	1e. Date of marriage (month, day, year)
1f. Marriage performed by <input type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (explain):	2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 "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.

1. I choose a reduced annuity with maximum survivor annuity for my spouse.	INITIALS	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 annuity.	
2. I choose a reduced annuity with a partial survivor annuity for my spouse.	INITIALS	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 annuity. You MUST have your spouse's consent to choose this option. Complete form SF 3107-2 (Spouse's Consent to Survivor Election) and attach it to your application.	
3. I choose an annuity payable only during my lifetime.	INITIALS	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. If you are married and elect this, complete form SF 3107-2 (Spouse's Consent to Survivor Election) and attach it to your application.	
4. I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me.	INITIALS	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.)	
Name of person with insurable interest	Relationship to you	Date of birth	Social Security Number
5. I choose a reduced annuity with survivor annuity for my former spouse(s) as follows:	INITIALS	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).	
Name and address of former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	Social Security Number	

Name and address of former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	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.

1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section F - 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 (Complete Schedule C and attach to this form) <input type="checkbox"/> No
2. Have you previously filed any application under the Civil Service Retirement System or the Federal Employees Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?	<input type="checkbox"/> Yes (Complete items 2a and 2b below) <input type="checkbox"/> No
2a. Type application	<input type="checkbox"/> Retirement <input type="checkbox"/> Refund <input type="checkbox"/> Return of excess deductions <input type="checkbox"/> Deposit or redeposit <input type="checkbox"/> Voluntary contributions
2b. Claim numbers	

Section G - Information About Your Unmarried Dependent Children

1. Dependent child's name (last, first, middle)	2. Date of birth (month, day, year)	3. Disabled (✓)	4. Dependent child's name (last, first, middle)	5. Date of birth (month, day, year)	6. Disabled (✓)

Section H - Direct Deposit and Tax Withholding Information

1. Public Law 104-134 requires that everyone who becomes eligible for Federal payments on or after July 26, 1996, must be paid by direct deposit into a savings or checking account at a financial institution. The only exceptions are: (1) if their permanent address is outside the United States in a country not accessible via direct deposit by the U.S. government, or; (2) if they do not establish an account or have one established for them by an authorized payment agent.	Therefore, you must select one of the following: <input type="checkbox"/> Please send my annuity payments directly to my checking or savings account (Go to item 2) <input type="checkbox"/> I hereby certify that I do not have a savings or checking account in any financial institution and that none has been established for me by an authorized payment agent. Please send me my payments(s) by check. (Go to item 4) <input type="checkbox"/> 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. Checking or Savings Account Number	3a. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3b. Telephone number of your Financial Institution
Name and address of Financial Institution	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.) We can then use this information to start paying you by direct deposit.	
4. Do you want Federal income tax withheld from your annuity payments? <input type="checkbox"/> Yes (go to item 4a) <input type="checkbox"/> No (go to Section I)	4a. 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 intentional 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 here certify that all statements made in this application are true to the best of my knowledge and belief. Signature (Do not print)	Date
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Applicant's Checklist

	Yes	No	Applicable
This checklist is provided to help you be certain you have attached all the necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.			
1. Military Service - If you answered "yes" to Section B, item 4, did you attach Schedule A? service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Military Retired Pay - If you answered "yes" to Section B, item 5, did you attach Schedule B? a copy of the military finance office's acknowledgement or approval of your request for waiver (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Election?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. OWCP - If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>

Schedules A, B and C

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>month, day, year</i>)	3. Social Security Number
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Schedule A - Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services, as defined in the instructions, 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 or service	b. Serial number	c. Dates of active duty		d. Last grade or rank
		From (<i>month, day, year</i>)	To (<i>month, day, year</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 Not applicable

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-d below.

a. Are you receiving or have you ever applied for military retired or retainer pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10? <input type="checkbox"/> Yes (<i>if available, 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>if available, 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>if available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgement 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 received workers' compensation from the Office of Workers' Compensation Program (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?		Yes (<i>Complete part 1a-c below</i>) No (<i>Go to question 2</i>)
a. Compensation claim number	b. Benefit received	c. Type of benefit
	From (<i>month, day, year</i>) To (<i>month, day, year</i>)	
		Scheduled award Total or partial disability compensation
		Scheduled award 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
Compensation claim number	Compensation claim number Date claim denied

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.

a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 ineligible for both compensation and annuity payments covering the same period of time?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature (<i>do not print</i>)	Date
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