

Applying for Retirement Federal Employees' Retirement System (FERS)

Preparing for retirement; how to
complete forms; common mistakes

Preparing for Retirement

- ▶ It's never too early to start planning for retirement to make sure everything goes smoothly.
- ▶ Retire in 5 years
- ▶ Retire in 1 year
- ▶ Less than 1 year to Retirement
- ▶ Applying for Retirement

Start Planning for Retirement

- ▶ *Service Credit*
- ▶ *Request an annuity estimate*
- ▶ *Thrift Savings Plan*

Service Credit

- ▶ Service Credit – Request your Benefits Specialist to inform you of any periods of service under the Civil Service Retirement System (CSRS) or Federal Employee Retirement System (FERS) for which you did not make any retirement contributions and are eligible for deposit or redeposit. The estimate provided will include an approximate principal amount and interest. The Office of Personnel Management will make the final determination and “bill” you for the amount. You *choose* if you want to pay the deposit/redeposit or not. In most cases payment of the service time will help maximize your annuity

Request an Annuity Estimate (FERS Benefits Statement)

- ▶ Contact your Benefits Specialist assigned to your organization. You can find this information on the Human Capital Website, [Contact Us link](#).
- ▶ You will be asked to complete the Estimate Request for so that your Benefits Specialist can give you a good estimate.
- ▶ OPM makes the final determinations on annuity amounts
- ▶ Attend [Retirement Seminars](#)

5 years before Retirement

- ▶ The five year period before retirement is important because you must have insurance coverage for five years immediately before retirement to keep it after retirement (FEHB and FEGLI). You may also need some preliminary information to make decisions about when you can afford to retire and whether to make any necessary payments to receive credit for military or non-contributory service or repay any retirement contribution refunds.
- ▶ You should attend a Retirement Seminar every 5 years prior to retirement.

One year before Retirement

▶ Planning for Retirement in One Year

OPM Website provides detailed information of what you should be attending to.

- ▶ Steps to Take When You Get Within One Year of Retiring
- ▶ Check Documentation in Your Official Personnel Folder (OPF)
- ▶ Check Additional Records
- ▶ Check Your Health Benefits Records
- ▶ Check Your Life Insurance Records
- ▶ Paying a deposit to receive retirement credit for your military service after 1956; or for service where retirement deductions that were not withheld from your pay; or service where your retirement deductions were refunded to you

Within Months of Retirement

- ▶ **Choose a retirement date** – avoid losing annuity pay
 - ❑ FERS employees should retire at the end of a month
 - ❑ It doesn't matter if it's at the end of the week or end of the pay period, although ideal . . . Check the pay period calendar if this is important to you
- ▶ **Determine Survivor Benefit** - review the election opportunities to provide benefits after your death to your husband or wife, ex-spouse, or another person you designate as having an insurable interest in your continuing life. If you do not provide for a monthly benefit after your death, your survivor will not be able to continue coverage under the Federal Employees Health Benefits (FEHB) program.
- ▶ **Eligibility for Medicare Coverage** - You should contact the [Social Security Administration](#) at least three months before your 65th birthday to apply for benefits (if you *choose*).

► **Waiving Military Retired Pay –**

If you are retired military and you have paid your full Military Deposit, and you now want/need to waive your military retired pay to receive credit for military service in the computation of your civilian annuity benefit, you should write the Retired Pay Operations Center at least 60 days before your planned retirement.

Send your waiver to:

Defense Finance and Accounting Service

U.S. Military Retirement Pay

P.O. Box 7130

London, KY 40742-7130

You can "fax" your request to 1 (888) 469-6559.

► **Suggested wording for your request is as follows:**

"I (full name and military serial number) hereby waive my military retired pay for Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) purposes effective (the day *before* your annuity begins).

I hereby authorize the U.S. Office of Personnel Management to withhold from my CSRS or FERS annuity any amount of military retired pay granted beyond the effective date of this waiver due to any delay in receiving or processing this request."

- Make sure you sign and date your request
- Provide a copy of the letter and fax receipt to Benefits to include with your Retirement Application Package.

Maximum Annuity Benefit you can Receive

- ▶ There is no “maximum” amount under the Federal Employees Retirement System (FERS)

Exception: FERS maxes out at 60% and 40% of high-3 salary for FERS Disability Retirement

Complete your Retirement Application

- ▶ Review and complete, retirement forms and submit to your Benefits Specialist. Your Benefits Specialist will email you the package of forms you are required to complete.
- ▶ You do not need to submit a separate letter of resignation. A completed and signed retirement application is equivalent to a letter of resignation.
- ▶ If you are eligible for a retirement benefit, you should *not* resign, intending to submit a retirement application later. This is because if you die after separating but before filing the application, no life insurance, no survivor benefit, and no survivor health insurance coverage would be available to your survivor(s). You should, however, complete all the other required "exit procedures."

FERS APPLICATIONS

Your benefits specialist will provide you with retirement forms. You can also download forms from the OPM website

[Standard Forms \(opm.gov\)](https://www.opm.gov)

Open Sample SF-2818

10/3/2022

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SF-2818 Continuation of Life Insurance Coverage as an Annuitant or Compensationner

- ▶ A *signed and dated* SF 2818 is required for all cases if an employee has FEGLI coverage at retirement
- ▶ Carefully review the elected coverage on the SF 2818 to ensure it is equal to or less than the coverage the employee is eligible to continue in retirement
- ▶ Review the SF 2818 in detail with employees to discuss the coverage options they are eligible for and what each election means for them in retirement
- ▶ Verify the SF 2818 accurately indicates “not continuing coverage” versus “not enrolled”
- ▶ Submit only one SF 2818 in a retirement package

Open Sample SF-3107

10/3/2022

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SF-3107 Application for Immediate Retirement (FERS)

- ▶ Section C - PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE
- ▶ Section F - Are you receiving Workers' Compensation?
- ▶ Section F - Have you applied for or paid for a deposit or redeposit period?
- ▶ Section H - Do not attach a copy of a voided check. Make sure you fill in the fields for your financial information
- ▶ Section H – Federal Tax – Do you want Federal taxes taken out of your annuity? Either complete the W-4P or request a copy of the agency W-4 (current tax exemptions)
- ▶ Section I – Sign and Date your application!

Open Sample SF-3107-1

10/3/2022

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SF-3107-1 - Certified Summary of Federal Service (CSRS)

- ▶ Your Benefits Specialist will complete this form and send it to you. You need to verify and sign and date at the bottom of the 2nd page.
- ▶ Make sure that all of your service has been documented.
- ▶ Question any service that you think may be missing or incorrectly annotated.
- ▶ If you paid the deposit or re-deposit, make sure it is annotated in remarks.

Open Sample SF-3107-2

10/3/2022

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SF-3107-2 Spouse's Consent to Survivor Election (FERS)

- ▶ If you elect anything less than the MAXIMUM Survivor Benefit for your spouse, you are required to submit this form with your application.
- ▶ Form must be signed by your spouse in front of a notary.
- ▶ NO ELECTRONIC SIGNATURES.
- ▶ Make sure that all the dates match (date your spouse signed and the date the notary signed).
- ▶ OPM requires the ORIGINAL form, no scans or copies.

Open Sample SF-3107- SCH ABC

- ▶ Schedule A – Military Information
- ▶ Schedule B – Retired Military Pay Information
- ▶ Schedule C – Federal Employees' Compensation Information

SF-3107-ABC Schedules A,B,C

- ▶ You are required to complete this form if you have Military Service; if you are Retired Military; or if you are receiving compensation from FECA (OWCP)
- ▶ This form is not required if none of the above applies.
- ▶ Only complete the schedule that applies to you.
- ▶ Make sure you sign and date the bottom of the form.

W-4P Federal Withholding Certificate for Pension or Annuity Payments

- ▶ Benefits does not advise on W-4 or Taxes . . . Please contact your tax accountant or financial planner
- ▶ You can keep the exemptions the same in retirement that you have as an employee. Request your Benefits Specialist to include a copy of the Agency W-4 on file.
- ▶ If you want it changed, you can complete the W-4P and submit it with your retirement forms.

BENEFITS SPECIALISTS

- ▶ [Helpful Links | U.S. Geological Survey \(usgs.gov\)](#)
- ▶ [Human Resources Contacts | U.S. Geological Survey \(usgs.gov\)](#)

QUESTIONS

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FERS ANNUITY SUPPLEMENT FORMULA

Here's the three step formula:

1. Take your latest Social Security benefit estimate at age 62, which you can get by setting up a personal account at <https://www.ssa.gov/myaccount/>;
2. Multiply that figure by your total years of FERS service, rounded up to the next higher year;
3. Divide the product by 40.

Note: Total years of FERS service means actual years of FERS service. It doesn't include any years of non-FERS civilian service or military service for which you've made a deposit to the retirement system.

The SRS ends at age 62, when you first become eligible for a regular Social Security benefit, even if you don't apply for that benefit.

Also note that it's generally subject to the Social Security annual earnings limit, which will reduce the SRS by \$1 for every \$2 you earn from wages or self-employment above an annual limit which this year (2021) is \$18,960. There's an exception for special category employees: if they retire before their MRA, they can earn as much as they want without it having any effect on their SRS. When they reach their MRA, they're treated the same as everyone else.

Retirement Estimate Notes

When you retire you will be placed in what is called the “**interim period**” for about 4 to 6 months while OPM adjudicates your retirement. During this time, OPM will pay you roughly 85% of the estimated annuity and deduct for Federal taxes only. OPM will deduct any FEHB, FEGLI, and survivor benefits premiums, if applicable, owed at the end of the interim period once your annuity is finalized. If you were underpaid, then OPM will pay what is owed to you in a lump sum along with your regular annuity check.

Don't forget to add the FERS Supplement to your annuity!

The [FERS supplement](#) is a percentage of what your [SS benefit](#) is estimated to be at the age of 62. It is paid by OPM and does not affect [your future SS benefit](#). If you are retiring prior to age 62 and eligible for the FERS supplement, you can add this amount to your estimated monthly annuity. OPM will not pay this until your retirement is finalized. You will receive the backpay for the supplement along with any portion of the annuity owed to you during the interim period. [OPM's Services Online](#) will provide annuity statements.

Thrift Savings Plan

Your [Thrift Savings Account](#) is the third bucket of income that is part of the FERS 3-part retirement system. **TSP is not listed on your FERS estimate.** You'll want to visit [TSP.gov](#) or call for



withdrawal options when you're ready. When you retire, you will be able to maintain your TSP account and make interfund transfers, but you must be taking the minimum distribution by age 70½.

TSP loan balances not paid in full shortly after separation will be declared as taxable distribution to the IRS. Be sure to review the [TSP loan pamphlet](#) for your options. This must be settled before any additional withdrawal features are allowed.

FEHB

Employees may continue [health insurance](#) coverage in retirement if they are covered for 5 years immediately prior to retirement. **The annual open seasons that occur every fall and the costs of insurance premiums remain the same for employees and retirees.** Retirees premiums will be withheld post-tax. (most employees' are withheld pre-tax) If eligible, your health insurance coverage will transfer to OPM. For any qualifying life event changes (marriage, birth, etc.), you will be able to coordinate through OPM's Services Online or provide an election form directly to OPM.

FEGLI

On page 4 of your estimate, you will see a breakdown of what [life insurance](#) will cost in retirement and the amount of coverage. There will be a few choices that you'll want to consider if you have more than the basic coverage. **Most employees will elect the 75% reduction for the Basic coverage and waive their Option B as they enter retirement.** Feel free to discuss the options with your retirement specialist.

If you have Basic FEGLI coverage . . .

The estimate will always have the 75% reduction option for the Basic coverage unless you've indicated otherwise. This means that you pay a low fixed rate until you turn 65 when the premiums will cease, and your insurable amount decreases 2% per month until it reaches 25% of its original amount (~3 years). The 50% reduction option and the no reduction option have fixed rates, but you continue to pay those premiums after reaching 65.

Survivor Benefits

You will also see on page 4 options for the survivor annuity that you may elect to leave a spouse. If you are married, the default will be for your spouse to receive 50% (full/cost you 10%) of your annuity upon your death but you may choose the 25% option (half/cost you 5%) or no benefit. A spouse's ability to carry FEHB upon the retiree's death is an important reason most choose a survivor benefit. Without any benefit elected for the spouse, the FEHB coverage for a spouse will terminate upon a retiree's death. An election less than the full benefit requires a [spouse's notarized signature](#). You'll need to provide a copy of your marriage certificate if you are married; so, start looking for it! Discuss [other survivor elections or court ordered benefits](#) with your Retirement Specialist

5-year Coverage Exception: If your spouse will be eligible for a Federal retirement, then he/she may be entitled to continue the FEHB coverage even if you don't elect survivor benefits. Please see your retirement specialist for clarification.

Federal Taxes

Your estimate shows a deduction for Federal taxes based your current payroll record. Most employees maintain the same deductions for taxes in retirement until they have become acclimated to their new income and/or see a tax advisor. You will be able to adjust the tax withholdings through OPM's website.

TAX TIME

State Taxes

State taxes will not be deducted until your retirement is adjudicated and not until you log onto OPM Services Online to add that deduction. However, you may type/write a brief memo that states the specific amount to deduct from which state, and I'll add it to your retirement package.

Additional Deductions

Dental/Vision

If you carry the dental/vision coverage through [Benefeds](#), the premiums will not be deducted until your retirement is adjudicated. You will be responsible for the payments in the meantime or you will lose coverage. [Benefeds](#) will send you a letter after you retire with instructions on how to make payments and there are instructions on your [retirement application](#). **If you are not enrolled in dental/vision, you may still participate after retirement by enrolling during open season or with a qualifying life event, but you must be eligible to carry FEHB in retirement.**

Long Term Care

Long term care is handled similarly to the dental/vision insurance. You will need to pay your provider directly until OPM finalizes your retirement. If you are not carrying LTC as an employee, you may still apply through www.LTCFEDS.com.

Flexible Spending Account

If you have an [FSA](#), you will need to incur expenses prior to retirement and any moneys remaining in your account will be forfeit. You will not be able to participate in FSA in retirement.

Retirement Process

Please prepare to submit your [paperwork](#) about 2 months prior to your anticipated retirement date. We will send your package to IBC (Payroll) who will then generate your Individual Retirement Record (IRR) reporting final sick leave balance and your retirement contributions while on this appointment. The IRR is generated after your final salary check and before your lump annual leave is paid. IBC overnights your entire record with your paperwork to OPM the week after the pay period calculates.

Civil Service Annuitant Number

When OPM receives your package, they will assign a Civil Service Annuitant (CSA) number that you will need to use when communicating with OPM. They will also send a PIN. You can track your retirement application package progress once it is in OPM. This is the account number you will use to log into [the Services Online](#) (EEX equivalent).



Annual Leave

If you have unused annual leave when you retire, it will be paid out to you 2 pay periods after you receive your last pay check. It will be deposited in the same account you had on file when you retired. Federal and Medicare taxes are withheld. State and Social Security will also be withheld if applicable. This is approximately 40%.

Sick Leave

As you may already know, any unused sick leave you have is converted to days to be included in your service which then adds to the amount of your annuity. The number of sick leave hours is based on your unused hours at the time the estimate is prepared.

Additional Resources as you Plan to Retire

The [Planning for Retirement](#) has some answers to the most common questions. You may also want to attend one of our [quarterly webinars](#). Additional information may be found on [our Benefits website](#).



Retirement Estimate Request Form

Complete the questions on the next two pages and email both pages along with your Social Security Earnings Record, if applicable.

You will need to provide your full earnings history if you under age 62 and covered under FERS; or if you are any age and covered under CSRS Offset. To get a copy of your SSA Earnings Record– Go to: <https://www.ssa.gov/myaccount/>

When you log into your SSA account, click on the link for **Review your full earnings record now** to view a complete list of your earnings history. You will need to print to PDF that page or copy and paste into a doc and then send it to your Benefits Specialist with this form.

Benefits Specialists are assigned by Region or Director’s Office. To find your Benefits Specialist, go to the following website and find your center or organization:

<https://www.usgs.gov/about/organization/science-support/human-capital/human-resources-contacts>

REQUEST FOR RETIREMENT ESTIMATE

Name: Date of Birth

Center: Email:

Work Phone: Home Phone: Cell Phone:

Projected Retirement Date(s):

Retirement: FERS CSRS CSRS Offset Current Work Schedule: Full-time Part-time

Type of Retirement do you wish to apply for (may check more than one):

Optional FERS MRA+10 FERS Postponed Deferred
 Disability Early (if approved) Unsure

Select if you have any of the following types of special service from previous employment:

Law Enforcement Firefighter Air Traffic Controller Military Reserve Technician

NOTE: THE CALCULATION THAT WILL BE DERIVED FROM THIS INFORMATION IS AN ESTIMATE. YOUR ACTUAL ANNUITY MUST BE DETERMINED BY THE U.S. OFFICE OF PERSONNEL MANAGEMENT.

The following questions will ensure that your service history is fully captured. Please answer to the best of your ability:

1. Did you transfer from CSRS to FERS? NO (skip to #2) YES
Est. Date of Transfer: Est sick leave balance at time of transfer:
2. Do you have part-time Federal civilian service after 4/1/1986? NO (skip to #3) YES
Please estimate dates:
3. Do you have any Congressional service? NO (skip to #4) YES Est. yrs & mos:
4. Have you ever separated from Federal service? NO (skip to #5) YES
Did you withdraw your retirement contributions? NO (skip to #5) YES
Approximately what year?
Have you applied to pay that refund back with OPM? YES NO
5. Do you have temporary Federal civilian service? NO (skip to #6) YES
 - a. Have you applied to make a deposit on that service? NO (skip to #6) YES
 - b. Estimate the amount you owe today:
6. Do you have any Military service time? NO (skip to #8) YES
 - a. Are you retired? NO (skip to #7) YES
 - b. Will you be waiving your military retirement pay? NO (skip to #8) YES
7. Have you paid the military deposit in full? NO YES

Post 1956 military deposit MUST be PAID IN FULL BEFORE retirement if you want to use this service towards your annuity computation. You will NOT be given the opportunity to make this payment after retirement.

8. Are you married? NO (skip to #9) YES Spouse's Name & DOB:
a. CSRS: Do you plan to elect the full 55% of your annuity? YES (skip to #7) NO
If no, what base amount will you use?

b. FERS: Select one of the following:
Full Surviving Spouse Annuity (50%) Reduced (25%) None (0%)

If you are unsure at this time, the estimate will show the maximum allowed with other examples.

NOTE: You do not need to provide a marriage certificate for the estimate but you will need a copy at retirement.

The next few questions address what benefits you would like to carry into retirement:

9. To continue health benefits into retirement, you must have been covered under any FEHB plan, Tricare, or a combination of both, for the 5 years immediately preceding your retirement, or from your first opportunity to enroll. Do you meet this requirement? YES NO

10. Do you plan to continue FEDVIP Vision/Dental insurance into retirement? YES NO
(FEDVIP does not need the 5-year requirement but you do need to be eligible for FEHB)

11. To continue life insurance coverage into retirement, you must have had coverage for the 5 years immediately preceding your retirement. Do you meet this requirement? YES NO

a. At retirement, you will be required to select whether or not you would like your life insurance to be reduced at the age of 65. Each type of coverage provides different options. The default for estimates is to retain Basic but with a 75% reduction.

Would you like to retain Basic FEGLI? NO YES (select reduction option)
75% 50% no reduction

b. If you have any of the optional FEGLI insurance, please indicate whether you would like to continue this coverage or have it dropped at age 65:

Option A (Standard coverage will decrease 75% automatically at age 65) NO YES

Option B (Additional) NO YES # of multiples to drop at age 65:

Option C (Family) NO YES # of multiples to drop at age 65:

12. Would you like Federal Taxes withheld at the current rate as reflected on your pay statements? YES
NO Please indicate the rate:

NOTE: State taxes can not be deducted in the estimates. OPM will not deduct for state taxes until your retirement is finalized.

If you are covered under either CSRS Offset or FERS, please submit a copy of your most recent Social Security Benefits to aid in the computation of your FERS Annuity Supplement (under age 62), or your CSRS Pension Offset (at age 62).
You may do so by visiting <https://www.ssa.gov/myaccount/>

Additional Comments:

FERS Benefit Estimate Report

Linus Blanket

Optional Retirement Annuity

Unreduced Monthly Annuity	\$1,845.49
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Reductions

Early Retirement Age	\$0.00
Unpaid CSRS Deposit	\$0.00
Survivor Benefit	\$184.55
Unpaid CSRS Redeposit	\$0.00
Alternative Annuity	\$0.00

Total Reductions	\$184.55
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GROSS MONTHLY ANNUITY

	\$1,660.00
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Deductions

Health Insurance Premium	\$326.13
Life Insurance Premium	\$398.15
Dental Insurance Premium	\$45.28
Vision Insurance Premium	\$0.00
Federal Tax Withholding	\$105.00

Total Deductions	\$874.56
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NET MONTHLY ANNUITY

	\$785.44
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FERS Annuity Supplement:

	\$0.00
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Monthly Survivor Annuity Elected

	\$922.00
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Service Credits

	Yrs	Mos	Days
CSRS Service Credit	0	0	0
Noncreditable CSRS Service	0	0	0
CSRS Sick Leave	0	0	0
Total CSRS Service Credit	0	0	0
FERS Service Credit	28	2	29
Noncreditable FERS Service	0	0	0
FERS Sick Leave	0	7	2
Total FERS Service Credit	28	10	1
Total Service Credit	28	10	1

Total Service Includes

	Yrs	Mos	Days
FERS LEO/FF/ATC/CBPO Service	0	0	0
FERS Congressional Service	0	0	0
Total Military Service	0	0	0
Unpaid Military Service	0	0	0
CSRS LEO/FF/ATC/CBPO Service	0	0	0
CSRS Congressional Service	0	0	0

Estimate Basis

Date of Birth		04/13/1955
Age at Retirement	62 Years	11 Months
Retirement SCD		01/02/1990
LEO/FF/ATC SCD		N/A
Spouse's Date of Birth		N/A
Spouse's Age		N/A
FEGLI Code		90
FEHB Plan Code		H41
Dental Insurance Plan Type	Plan Type Not Specified	
Vision Insurance Plan Type		None

Retirement System	FERS Regular
Date of Retirement	03/31/2018
Date of Separation	N/A
High-3 Average Salary	\$69,824
Sick Leave Hours	1226
Survivor Benefit Base Elected	100%
Unpaid Pre 10/01/1982 CSRS Deposit	\$0.00
Unpaid Pre 03/01/1991 CSRS Redeposit	\$0.00
FERS Lump-Sum Credit	N/A
CSRS Lump-Sum Credit	N/A
Tax Status	Single with 1 Exemptions

FERS Benefit Estimate Report **Linus Blanket**

Notes:

BENEFIT AMOUNTS SHOWN IN THIS REPORT ARE ESTIMATES AND NOT INTENDED TO REPRESENT ACTUAL AMOUNTS. THE OFFICE OF PERSONNEL MANAGEMENT HAS SOLE AUTHORITY AND RESPONSIBILITY FOR ADJUDICATING RETIREMENT CLAIMS. Upon retirement, your retirement application and supporting documentation is submitted to OPM. Upon receipt of your retirement claim, OPM will place you in an interim pay status. Your interim payments will continue until OPM has completed full adjudication of your retirement claim. A FERS service factor of 0.317167, which represents your total service credit for retirement computation purposes, was used in the formula to compute your estimated monthly annuity.

Based on employee's final basic pay of \$73,463 and 203.00 hours of unused annual leave, the gross lump-sum annual leave payment would be \$7,145.60

FERS Benefit Estimate Report Linus Blanket

Explanation of Annuity Computation

Unreduced Monthly Annuity:	Monthly annuity amount before any reductions. The amount is based on employee's high-3 average salary and total service credit at date of retirement and the applicable FERS/CSRS benefit formula.
Annuity Reductions:	
Unpaid CSRS Deposit:	A reduction equal to 10 percent of the amount of unpaid deposits relating to any creditable CSRS service prior to 10/01/1982 during which employee made no retirement contributions.
Survivor Benefit:	A reduction for the cost of a survivor benefit election. The cost is equal to 10 percent of the base specified for use in computing the benefit.
Unpaid CSRS Redeposit:	A reduction applicable to cases in which employee received a refund of CSRS retirement contributions for a period of service which ended before 03/01/1991 and has elected not to make a redeposit. The reduction is based on the amount of the unpaid redeposit and the employee's age at time of retirement.
Gross Monthly Annuity:	Monthly annuity payable after employee's "Unreduced Monthly Annuity" is reduced by the sum of applicable reductions.
Annuity Deductions:	
Health Insurance Premium:	Monthly cost of health plan coverage elected. (See Health Insurance Election, below, for details.)
Life Insurance Premium:	Monthly cost of life insurance coverage elected. (See Life Insurance Election, below, for details.)
Dental Insurance Premium:	Monthly cost of dental insurance coverage elected. (See Dental Insurance Election, below, for details.)
Vision Insurance Premium:	Monthly cost of vision insurance coverage elected. (See Vision Insurance Election, below, for details.)
Federal Tax Withholding:	Federal tax withholding based on amount of the Gross Monthly Annuity payable, number of exemptions claimed, and the filing status (married or single) elected. The tax withheld is based on 2018 rates and each exemption reduces the taxable annuity by \$345.80.
NET MONTHLY ANNUITY:	Monthly annuity payable after employee's "Gross Monthly Annuity" is reduced by the sum of applicable deductions.
FERS Annuity Supplement:	A monthly annuity paid until age 62 (as a substitute for Social Security benefits) to certain FERS employees who retire on an immediate unreduced annuity before age 62. It does not apply in FERS disability cases. Income earned after retirement, that exceeds the "exempt amount", may reduce or eliminate the annuity supplement.
Monthly Survivor Annuity Elected:	Monthly survivor annuity payable based on 50 percent of the base specified for use in computing the annuity. (See Survivor Annuity Alternatives, below, for details.)
<u>Service Credits</u>	
CSRS Service Credits:	Total service (civilian and military) creditable under CSRS for purposes of determining eligibility for retirement.
Noncreditable Service:	Service that is not creditable and is not used in computing the amount of the annuity. Examples of such service are unpaid post-09/30/1982 deposit service and any unpaid redeposit service.
Sick Leave:	Unused sick leave hours are converted into service credit years, months, and days. In transferee cases, the amount of sick leave credit that is applicable (if any) to each component is shown separately.
Total CSRS Service Credits:	Service credits used, when applicable, in computing the CSRS component of employee's annuity.
Total FERS Service Credits:	Service credits used both in determining retirement eligibility and computing employee's FERS annuity.
Total Service Includes:	(Types of FERS and CSRS service included in employee's Total Service Credit, as applicable.)
LEO/FF/ATC/CBPO Service:	Service as a Federal law enforcement officer, firefighter, air traffic controller, or CBP officer.
Total Military Service:	Creditable active duty military service used in computing employee's annuity.
Unpaid Military Service:	Military service used in computing employee's annuity for which a deposit has not been made. If employee is eligible for Social Security benefits at age 62, the annuity may be recomputed excluding this service.
Congressional Service:	Service performed as a Congressional employee.

FERS Benefit Estimate Report Linus Blanket

Estimate Basis

(The data shown in this section of the Benefit Estimate Report was considered in computing estimated benefits.)

Date of Retirement:	Date employee separated from Federal service. The annuity commencement date depends on the type of retirement. In Disability and Discontinued Service Retirement cases, the annuity begins the day following the date of retirement. In Optional and Early Retirement cases, the annuity begins on the 1st day of the month following the date of retirement.
Date of Separation:	This date is applicable only in deferred and postponed retirement cases and is the date employee separated from Federal service. In such cases, the Date of Retirement refers to the date the deferred or postponed annuity will commence.
High-3 Average Salary:	Employee's highest average salary during any 3 years of consecutive service. The computation is based on annual rates of pay and the period of time each rate was in effect.
FERS/CSRS Lump-Sum Credit:	Employee's total unrefunded FERS and, if applicable, CSRS retirement contributions as of Date of Retirement. The total includes all civilian service deposits, CSRS post 02/28/1991 redeposits, and military service deposits made by employee. The amount is used to compute the nontaxable portion of an annuity and the reduction applied when an Alternative Annuity is elected.
Tax Status:	Shows, if applicable, the basis used to compute Federal Tax Withholding deductions.

Survivor Annuity Alternatives

Alternative Base	Survivor Annuity	Monthly Cost
Full	\$922.00	\$184.55
One-Half	\$461.00	\$92.27

The table above shows the monthly amount and cost of a survivor annuity based on the election of a full or one-half survivor annuity.

Health Insurance

Plan Name	Type	Monthly Premium
Aetna HealthFund CDHP and Aetna Value Plan	CDHP Self	\$326.13

(Based on 2018 FEHB rates.)

Life Insurance

The table below shows the amount of insurance coverage employee elected to continue in retirement and the monthly premium costs, based on 2016 FEGLI rates. Reductions begin at age 65 or date of retirement if later.

Coverage Based On Final Basic Pay Of	\$73,463.00	Monthly Premiums					
Basic	\$76,000.00	Type	At Retirement	At Age 65	At Age 70	At Age 75	At Age 80
Option A - Standard	\$0.00	Basic					
Option B - Additional [3 multiples]	\$222,000.00	75% Reduction	\$24.70	N/A	N/A	N/A	N/A
Total Coverage	\$298,000.00	50% Reduction	\$78.66	\$53.96	\$53.96	\$53.96	\$53.96
Option C - Family [0 multiples]		No Reduction	\$186.58	\$161.88	\$161.88	\$161.88	\$161.88
Spouse	\$0.00	Option A	\$0.00	N/A	N/A	N/A	N/A
Child	\$0.00	Option B [3NR, 0FR]	\$211.57	\$259.74	\$461.76	\$865.80	\$1,269.84
		Option C [0NR, 0FR]	\$0.00	N/A	N/A	N/A	N/A

Note: Premiums shown at age 65, 70, 75, and 80 for FEGLI Option B and/or Option C are for the number of multiples elected at time of retirement with no reduction. The premiums for the number of multiples elected with full reduction will cease at age 65 or date of retirement if later.

Dental & Vision Insurance

Plan Name	Type	Monthly Premium
Plan Name Not Specified	Dental Plan Type Not Specified	\$45.28
N/A	Vision None	N/A

(Based on 2018 FEDVIP rates.)



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>) Blanket, Linus P.	2. Date of birth (<i>mm/dd/yyyy</i>) 10/31/1960	3. Social Security number 123-45-6789
4. Employing department/agency DEPARTMENT OF THE INTERIOR : GEOLOGICAL SURVEY	5. Work location (<i>city, state, ZIP</i>) Sacramento, CA 95819	6. Compensation claim number (<i>if applicable</i>) N/A

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*) 5 _____ (*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.

LINUS P. BLANKET (handwritten signature or PIV signature)

Date (*mm/dd/yyyy*)
DATE



Application for Immediate Retirement

Federal Employees Retirement System

See Privacy Act
Information on
Instruction Sheet

Section A - Identifying Information

1. Name (last, first, middle) Blanket, Linus P.		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) 10/31/1960	6. Social Security Number 123-45-6789
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 checked="" type="checkbox"/> No	

Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code) DEPARTMENT OF THE INTERIOR : GEOLOGICAL SURVEY U.S. Geological Survey Human Resources Office/Benefits 3020 State University Drive East, Suite 2001 Sacramento, CA 95819		2. Date of final separation (mm/dd/yyyy) 12/31/2022	
-----		3. Title of position from which you are retiring BLANKET HOLDER	
-----		3a. Your pay plan and occupational series GS-0000	
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 checked="" 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) PATTY, PEPPERMINT		1b. Spouse's date of birth (mm/dd/yyyy) 10/28/1960	1c. Spouse's Social Security Number 122-33-4455
1d. Place of marriage (city, state) PEANUTLAND, CA	1e. Date of marriage (mm/dd/yyyy) 11/10/1979	1f. Marriage performed by: <input checked="" 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 checked="" 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"/>	Initials	I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C. 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"/>	Initials LPB	I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C. 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 must 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"/>	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, 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
--	---------------------	----------------------------	------------------------

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	<input type="checkbox"/> Refund	<input checked="" type="checkbox"/> Deposit or redeposit	2b. Claim number(s)
<input type="checkbox"/> Retirement	<input type="checkbox"/> Return of excess deductions	<input type="checkbox"/> Voluntary contributions	CSD 9000000

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 <i>(including area code)</i>	
2e. 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.	
3a. Do you want Federal income tax withheld from your annuity payments? <input type="checkbox"/> Yes <i>(Go to item 3b)</i> <input type="checkbox"/> No <i>(Go to Section I)</i>		3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary? <input type="checkbox"/> Yes <i>(Attach copy of W-4 form on file with your employing agency.)</i> <input type="checkbox"/> No <i>(Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)</i>	

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)*

LINUS P. BLANKET (handwritten signature or PIV signature)

Date *(mm/dd/yyyy)*

DATE

Applicant's Checklist

	Yes	No	Not <i>Applicable</i>
1. Military Service - If you answered "yes" to Section B, Item 4, did you attach Schedule A?			
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?			
4. Military Retired Pay - 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?			
5. Military Retired Pay - 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 <i>(if applicable)</i> ?			
6. Survivor Election - 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> ?			
7. Life Insurance - 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>			
8. OWCP - If you answered "yes" to Section F, 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?			
10. Court or Administrative Order(s) - 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)?			



Certified Summary of Federal Service

Federal Employees Retirement System

Office of Personnel
Management
5 CFR Part 841

Information for the Agency

1. A certified copy of this form must accompany the employee's *Application for Immediate Retirement (SF 3107)*.
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 of employee (<i>last, first, middle</i>) Blanket, Linus P.	2. Date of birth (<i>mm/dd/yyyy</i>) 10/31/1960	3. Social Security Number 123-45-6789
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 02/23/1986	
8a. Did this employee elect to transfer to FERS? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, give effective date of election:	8b. If the employee elected to transfer to FERS, is the employee entitled, according to your records, to have part of the FERS annuity computed under CSRS rules? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> No	9b. If yes, has the applicant waived military retired pay to credit military service for FERS 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>Include cases where a waiver is not necessary.</i>)	

Section B - Verified Service History Documented in Official Personnel Records

Federal agency or military service branch	Appointment, separation, or conversion dates for civilian and active honorable military service		Name of retirement system*	Remarks and non-creditable time**
	From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>		
Dept of Interior - USGS	06/29/1980	06/28/1982	FICA Only	Deposit Paid 06/29/1980 to 08/23/1980 Biweekly TOD: 80 08/24/1980 to 06/28/1982 WAE: 77 days
Dept of Interior - USGS	08/18/1982	09/30/1982	FICA Only	Deposit Paid
Dept of Interior - USGS	10/01/1982	12/31/1982	FICA Only	Deposit Paid
Dept of Interior - USGS	07/08/1983	07/01/1989	FICA Only	Deposit Paid up to 12/31/1988 07/08/1983 to 03/16/1985 Biweekly TOD: 80 03/17/1985 to 12/07/1985 Biweekly TOD: 64 12/08/1985 to 09/24/1988 Biweekly TOD: 80 09/25/1988 to 12/31/1988 WAE: 42 days 01/01/1989 to 04/08/1989 WAE: 42 days 04/09/1989 to 07/01/1989 Biweekly TOD: 80
Dept of Interior - USGS	05/03/1992	10/31/2022	FERS	Retirement

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

**In Remarks, show if CSRS service on or after January 1, 1984, is "regular" CSRS or CSRS Offset.

Indicate if service is part-time. If service was performed on a WAE or intermittent basis, show the number of days worked in "Remarks." If the number of days worked is not available, then show the number of hours worked.

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
	DEPARTMENT OF THE INTERIOR : GEOLOGICAL SURVEY
Official Title	U.S. Geological Survey
Supv HR Specialist (Employee Benefits)	Human Resources Office/Benefits 3020 State University Drive East, Suite 2001 Sacramento, CA 95819
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)
LINUS P. BLANKET (handwritten signature or PIV signature)	DATE

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
Blanket, Linus P.	10/31/1960	123-45-6789

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 _____ (name of former spouse) equal to 25% of my annuity.
- f. A partial survivor annuity for my former spouse _____ (name of former spouse) equal to 25% of my annuity.

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)
PATTY, PEPPERMINT	ORIGINAL SIGNATURE IN FRONT OF NOTARY	MAKE SURE DATES MATCH

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)
(Seal)	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.

Schedules A, B and C

1. Name (<i>last, first, middle</i>) Blanket, Linus P.	2. Date of birth (<i>mm/dd/yyyy</i>) 10/31/1960	3. Social Security Number 123-45-6789
---	--	--

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>)	
U.S. AIR FORCE	123456789	05/05/1978	05/05/1979	E-4

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 checked="" 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"/> 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.

<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 (<i>do not print</i>) LINUS P. BLANKET (handwritten signature or PIV signature)	Date (<i>mm/dd/yyyy</i>) DATE
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Withholding Certificate for Periodic Pension or Annuity Payments

▶ Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . ▶ \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . ▶ \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . ▶ \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶	\$ _____	
	Multiply the number of other dependents by \$500 ▶	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits ▶	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:

Sign Here	_____ LINUS P. BLANKET (handwritten signature or PIV signature)	_____ DATE
	Your signature (This form is not valid unless you sign it.)	Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$147,000.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard

deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$	2	\$ _____
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$14,700 if you're single or head of household. • \$27,300 if you're married and one of you is under age 65. • \$28,700 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.