Submitting a Healthy/Timely Retirement Packet
1. If there are military orders in the eOPF, what must accompany the orders with the packet?

2. What constitutes Timeliness for a retirement submission to ABC-C?

3. What is absolutely required on Medical documents submitted with a Disability/Public Law Disability?

4. Per the IDEF, who is responsible for submitting the complete and healthy packet to ABC-C for processing?

5. What are the consequences of not submitting a W-4P with a retirement packet?

6. What specific document must accompany a PL Disability in order to “Qualify” for a Public Law Disability?
The purpose of BAL 12-103 is to provide guidance on submitting “healthy” retirement application packets to OPM for adjudication.

A “healthy” retirement packet is a complete and accurate packet that does not have to be developed for missing, inaccurate or discrepant information.

By submitting a “healthy” packet, it allows ABC-C to process the packet and forward to OPM via DFAS in a timely manner.

By allowing ABC-C to forward in a timely manner, OPM is then able to get the employee into a pay status quicker.
Healthy Packets

Application must be a complete, original form, signed by the applicant in ink and dated.

All questions must be answered, all applicable boxes checked and all areas requiring initials must be initialed.
In order for a retirement packet (Optional/Discontinued Service Retirement) to be timely, the Army Benefits Center-Civilian must have it submitted to DFAS NLT 5 working days prior to Date of Retirement (DOR).
Civilian Human Resources Agency

Retirement Packet

Completed Checklist, Forms and HR Checklist (See Next slide, sent out to the field in December 2017)
Application (SF 3107 or SF2801)
Schedule ABC (if have mil service or OWCP)
Spousal Consent form (SF 3107-2 or SF 2801-2) if married and electing less than full survivor annuity
SF 2818 (if have FEGLI)
W-4P Withholding certification for Fed Tax for annuity.
Marriage Certificate (if married)
DD 214s that reflect Character of Service (usually found on Member 4, Service 2,4,6,7 or 8 copy)
RI 79-9 (if suspending for Tricare or Medicare) with proof of Tricare or Medicare
If there are Military Orders submitted or in eOPF, A SoS must be submitted for those orders
IF for Discontinued Service Retirement/Military Reserve Tech (DSR/MRT) also need:
OPM 1510
Termination Memo (Agency Letter)  DO NOT NEED DISCHARGE ORDER FOR DSR/MRT

Forms checklists can be found at:
https://www.abc.army.mil/abc?id=kb_article&kb_number=KB0010866
Note 2 signatures denoting that there is a check/recheck System in place.

On the SF 2818, SF 3107-2/2801-2 there can be no mark overs/corrections and if RI 79-9 submitted, OPM also needs the evidence of eligibility.
Common items overlooked

**Application for Immediate Retirement**

**Federal Employees Retirement System**

<table>
<thead>
<tr>
<th>Section A - Identifying Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name (last, first, middle)</td>
</tr>
<tr>
<td>2. List all other names you have used</td>
</tr>
<tr>
<td>3. Address (number, street, city, state, ZIP code)</td>
</tr>
<tr>
<td>4a. Daytime telephone # after retirement (including area code)</td>
</tr>
<tr>
<td>4b. Home email address</td>
</tr>
<tr>
<td>5. Date of birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td>6. Social Security Number</td>
</tr>
</tbody>
</table>

**Section B - Federal Service**

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)
2. Date of final separation (mm/dd/yyyy)
3. Title of position from which you are retiring
3a. Your pay plan and occupational series
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)?
   - Yes (Complete Schedule A and attach it to this form)
   - 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.)
   - Yes (Complete Schedule B and attach it to this form)
   - No

**Important as OPM will contact via**

- After Retirement
- After Retirement
- Need DOR for retirement leave blank for disabilities
- Do not Fill out Schedule B Just schedule A
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.)
   - Yes (Complete items 1a - If and attach a copy of your marriage certificate) [Circle]
   - No (Go to item 2) [Circle]

1a. Spouse's name (last, first, middle) [Space]
1b. Date of marriage (mm/dd/yyyy) [Space]
1c. Spouse's Social Security Number [Space]

1d. Place of marriage (city, state) [Space]
1e. Date of marriage (mm/dd/yyyy) [Space]
1f. Marriage performed by: [Space]
   - Clergyman or Justice of Peace
   - Other (explain): [Space]

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?
   - Yes (Attach a certified copy of the court order[s] and any amendments.) [Circle]
   - No [Circle]

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. Initials [Space]
   - 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 will be 50% of your reduced earned annuity.[Space]

2. Initials [Space]
   - 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, Spouse's Consent to Survivor Election, and attach it to your application. [Space]

3. Initials [Space]
   - 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 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, Spouse's Consent to Survivor Election, and attach it to your application. [Space]

There is a tendency to miss question C 2.

No corrections can be made in section D.

If not married and not leaving survivor annuity choose #3

If married and choose anything less than full, must complete SF 3107-2 which must be notarized.
Insurable Interest based upon the age difference

<table>
<thead>
<tr>
<th>Name of person with insurable interest</th>
<th>Relationship to you</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

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.

### Age of the Person Named in Relation to That of Retiring Employee

<table>
<thead>
<tr>
<th>Age of the Person Named</th>
<th>Reduction in Annuity of Retiring Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older, same age, or less than 5 years younger</td>
<td>10%</td>
</tr>
<tr>
<td>5 but less than 10 years younger</td>
<td>15%</td>
</tr>
<tr>
<td>10 but less than 15 years younger</td>
<td>20%</td>
</tr>
<tr>
<td>15 but less than 20 years younger</td>
<td>25%</td>
</tr>
<tr>
<td>20 but less than 25 years younger</td>
<td>30%</td>
</tr>
<tr>
<td>25 but less than 30 years younger</td>
<td>35%</td>
</tr>
<tr>
<td>30 or more years younger</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of marriage (mm/dd/yyyy)</th>
<th>Date of divorce (mm/dd/yyyy)</th>
<th>Survivor annuity equal to ______% of my annuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth (mm/dd/yyyy)</td>
<td>Social Security Number</td>
<td>Survivor annuity equal to ______% of my annuity</td>
</tr>
</tbody>
</table>
There is a tendency to miss question 1b.

Need to fill out Schedule C ONLY if you mark YES.
No need for a direct deposit sheet, just input information here.

DFAS DOES NOT send the W-4 they have on file. Recommend including a W-4P.
Please sign the application and date it!!!

Section I - Applicant's Certification

Warning

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

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

Signature (Do not print)  

Date (mm/dd/yyyy)

Applicant's Checklist

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

1. Military Service - If you answered "yes" to Section A, Item 4, did you attach a copy of your discharge certificate or other certificate of active military service?
2. Military Retired Pay - If you answered "yes" to Section A, Item 5, did you attach Schedule B?
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 (if applicable)?
6. Survivor Election - If you are married and did not initially box 1 of Section D, did you attach SF 3107-2, Sponsor's Consent to Survivor Election?
7. Life Insurance - If you answered "yes" to Section E, item 2, did you attach SF 2818, Continuation of Life Insurance Coverage as an Employee or Compensation?
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)?

Matilda E. Ha

Cursive computer font

Actual signature
<table>
<thead>
<tr>
<th>Branch of service</th>
<th>Serial number</th>
<th>Dates of active duty From (mm/dd/yyyy)</th>
<th>Dates of active duty To (mm/dd/yyyy)</th>
<th>Last grade or rank</th>
</tr>
</thead>
</table>

Should list all periods of ACTIVE military service

Should NOT just indicate see attached DD 214s

Can do a continuation page on a Word document (for periods that will not fit) and at the top copy the format of Name, DOB and SSN. Then just follow Branch of service along with the Dates of service and last grade or rank (See next slide for example)
### Schedule A Continuation Sheet Example

Just create in a word document

#### Schedule A Continuation sheet

<table>
<thead>
<tr>
<th>Doe, John A</th>
<th>DOB: 1/1/1900</th>
<th>SSN: 123-45-6789</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Branch of Service</strong></td>
<td><strong>Serial Number</strong></td>
<td><strong>From</strong></td>
</tr>
<tr>
<td>Army NG</td>
<td>08/15/2001</td>
<td>08/14/2002</td>
</tr>
<tr>
<td>Army NG</td>
<td>05/03/2004</td>
<td>06/04/2005</td>
</tr>
</tbody>
</table>
If you have not applied or receiving military retirement pay, **DO NOT** fill out this section.

**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.)
      - Yes
      - 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)?
      - Yes
      - 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?
      - Yes
      - No
   d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits?
      - Yes
      - No

**1b is asking if this is a reserve or guard retirement. Are you receiving at age 60 due to having enough points? If so, this is under Chapter 1223, title 10 US Code 12731-12739 (retired pay under Chapter 1223 is for members of the reserves and guard). If you are receiving retirement pay due to having 20 years active duty, then this would be No and in order to use your military service for civilian service, you would have to waive your military retirement pay. If the award notice is not attached the application will be placed into a 30 day hold at OPM until a copy can be obtained, regardless if military deposit is paid (from ABC being at OPM to witness process).**
**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)

<table>
<thead>
<tr>
<th>Compensation claim number</th>
<th>Benefit received</th>
<th>Type of benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From (mm/dd/yyyy)</td>
<td>Scheduled award</td>
</tr>
<tr>
<td></td>
<td>To (mm/dd/yyyy)</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total or partial disability compensation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Compensation claim number</th>
<th>Compensation claim number</th>
<th>Date claim denied (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits cannot be paid for the same period of time. Please complete the information below regarding your claim. **You must complete this section.**

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

      - [ ] Yes
      - [ ] No

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

      - [ ] Yes
      - [ ] No

---

**Applicant's Certification**

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

Signature (do not print)  

[ ] Yes  
[ ] No  

Date (mm/dd/yyyy)  

And Date

**Must sign here if either A, B or C is completed.**
This form cannot be accepted with any corrections (scratch-outs, line-outs, or any other types of corrections).

*MUST BE AN ORIGINAL FORM WITH INK SIGNATURES*

**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**

<table>
<thead>
<tr>
<th>Name (last, first, middle)</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

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.

Your election here MUST match the election from section D SF 3107.
This form cannot be accepted with any corrections (scratch-outs, line-outs, or any other types of corrections)

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 1a. 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): _____________________________

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.

Must be notarized and the date the notary signs it must match the date spouse signs and dates it, as the notary is verifying that the spouse is the one who signed it.
This form cannot be accepted with any corrections (scratch-outs, line-outs, or any other types of corrections).

Here are some examples of what OPM considers as unacceptable errors:

- See the “07” and how it was circled multiple times.
- Look closely at the “2” and it may appear it was written over a “1”.

Date (mm/dd/yyyy)
07/14/2017

Date (mm/dd/yyyy)
05/16/2017
SF 2818 Continuation of Life Insurance

There can be no corrections made to this form

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

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.

Do not need to fill out this form if you DO NOT HAVE any FEGLI
The number of no reductions and full reductions cannot be more than you have for Option B and Option C.
Suspended FEHB to use Tricare or Medicare use RI 79-9

Per the instructions on the SF 2809, you need to use the RI 79-9 and not the SF 2809 to suspend the FEHB to use Tricare or Medicare. Below is taken directly from the instructions on the SF 2809.

**Part G — Suspension of FEHB**

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79-9, Health Benefits Cancellation/Suspension Confirmation, which is available at www.opm.gov/forms/Retirement-and-Insurance-Forms, or call 1-888-767-6738.
Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and check only the ONE block that applies to you. Please note that the Affordable Care Act (ACA) requires that individuals maintain minimum essential coverage (MEC). For more information, please visit the IRS website at www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will affect your future FEHBP enrollment eligibility. Any Questions? Call OPM at 1-888-767-6738.
D. □ I am suspending my FEHBP enrollment to use TRICARE, TRICARE for Life (enrollees over age 65 with Medicare Parts A and B), Peace Corps, or CHAMPVA. Please suspend my FEHBP enrollment effective ________________________. (Carefully consider the effective date of your suspension. Once we process your request, we are not able to change the effective date.)

To suspend your FEHBP coverage for this reason, you must give us evidence of your eligibility for TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Please send us a copy of your Uniformed Services Identification (I.D.) card and if over age 65, you must also send us a copy of your Medicare card showing enrollment in both Medicare Parts A and B (required for TRICARE for Life). To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us the date you want to suspend your FEHBP to use TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Special note: If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate above, we will suspend your FEHBP coverage on that date. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

If evidence of Tricare not submitted, this form will not be sent to OPM. Once you get your proof of Tricare, email the RI 79-9 along with the proof to OPM via retire@opm.gov (If we have already forwarded your packet to OPM.)
The following information applies to blocks C, D and E.

Reenrollment: You may voluntarily reenroll in the FEHBP during an annual open season. We will send you an open season package each year with instructions on how to reenroll. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage under one of the programs mentioned above, you can reenroll in the FEHBP effective the day after your coverage ends. You must provide evidence of your involuntary loss of coverage. Your request to reenroll must be received at the Office of Personnel Management (OPM) within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

I certify that I have read and understand the information on suspending FEHBP coverage. I have checked the block relating to my suspension, and I have enclosed the appropriate documentation.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Daytime Telephone No. (including area code)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUST BE SIGNED</td>
<td>MUST HAVE #</td>
<td>DATED</td>
</tr>
</tbody>
</table>
DD 214s Must reflect character of service of **Honorable** and time lost block. This is usually found on Member 4 Copies or Service 2,4,6,7 or 8 Copies. Older DD 214s from the early 1980s and before may have it on a Member 1 copy (Not typed at bottom). On these older DD 214s Character of service is usually found approximately 1/3 of the way down on the left hand side. Directly underneath it would be the time lost block.

When DD 214s are processed, they produce 8 copies. A Member 1 which is the “short form”, a Member 4 “long form” which are both supposed to be provided to the service member. Then there are 6 Service copies (long forms). These copies go to The National Archives, The Dept. of Labor, the respective veteran’s State Dept. of Veteran’s Affairs Office and the Dept. of Veterans Affairs. Other copies go IAW the Branch of Service guidance.

OPM has been very “hot” on ensuring they are getting correct copies of the DD 214s.
Document Military service with DD 214s

An example of what OPM is rejecting

<table>
<thead>
<tr>
<th>Mailing Address After Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Requests, Copy &amp; Be Sent To</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release</td>
</tr>
<tr>
<td>Honorable</td>
</tr>
<tr>
<td>AFR 39-10</td>
</tr>
<tr>
<td>Narrative Reason for Separation</td>
</tr>
<tr>
<td>Expiration Term of Active Obligated Service</td>
</tr>
<tr>
<td>Dates of Time Lost During this Period</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

Excellence through Partnership
Be careful of non-creditable service

<table>
<thead>
<tr>
<th>11. PRIMARY SPECIALTY</th>
<th>12. RECORD OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>61170, SECURITY SUPERVISOR, 16 YEARS</td>
<td>Year(s)</td>
</tr>
<tr>
<td>9 MONTHS.</td>
<td>1981</td>
</tr>
<tr>
<td>12. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</td>
<td></td>
</tr>
<tr>
<td>AF OUTSTANDING UNIT AWARD, AIR RESERVE FORCES MERITORIOUS SVC MEDAL-4 DEV, NATIONAL DEFENSE SVC MEDAL, AF LONGBUSY SVC AND BUN-3 DEV, ARMED FORCES RESERVE MEDAL, NCO PROFESSIONAL MILITARY EDUC GRAD BUN-1 DEV, SMALL ARMS EXPERT MARKSMANSHIP BUN-1 DEV, AF TRAINING BUN-1 MASTER SECURITY POLICE QUALIFICATION BADGE; ARMY AIR ASSAULT BADGE</td>
<td></td>
</tr>
<tr>
<td>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</td>
<td></td>
</tr>
<tr>
<td>SECURITY SUPERVISOR (R), 3 WEEKS, MAY 82. OTT SUPERVISOR'S COURSE (R), 30 HOURS, APR 83. ANG NCO ACADEMY (R), 6 WEEKS, APR 85.</td>
<td></td>
</tr>
<tr>
<td>20. NARRATIVE REASON FOR SEPARATION</td>
<td>*</td>
</tr>
<tr>
<td>TERMINATION OF AGR MILITARY DUTY TOUR</td>
<td></td>
</tr>
</tbody>
</table>
If there are DD 214 that do not reflect T 10 and they are other than Basic Training with initial job training, verification for T 10 will be required. Verification via orders or the Points sheet (with codes) can be used. Points sheet can **ONLY** be used for **VERIFICATION** of Title of Service.

<table>
<thead>
<tr>
<th>Dates of service</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/01/25</td>
<td>B1</td>
</tr>
<tr>
<td>2009/01/24</td>
<td></td>
</tr>
<tr>
<td>2009/01/26</td>
<td>B1</td>
</tr>
<tr>
<td>2009/07/31</td>
<td></td>
</tr>
<tr>
<td>2009/08/01</td>
<td>B3</td>
</tr>
<tr>
<td>2009/09/30</td>
<td></td>
</tr>
<tr>
<td>2009/10/01</td>
<td>B3</td>
</tr>
<tr>
<td>2010/01/24</td>
<td></td>
</tr>
<tr>
<td>2010/01/25</td>
<td>B4</td>
</tr>
<tr>
<td>2010/05/04</td>
<td></td>
</tr>
<tr>
<td>2010/05/05</td>
<td>B1</td>
</tr>
<tr>
<td>2010/06/06</td>
<td></td>
</tr>
</tbody>
</table>

**Army NG Codes**
- B3: Active Duty under Title 10 United States Code
- B4: Full-Time National Guard Duty under Title 32 United States Code

**Air NG Codes**
- C3: Active Duty under Title 10 United States Code
- C4: Full-Time National Guard Duty under Title 32 United States Code
Paid in Full (PIF) letters assist in proving military buy backs are completed correctly (along with DCPDS screen shots which ABC does check). USERRA dates on PIFs may not properly line up with actual dates of USERRA periods. In these cases to facilitate the proof, civilian pay records and the calculations for the periods of USERRA may assist in getting OPM to adjudicate the retirement quicker.
If there are military orders to denote a military period and no DD 214 was issued for said period, then a Statement of Service must accompany the orders. It is just in Memo format and lists dates of the military service along with time lost.

We may also ask for military orders for a period on a DD 214 to confirm if it is under Title 10 or Title 32.

SUBJECT: Periods of Honorable Service for [Rank and Name]

1. The following periods of service for [Rank and Name] are hereby certified as being performed under Honorable conditions with no time lost.

   Dates of Military Orders | Orders Authority Code
   ------------------------|-------------------
   [Insert dates of military orders] | [Insert Auth Code]
   [Insert dates of military orders] | [Insert Auth Code]
   [Insert dates of military orders] | [Insert Auth Code]

2. If there are any further verifications needed, please contact me at [insert Wing Commander email and commercial phone number].
Disability Packets

All of the forms for retirements including checklist plus:
SF 3112A (applicants Statement of Disability)
SF 3112B (Supervisor’s Statement)
SF 3112C (Physicians Statement)
SF 3112D (agency Certification of Reassignment and Accommodation)
Waiver of reconsideration and appeal rights (Only for PL 97-253 disabilities)
Termination Memo (Only for PL 97-253 disabilities)

**DISCHARGE ORDER** (Do not send packet till you have the discharge order. NOT ELIGIBLE for PL disability without this)

**Medical Documents signed by a Physician (not a PA or RN)**

FEDMER Eligibility Statement (send with prelim packet but only apply for SS after leaving civilian position [can be emailed directly to OPM: retire@opm.gov, include CSA number in the body of email])
Note 2 signatures denoting that there is a check/recheck System in place.

On the SF 2818, SF 3107-2/2801-2 there can be no mark overs/corrections and if RI 79-9 submitted, OPM also needs the evidence of eligibility.
SF 3112A

- Describes what is injury or disease along with how it interferes with performance
- Must be signed and dated with a good daytime telephone number and good civilian email address
### Section B - Information About Employee's Performance

(See instructions above)

<table>
<thead>
<tr>
<th>1. Title of position of record. (Attach a copy of position description and current performance standards. If available, attach a copy of the latest performance appraisal.)</th>
<th>2. Date of entry into position (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

3. Is performance less than fully successful in any critical element of position?

- [ ] Yes, complete items 4 - 6 of this section.
- [ ] No, go to Section C.

5a. Was within-grade increase granted under 5 CFR 531.409 (d)? (see instructions)

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>5. Show the date of promotion (mm/yyyy).</th>
<th>15. After the date in item 4, has the employee received a within-grade step increase or an award based on performance of a critical element?</th>
<th>Period the increase or award covered. From (mm/yyyy) To (mm/yyyy)</th>
</tr>
</thead>
</table>
| [ ] Yes
- [ ] No |

6. Identify any critical element(s) of the position which employee does not perform successfully or at all. Explain the deficiencies you observed. Attach supporting documentation such as notice to the employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.
Medical Documents

• Must include medical documents that are signed by a physician (NOT A PA)

• Medical documents must reflect the disease or injuries listed in the SF 3112A

• Even Disabilities under PL 97-253 must have the medical documents as all Disabilities under PL 97-253 are first looked at as regular Disabilities
<table>
<thead>
<tr>
<th>Section A - Identifying Information and Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(to be completed by applicant)</td>
</tr>
<tr>
<td>1. Applicant’s name <em>(last, first, middle)</em></td>
</tr>
<tr>
<td>If you are currently employed by your agency or</td>
</tr>
<tr>
<td>separated for less than 30 days, enter exact</td>
</tr>
<tr>
<td>name and address including the name of the</td>
</tr>
<tr>
<td>person or office in your employing agency</td>
</tr>
<tr>
<td>where this information should be mailed.</td>
</tr>
<tr>
<td>If you have been separated from your</td>
</tr>
<tr>
<td>employing agency for 31 days or more</td>
</tr>
<tr>
<td>provide your current home address.</td>
</tr>
<tr>
<td>Applicant’s Consent to Release</td>
</tr>
<tr>
<td>Medical Information</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Signature <em>(do not print)</em></td>
</tr>
<tr>
<td>Employee signs And Dates</td>
</tr>
</tbody>
</table>
5. Results of agency reassignment efforts *(You must check one statement below.)*

- Reassignment is not necessary because employee's performance is fully successful and there are no medical restrictions which keep the employee from performing critical duties or from attending work altogether.
- Reassignment is not possible. There are no vacant positions at this agency, at the same grade or pay level and tenure within the same commuting area, for which the employee meets minimum qualifications standards.
- The employee declined reassignment to a vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area, for which the employee meets minimum qualifications. *(Attach a copy of any reassignment offers.)*
- The agency did not reassign the employee to the vacant position(s) in this agency, at the same grade or pay level and tenure within the same commuting area, for which the employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

| Position Title | Reason for Non-Reassignment or Non-Selection |

This must be filled out by HRO
Submitting for a Regular Disability

• If someone is truly disabled (Not just can’t perform their military job), they can submit for “Regular Disability” without being discharged from the military

• If someone is “Terminal” as denoted by a physician, if you send the Terminal note (Must have life expectancy of less than 12 months) along with the packet and OPM will expedite it.

• There are different benefits for being approved under a regular disability vs a PL Disability.

• Employee is able to continue working through Medical Board proceedings and such until discharged from military. (FEHB and benefits do not terminate, unless later terminated due to being separated from military)
PL 97-253 Disability

- **Must include a copy of the Military discharge Order**

- **A termination memo needs to be included** with the packet

When State HR Terminates employee IAW the CNGBI, State processes the SF 50 and SF 2810 (if enrolled in FEHB at time of separation) and forwards to ABC-C.

- Waiver of reconsideration and appeals

- **Only applies for Social Security once they are separated from the civilian position**, so should include the FEDMER eligibility statement

- Per 5 USC 8456 if eligible for MRT cannot apply for Disability under PL 97-253 (MRT RULES on next slide)
PL 97-253 Disability

MRT Rules per 5 USC Chapter 84 section 8414 (3) (c)

1. An employee who was hired as a military reserve technician on or before February 10, 1996 (under the provisions of this title in effect before that date), and who is separated from technician service, after becoming 50 years of age and completing 25 years of service, by reason of being separated from the Selected Reserve of the employee's reserve component or ceasing to hold the military grade specified by the Secretary concerned for the position held by the employee is entitled to an annuity.

2. An employee who is initially hired as a military technician (dual status) after February 10, 1996, and who is separated from the Selected Reserve or ceases to hold the military grade specified by the Secretary concerned for the position held by the technician-

   (A) after completing 25 years of service as a military technician (dual status), or

   (B) after becoming 50 years of age and completing 20 years of service as a military technician (dual status), is entitled to an annuity.
- ABC-C must contact survivor within 24 hours of receiving BATS-R notification of the death. Please do not input into BATS-R until you have verified and have complete contact information for the survivor.

- Must submit Quick Pay to OPM (Within 5 days of death but cannot send until all information is received)

- HR Staff from state must ensure all service is in eOPF to include prior service (Complete eOPF)

- Need all information on former marriages, divorces, kids, etc

- Need good POC’s and phone numbers

(Difficulties arise when working through a CAO. Remember, there is the civilian and military side of the house on deaths with different requirements).
Death Packet information needed for processing

Common missing information needed for Death Packets from eOPF in order to forward the Quick Pay to OPM:

- all DD214s and orders
- All Creditable Service SF 50’s
- Prior Civilian Service SF 50’s (Incomplete eOPF)
- Was employee ever divorced?
- Spouse's name, SSN, DOB, address, phone number & date of marriage
- How many minors (students? disabled?)
- Manner of death
Answers

1. If there are military orders in the eOPF, what must accompany the orders with the packet?
   A. A Statement of Service with Character of Service and annotating any lost time

2. What constitutes Timeliness for a retirement submission to ABC-C?
   A. Must be submitted to DFAS by ABC-C NLT 5 working days prior to retirement date

3. What is absolutely required on Medical documents submitted with a Disability/Public Law Disability?
   A. At least 1 document signed by a “Physician” concerning disability on SF 3112A

4. Per the IDEF, who is responsible for submitting the complete and healthy packet to ABC-C for processing?
   A. The State HR Office. It is not the employee’s responsibility per the IDEF

5. What are the consequences of not submitting a W-4P with a retirement packet?
   A. OPM will show “Married with 3 deductions” which would make retiree owe taxes

6. What specific document must accompany a PL Disability in order to “Qualify” for a Public Law Disability?
   A. Discharge Orders must accompany the packet
QUESTIONS?