



THIS WEBINAR
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Preparing Retirement Forms: Costly Errors and How to Avoid Them

A NARFE Federal Benefits Institute Webinar

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Federal Benefits Expert

Sponsored by BCBS

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Preparing Retirement Forms

- Retirement prep work
- Your retirement application
- Continuation of FEGLI form
- Designation of beneficiaries
- Steps you can take to avoid mistakes

Potential HR, Payroll Office and OPM Errors, and How to Avoid Them

- Mistakes that may occur in the human resources office
- Resolving problems
- Avoiding problems

Preparing Retirement Forms

Preparing Retirement Forms



Retirement prep work

Learn

Learn the process

- Attend training
- Talk to recent retirees
- Keep up with changes
- Request counseling

Calculate

Calculate your benefits

- Request CSRS/FERS estimate for date from HR
- My Social Security
- TSP online calculators

Gather

Gather documents

- Retirement applications
- Marriage certificate
- Divorce decree
- Service history
- Military records
- OWCP records

Submit

Submit the application

- 30–90 days
- Keep copies
- Finish final work
- Notify your office
- Enjoy your final days on the job



Preparing Retirement Forms



Your Application for Immediate Retirement

- Forms for CSRS and FERS retirement general guidance
 - www.opm.gov/forms
 - Use the fillable forms
 - Changes to acceptable signature requirements
 - Original ink signatures
 - Electronic signatures submitted by agency
 - PIV or CAC
 - DocuSign, HelloSign, Adobe Sign or other third-party software
 - Spouse's consent must be notarized and signed by spouse (may use remote/electronic notary)

John Doe

Digitally signed by John Doe
Date: 2020.04.15 14:43:10 -04'00'

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Preparing Retirement Forms



Your Application for Immediate Retirement

- CSRS – SF 2801
- FERS – SF 3107
 - Section A – The same for CSRS and FERS

Will you be moving?
Will you be traveling?
Make sure OPM can find you.

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



Preparing Retirement Forms



Your Application for Immediate Retirement

- CSRS – SF 2801
- FERS – SF 3107
 - Section B – The same for CSRS and FERS

15. TO: Position Title and Number					
SF-50 Notification of Personnel Action					
16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis

You will retire COB this date

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

Preparing Retirement Forms



Your Application for Immediate Retirement

- CSRS – SF 2801
 - Section E – Marital Information
- FERS – SF 3107
 - Section C – Marital Information

- No name required for Clergyman or Justice of Peace, just a check ✓
- RI 38-86 – “Proof of Marriage for the Purpose of Obtaining Retirement Benefits”

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 - 1f and attach a copy of your marriage certificate)

No (Go to item 2)

1a. Spouse's name (last, first, middle)

1b. Spouse's date of birth (mm/dd/yyyy)

1c. Spouse's Social Security Number

1d. Place of marriage (city, state)

1e. Date of marriage (mm/dd/yyyy)

1f. Marriage performed by:

Clergyman or Justice of Peace

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?

Yes (Attach a certified copy of the court order[s] and any amendments.)

No



Preparing Retirement Forms



Your Application for Immediate Retirement

- CSRS – SF 2801 – Section F – Annuity Election

- Default election if married
- 55 percent of \$_____ base amount receives COLA; need spousal consent

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

Section F - Annuity Election

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

- | | |
|---|---|
| Initials
<input type="checkbox"/> | <i>I choose a reduced annuity with maximum survivor annuity (equal to 55% of my basic annuity) for my spouse named in Section E. 1a. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If your marriage ends by death, divorce, or annulment, this election terminates and you must notify the Office of Personnel Management.</i> |
|---|---|
- | | |
|---|--|
| Initials
<input type="checkbox"/> | <i>I choose a reduced annuity with a partial survivor annuity (equal to 55% of \$_____ a year) for my spouse named in Section E. 1a. If you choose this option, the amount you enter must be less than your annual annuity. You must have your spouse's consent. Complete SF 2801-2, <i>Spouse's Consent to Survivor Election</i>, and attach it to your application. If your marriage ends by death, divorce, or annulment, this election terminates and you must notify the Office of Personnel Management.</i> |
|---|--|
- | | |
|---|---|
| Initials
<input type="checkbox"/> | <i>I choose an annuity payable only during my lifetime. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death. If you are married and elect this type of annuity, complete SF 2801-2, <i>Spouse's Consent to Survivor Election</i>, and attach it to your application.</i> |
|---|---|
- | | |
|---|--|
| Initials
<input type="checkbox"/> | <i>I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and elect this type of annuity, complete SF 2801-2, <i>Spouse's Consent to Survivor Election</i>, and attach it to your application. NOTE: This election is not included in determining the 55% maximum for the combined benefit elected for a spouse and former spouse in box 5.</i> |
|---|--|

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social security number
--	---------------------	----------------------------	------------------------
- | | |
|---|--|
| Initials
<input type="checkbox"/> | <i>I choose a reduced annuity with survivor annuity for my former spouse(s) or for my spouse and former spouse(s) shown below. You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 2801-2, <i>Spouse's Consent to Survivor Election</i>. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). An election for a former spouse ends if your former spouse dies or remarries before age 55, unless you were married for 30 years or longer. If one of these events occurs, this election terminates and you must notify the Office of Personnel Management.</i> |
|---|--|

Name and address of current spouse	Survivor annuity equal
------------------------------------	------------------------

- Provide for current spouse as if former spouse court order doesn't exist

Preparing Retirement Forms



Your Application for Immediate Retirement

- FERS – SF 3107 – Section D – Annuity Election

- Default election if married
- 5 percent reduction/25 percent benefit; need spousal consent

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

- Provide for current spouse as if former spouse court order doesn't exist

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.

- | | |
|-----------------|--|
| 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. |
|-----------------|--|
- | | |
|-----------------|--|
| Initials | 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. |
|-----------------|--|
- | | |
|-----------------|--|
| 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 annuity 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. |
|-----------------|--|
- | | |
|-----------------|---|
| 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. (<i>Disability annuitants are not eligible to choose this type of annuity.</i>) If you are married and elect this option for your spouse, complete SF 3107-2, <i>Spouse's Consent to Survivor Election</i> and attach it to your application. |
|-----------------|---|

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social Security Number
- | | |
|-----------------|--|
| 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, <i>Spouse's Consent to Survivor Election</i> . 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 _____ %
	Date of birth (mm/dd/yyyy)	Social Security Number	

Preparing Retirement Forms



Your Application for Immediate Retirement

- Insurance information
 - CSRS – SF 2801 – Section D
 - FERS – SF 3107 – Section E

Section E - Insurance Information	
See the pamphlet SF 3113, <i>Applying for Immediate Retirement Under the Federal Employees Retirement System</i> , for information.	
1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?	1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Attach a copy of the court/administrative order) <input type="checkbox"/> No
2. Are you eligible to continue Federal Employee's Group Life Insurance coverage as a retiree?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)?	
<input type="checkbox"/> Yes <i>es Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.</i>	
<input type="checkbox"/> No <i>es If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.</i>	
4. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?	
<input type="checkbox"/> Yes <i>es 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.</i>	
<input type="checkbox"/> No	

Preparing Retirement Forms



Your Application for Immediate Retirement

- Other claim information
 - CSRS – SF 2801 – Section C
 - FERS – SF 3107 – Section F

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 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	

- Have you ever taken a refund of retirement contributions?
- Have you paid a deposit or redeposit of retirement contributions?
- Only CSRS employees may make voluntary contributions.
- Are you a reemployed annuitant?

Preparing Retirement Forms



Your Application for Immediate Retirement

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

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

1. Select one of the following:

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

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

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

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

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

Checking Savings ()

3c. Name and address of the financial institution

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

4. Do you want Federal income tax withheld from your annuity payments?

Yes (Go to item 4a.) 4a. Do you want Federal income tax withheld at the rate currently being withheld from your salary?

No (Go to Section I.) Yes (Attach a copy of W-4 from your current employing agency.)

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

Section I - Applicant's Certification

Warning

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

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

Signature (Do not print) Date (mm/dd/yyyy)

Don't forget to sign!

Applicant's Checklist

- Direct deposit and tax withholding
 - CSRS SF 2801 and FERS SF 3107 – Section H
- Overseas retirement
 - OPM will pay by check if funds transfer not permitted
 - Foreign banks may convert amount to local currency. Solution: Deposit into U.S. account; make ATM withdrawals abroad or wire funds as needed
- OPM will not withhold state income tax until you call, write or submit request online
 - Use OPM Services Online to start, stop or change tax withholding



Preparing Retirement Forms



Your Application for Immediate Retirement

Schedules A, B and C

1. Name (last, first, middle) 2. Date of birth (mm/dd/yyyy) 3. Social security number

Schedule A - Military Service Information

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

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

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire. See Schedule 4 on page 4 of the instructions for the effect on your annuity if the deposit is not paid.) Yes No

Schedule B - Military Retired Pay

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

1. Are you receiving or have you ever applied for military retired or retiree pay? (Answer "Yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.) Yes No

2. Was your military retired or retiree pay awarded for reserve service under Chapter 122, title 10, U.S. Code, Sections 12731 through 12739 (formerly Chapter 67, title 10)? Yes (Attach a copy of notice of award.) No

3. Was your military retired pay or retiree pay awarded for a disability incurred in combat? Yes (Attach a copy of notice of award.) No

4. Are you waiving your military retired or retiree pay in order to receive credit for military service for CSRS retirement benefits? Yes (Attach a copy of your request for waiver and a copy of military finance office's acknowledgment or approval of your request for waiver.) No

Schedule C - Federal Employees' Compensation Information

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years? Yes (complete items 1a - c below) No (go to question 2)

a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
			Scheduled award
			Total or partial disability compensation
			Scheduled award
			Total or partial disability compensation

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

a. Awaiting OWCP decision b. Claim denied

Compensation claim number	Compensation claim number	Date claim denied (mm/dd/yyyy)

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

a. Do you agree to notify us promptly if the status of your workers' compensation claim changes? Yes No

b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time? Yes No

Applicant's Certification

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

Signature (do not print) _____ Date (mm/dd/yyyy) _____

- Schedules A, B and C – same for CSRS and FERS
 - Schedule A - Military Service Information
 - Schedule B - Military Retired Pay
 - Schedule C - Federal Employees Compensation Information
 - Attach documentation as noted on form
 - You cannot pay military deposit to OPM after retirement



Preparing Retirement Forms



Continuation of FEGLI

- SF 2818 – “Continuation of Life Insurance Coverage”
- Basic Life
 - 75 percent reduction
 - 50 percent reduction
 - No reduction
- Option A – yes or no
- Option B and Option C
 - No reduction or full reduction
 - Mix and match multiples

FEGLI
Federal Employees' Group Life Insurance

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 (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.

Option B — Additional Optional Insurance

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

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

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

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

Option C — Family Optional Insurance

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

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

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

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

Signature

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

If you continue FEGLI, you will pay premiums until age 65 and retired, then election will begin.



Preparing Retirement Forms



Designation of Beneficiaries

- FEGLI – [SF 2823](#)
- CSRS – [SF 2808](#)
- FERS – [SF 3102](#)
- TSP – [TSP-3](#)

Be sure to keep these forms updated as life happens.

Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0138
Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle)	Date of birth of Insured (mm/dd/yyyy)	Social Security Number of Insured
---------------------------------------	---------------------------------------	-----------------------------------

The Insured is: an employee If the Insured is retired or receiving Federal Employees' Compensation, give CSA.

Place an "X" in the appropriate box.

Designation of Beneficiary
Civil Service Retirement System

Form approved
OMB No. 3206-0142
Important:
Read all instructions
before you use this form.

A. Identification

Name (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
----------------------------	----------------------------	------------------------

An employee If you are retired, give your claim number

Place an "X" in the block that applies to you.

Designation of Beneficiary
Federal Employees Retirement System

Form Approved
OMB No. 3206-0173
Important:
Read all instructions before
filling in this form.

A. Identification

Name (Last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
----------------------------	----------------------------	------------------------

Place an "X" in the appropriate box: An employee Retired or an applicant for retirement Former employee eligible for retirement in the future If you are retired give your claim number

B. Information

Department or agency in which presently employed (or former department or agency):

Department or agency	Bureau	Division	Location (City, state and ZIP code)
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I, the person identified named below to receive payable under the Civil death. I understand the rights of any survivor death, cancels any pre effect until I cancel it in

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (CSRS) before I became covered by FERS. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my FERS retirement contributions.

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary ☉	Address (Including ZIP code) of each beneficiary ☉	Relationship to you ☉	Share to be paid to each beneficiary
Date of designation (mm/dd/yyyy)	Your signature		Total = 100%



Steps you can take to avoid mistakes

- Know the rules
- Read carefully
- Have someone else edit/double check for errors and omissions
- Make a copy of your completed application
- Request a review by HR
- When in doubt, find out

Remember: Scratch-outs, white-outs, lineouts or any other type of corrective actions are generally not acceptable.

Potential HR, Payroll Office and OPM Errors, and How to Avoid Them



Mistakes that may occur in the human resources office

- Agency's failure to fully document whether an employee meets the requirements to continue FEHB coverage into retirement
- Incomplete SF 2801 (CSRS) or SF 3107 (FERS)
 - Survivor election missing
 - Spousal consent missing when less than full spousal election chosen
 - Court order question in marital section unanswered
- Certified Summary of Federal Service (SF 2801-1 or SF 3107-1)
 - All service must be listed
 - Indicate military deposit paid in full

Potential HR, Payroll Office and OPM Errors, and How to Avoid Them



Mistakes that may occur in the human resources office

- Spousal Consent Form
 - Check notary not expired
 - **Spouse signs**, not retiree
- VERA authority must be listed (if applicable)
- DSR claims must include written employee notice
- Agency certification letter for special groups (e.g., LEO, ATC, FF)
- FEGLI changes must be documented during last five years
- Using obsolete forms



Mistakes that occur in the payroll office

- Some common areas to check
 - Service history must be complete
 - Part-time tours of duty and/or hours worked, intermittent and/or WAE time worked, and any LWOP must be documented
 - Unused sick leave balance must be posted

Potential HR, Payroll Office and OPM Errors, and How to Avoid Them



Agency	September		October		November		December		January		February	
	# of Cases	% of Cases w/ Errors	# of Cases	% of Cases w/ Errors	# of Cases	% of Cases w/ Errors	# of Cases	% of Cases w/ Errors	# of Cases	% of Cases w/ Errors	# of Cases	% of Cases w/ Errors
ADMINISTRATIVE OFFICE OF THE US COURTS - AOUSC	83	4	106	10	106	6	100	6	80	16	80	6
BUREAU OF THE FISCAL SERVICE - BFS (formerly BPD)	16	25	17	29	30	10	14	14	31	13	16	25
DEPARTMENT OF AGRICULTURE - USDA	202	33	218	34	216	26	158	34	162	28	126	25
DEPARTMENT OF COMMERCE - DOC	61	25	50	36	81	17	68	22	68	24	44	30
DEPARTMENT OF DEFENSE - All DOD	1,618	18	1,932	19	2,033	17	1,596	22	1,368	20	1,405	21
DEPARTMENT OF ENERGY	25	20	40	18	32	22	29	28	31	39	23	22
DEPARTMENT OF HEALTH AND HUMAN SERVICES - DHHS	135	16	128	20	187	8	147	18	73	22	96	12
DEPARTMENT OF HOMELAND SECURITY - DHS	301	47	340	33	301	30	278	32	267	28	220	31
DEPARTMENT OF JUSTICE - DOJ	245	37	234	30	222	26	211	25	202	20	166	32
DEPARTMENT OF LABOR - DOL	17	6	27	22	29	10	16	0	22	18	19	5
DEPARTMENT OF STATE			24	42	25	40	23	26	19	21	16	38
DEPARTMENT OF THE INTERIOR - DOI	97	23	128	20	146	17	137	25	114	32	104	29
DEPARTMENT OF THE TREASURY	221	26	248	33	249	19	198	21	195	16	196	21
DEPARTMENT OF TRANSPORTATION	86	26	96	21	118	18	99	24	111	31	108	21
DEPARTMENT OF VETERANS AFFAIRS - VA	788	13	997	13	979	12	701	17	653	14	547	12
DISTRICT OF COLUMBIA, LOCAL GOVERNMENT											17	47
ENVIRONMENTAL PROTECTION AGENCY - EPA	33	18	26	27	56	13	24	21	16	19	20	25
FEDERAL DEPOSIT INSURANCE CORPORATION - FDIC	29	24	24	25	32	13					15	27
GENERAL SERVICES ADMINISTRATION - GSA	20	10	29	14	17	18	16	25			61	5
JOINT PAYROLL OFFICE	44	2	52	0	31	0	70	1	80	0	28	4
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION - NASA	30	10	30	3	44	5	28	0	23	9	24	21
SOCIAL SECURITY ADMINISTRATION - SSA	82	13	95	23	156	12	121	11	92	25	102	27
UNITED STATES POSTAL SERVICE - USPS	1,291	10	1,674	9	2,326	6	1,963	9	1,523	9	1,436	9
GOVERNMENT-WIDE	5,424	18	6,515	18	7,416	14	5,997	17	5,130	17	4,952	17

Agency Audit Monthly Report

- Percentage of cases with errors (agencies who submit at least 15 cases/month)
- **Low:** 4 percent, Joint Payroll Office; 5 percent DOL; 6 percent, US Courts; 5 percent, GSA
- **High:** (At or above 30 percent) DOC; DHS; DOJ; Dept. of State; DC

Average: 17 percent

**The table above shows the retirement application error rates for agencies with at least 15 cases reviewed for the month indicated. The table shows the number of cases for the agency and the percent of cases with errors. If a case has more than one error, it is counted as a single case with an error. The Government-wide results are also shown.



Potential HR, Payroll Office and OPM Errors, and How to Avoid Them



Office of Personnel Management

- OPM carries a backlog of retirement claims and processing delays are common
 - Have up to six months of living expenses on hand at retirement
 - 2019 GAO report recommends improving data collection, assessing strategic vision for modernizing paper-based applications, addressing staffing capacity and minimizing the number of incomplete applications
- Before computing the benefit, the OPM adjudicator determines
 - If all necessary information is included in retirement package
 - If the eligibility requirements are met for
 - Annuity
 - Health and life insurance



Potential HR, Payroll Office and OPM Errors, and How to Avoid Them



Office of Personnel Management

- OPM stores the paper retirement file until all benefits have been applied for and paid to all eligible heirs, and 115 years have passed from the date of birth (or 30 years after the date of death, whichever is sooner)
- Audit of OPM improper payments “Do Not Pay” Initiative
 - Retirement Services paid three deceased annuitants out of 197 sampled, a total of \$421,040 in potential improper payments



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Thank you!

A NARFE Federal Benefits Institute Webinar
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Closed Captioning (CC) is available on the recorded version of this webinar.