



Retirement Forms Package: Federal Employees Retirement System (FERS) February 21, 2025

Introduction

Congratulations on your upcoming retirement. Completing your retirement paperwork is a crucial part of the retirement process. Submitting a complete retirement package with no discrepancies or errors will help expedite the processing of your retirement request. To avoid processing delays, please follow the instructions and tips that are contained in this document. The following information will help you get started.

- Enclosed you will find several retirement forms. Please note:
 - All employees must complete the forms in the **Required Forms** section of this document.
 - The forms found in the **Supplemental Forms** section of this document may or may not be applicable to you. Please ensure you complete the forms that are applicable to your retirement.
 - You may also be required to submit supporting documentation, which is outlined in the **Supporting Documentation** section of this document. Please read through each item to determine if any supporting documentation is required to accompany your retirement package.
 - If you are applying for Phased Retirement or Disability Retirement, hyperlinks to the additional applications required to support retirement under these provisions are available in the **Supplemental Applications** section of this document.
- If you need assistance completing your retirement forms or have questions, please contact your Retirement Caseworker or be prepared to discuss your retirement forms during your retirement counseling.

Tip! Please do not submit your forms for review until you have compiled a complete retirement package, which includes submission of the Standard Form (SF) 3107-1, Certified Summary of Federal Service – FERS. You will receive the SF 3107-1 approximately 15 business days after submitting your request to retire. Instructions for submitting your retirement forms and supporting documentation can be found in the [Roadmap to Retirement: Federal Employees Retirement System \(FERS\)](#).

Required Forms

The forms in this section are required for all employees who wish to apply for retirement from NASA, regardless of the reason for retirement. You must complete the following forms:

SF 3107, Application for Immediate Retirement – FERS

Tip! If you are married when you retire, you are required to submit a marriage certificate with your retirement application. If you are unable to obtain a marriage certificate, you may provide other documentation as outlined in [Proof of Marriage for the Purpose of Obtaining Retirement Benefit](#).

SF 3107-1, Certified Summary of Federal Service – FERS

This form will be completed for you and provided at the same time you receive an updated retirement estimate, which occurs about 15 business days after you submit your request to retire. When you receive this completed form, please review for accuracy. If there is any missing service or erroneous information, notify your Retirement Caseworker immediately. If everything appears correct, sign and date the end of this document and return with your retirement forms for processing.

Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments

This new tax election only applies to your annuity. If you would like to adjust the taxes on your NASA paycheck, please visit www.EmployeeExpress.gov.

Tip! Additional instructions and a worksheet to assist you in completing Form W-4P are available on [Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments](#).



Application for Immediate Retirement

Federal Employees Retirement System

See Privacy Act
Information on
Instruction Sheet

Section A - Identifying Information

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

Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)		2. Date of final separation (mm/dd/yyyy)	
-----		3. Title of position from which you are retiring	
-----		3a. Your pay plan and occupational series	
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)? <input type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <input type="checkbox"/> No			
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.) <input type="checkbox"/> Yes (Complete Schedule B and attach it to this form) <input type="checkbox"/> No			

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

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

Section D - Annuity Election

INITIAL HERE

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	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
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5. **Initials** **I choose a reduced annuity with survivor annuity for my former spouse(s) as follows:** You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 3107-2, *Spouse's Consent to Survivor Election*. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.

Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity
-----	Date of birth (mm/dd/yyyy)	Social Security Number	
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity
-----	Date of birth (mm/dd/yyyy)	Social Security Number	

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

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

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

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

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

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

Yes *Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.*

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

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

Yes *You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums another way, either by deductions from your annuity, through automatic bank debit or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements.*

No

Section F - Other Claim Information

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

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

2a. Type of application	<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	

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 (✓)

RELEASSED - Printed documents may be obsolete; validate prior to use.

Section H - Payment Instructions

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

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

2a. Financial Institution Routing Number	<i>You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.</i>	
2b. Checking or Savings Account Number	2c. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	2d. Telephone number of your Financial Institution (including area code)
2e. Name and address of Financial Institution ----- -----		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 (Go to item 3b) <input type="checkbox"/> No (Go to Section I)	3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary? <input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)	

Section I - Applicant's Certification

Warning

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

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

Signature (Do not print)

Date (mm/dd/yyyy)

Applicant's Checklist

	Yes	No	Not Applicable
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 (if applicable)?			
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 Compensationeer</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)?			

Withholding Certificate for Periodic Pension or Annuity Payments

2025

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 surviving spouse <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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

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) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(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 pension/annuity, 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 new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. 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

Your signature (This form is not valid unless you sign it.)

Date

Supplemental Forms

Please review the forms in this section to determine if you need to submit supplemental forms with your retirement application.

SF 3107, Schedules A, B and C

Only complete this page if you have prior military service or if you have ever received workers' compensation benefits due to a Federal job-related illness or injury.

SF 3107-2, Spouse's Consent to Survivor Election

You are only required to complete and return this page if you are married at the time of retirement and elect less than the maximum survivor benefit. If this applies to you, your spouse is required to sign this form in the presence of a notary.

Tip! This form cannot contain corrections of any kind. Please ensure the date your spouse signs the form and the date the notary signs the form are the same. You will be required to mail the original signed and notarized form to the NSSC to process your survivor benefit election. Please retain this form until your Retirement Caseworker requests that you mail it to the NSSC.

SF 2818, Continuation of Life Insurance Election - FEGLI

You are required to submit this form if you are covered by the Federal Employees' Group Life Insurance (FEGLI) Program when you retire. If you are not enrolled in FEGLI, you do not need to complete this form. Detailed instructions on completing this form and guidance on your life insurance options can be found in the instructions section of [SF 2818, Continuation of Life Insurance Election](#).

Tip! This form cannot contain corrections of any kind. If you do not have a type of coverage, you must select "I do not have..." for that type of coverage on the form. Do not mark "No" when you do not have the coverage.

Schedules A, B and C

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

1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

See instructions for definitions of Armed Services and Uniformed Services.

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

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.) Yes No

Schedule B - Military Retired Pay

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

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

Schedule C - Federal Employees Compensation Information

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

Yes (*complete parts 1a - c below*) No (*go to question 2*)

a. Compensation claim number	b. Benefit received		c. Type of benefit	
	From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)		
			<input type="checkbox"/> Scheduled award	<input type="checkbox"/> Other
			<input type="checkbox"/> Total or partial disability compensation	
			<input type="checkbox"/> Scheduled award	<input type="checkbox"/> Other
			<input type="checkbox"/> Total or partial disability compensation	

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

a. Awaiting OWCP decision b. Claim denied

<input type="checkbox"/> a. Awaiting OWCP decision <div style="border: 1px solid black; padding: 2px; width: 100%;">Compensation claim number</div>	<input type="checkbox"/> b. Claim denied <div style="border: 1px solid black; padding: 2px; width: 100%;">Compensation claim number</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">Date claim denied (<i>mm/dd/yyyy</i>)</div>
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3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits **cannot** be paid for the same period of time. Please complete the information below regarding your claim. **You must complete this section.**

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

Yes No

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

Yes No

Applicant's Certification

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

Signature (*do not print*)

Date (*mm/dd/yyyy*)



Spouse's Consent to Survivor Election

Instructions: If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.

Part 1 - To Be Completed by the Retiring Employee

Name (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
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I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)

- a. No regular or insurable interest survivor annuity for my current spouse. **I understand that:**
- ❖ No survivor annuity will be paid to my spouse after my death,
 - ❖ His/her health benefits coverage will terminate upon my death, and
 - ❖ He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.
- b. An insurable interest annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section D, item 4 on my Standard Form 3107 naming my current spouse.)
- c. A partial survivor annuity (25%) for my current spouse.
- d. A maximum survivor annuity for my former spouse _____
(name of former spouse)
- e. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former spouse)
- f. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former spouse)

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

I freely consent to the survivor annuity election described in Part 1. **I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1.a. above, I will not receive a survivor annuity, my health benefits coverage will terminate and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).**

Name (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
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Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

the _____ day of _____, at _____
(Month) (Year) (City and State)

(Seal of Notary Public or witnessing authority of person authorized to administer oaths)	Signature (do not print)
	Expiration date (mm/dd/yyyy) of commission, if Notary Public

General Information: The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse, **unless** the current spouse consents to an election not to provide the maximum survivor benefit.

A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse even though the Office of Personnel Management (OPM) must honor the terms of the court order before it can honor the election for the current spouse.

The current spouse may, therefore, receive a smaller annuity than elected, or none at all, unless the former spouse loses eligibility for the court-ordered survivor annuity (through remarriage before age 55 or death).

Important: If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. The Government may use your number in collecting and reporting amounts that you owe the Government. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the retirement application.



Continuation of Life Insurance Coverage
As an Annuitant or Compensationier
 Federal Employees' Group Life Insurance (FEGLI) Program

Important:
 Read instructions on pages 1 - 3
 before completing this form.

Identifying Information

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

Basic Life Insurance

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

Yes (*If yes, complete item 8.*) No I received a full Living Benefit. (*skip to Item 9*)

8. What level of Basic do you want in retirement/compensation? *Check only one box. If you received a partial Living Benefit, you must check No Reduction.*

75% Reduction 50% Reduction No Reduction

Option A — Standard Optional Insurance

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

Yes No I don't have Option A.

Option B — Additional Optional Insurance

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

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

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

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

Option C — Family Optional Insurance

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

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

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

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

Signature

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

Supporting Documentation

There are various records you may need to submit with your retirement package. If applicable to you, the following documents are required by the United States Office of Personnel Management (OPM) to finalize your retirement application.

Marriage Records

If you are married, a photocopy of your marriage certificate is required with your retirement application.

If your marriage certificate is in a language other than English, you are required to submit an English translation from a **certified** translator.

Divorce Records

If you have been divorced and your former spouse is entitled to a portion of your retirement benefits, as identified in your divorce decree, you will need to ensure that OPM receives a **certified copy** of your divorce decree(s), including the property settlement and any amendments. You must mail a certified copy to be included with your retirement package. If you have previously submitted a certified copy to OPM, you may provide a copy of the letter deeming your court order acceptable for processing in lieu of submitting a certified court order as long as no amendments have been made.

Tip! Additional guidance about how a former spouse can apply to receive their annuity can be found in [RI 84-1, Court Ordered Benefits for Former Spouses](#).

Military Service Records

If you have served in the military, you will need to ensure that all documents to support relevant periods of service are included with your retirement application. For military service, provide any applicable DD Form 214, Certificate of Release or Discharge from Active Duty. Pay particular attention to missing DD Form 214s and paid receipts for deposits/redeposits. Typically, this documentation is available in your Electronic Official Personnel File (eOPF). If any of the necessary information is not on file, you will be required to obtain the missing documentation.

Use the information in this section to assist you when compiling your military documentation:

- Review the bottom of your DD Form 214. If you see both Member 1 and Member 4 at the bottom of your DD Form 214, this is an overlay. OPM will **not** accept this documentation. If your form includes these designations, you need to request either a Member 4 copy of your DD Form 214 or a statement of service from your military branch to document the service.
- A statement of service is obtained from your branch of service/reserve unit and shows each period of service including exact from and to dates. It should also state the character of service as honorable.
- If you have received a letter stating you have paid your military service deposit in full, ensure this document is in your eOPF. If this document is not in your eOPF, please provide a copy to your NSSC Retirement Caseworker with your retirement application forms.

Tip! If you wish to make a military service deposit to receive credit in the computation of your annuity, you must complete the payment prior to your retirement/separation. If you have not started the process to pay a military service deposit and wish to do so, instructions on how to begin the process of paying your military deposit can be found here:

Federal Employees Retirement System (FERS) Military Service Deposits: [Federal Employees Retirement System \(FERS\) Request to Pay Military Service Deposit](#)

Civilian Service Deposit Records

If you previously paid a deposit or redeposit to OPM for civilian service, you should submit a copy of the OPM paid-in-full statement with your retirement package. If you do not have a copy of this document, check your eOPF. If you previously

provided a copy of the paid-in-full statement to NASA, typically, it would have been filed in your eOPF. If you do not have a copy and it is not in your eOPF, you may obtain a copy of the paid-in-full receipt by e-mailing screceipts@opm.gov. You will need to provide your Civil Service Deposit account number or Social Security Number and date of birth when requesting your statement.

Tip! If you have started payment for your civilian deposit and/or redeposit, but have not paid the balance in full, you may obtain a copy of your most recent bill by emailing scbillings@opm.gov. You will need to provide your Civil Service Deposit account number or Social Security Number and date of birth when submitting this request.

FEHB Program Coverage Eligibility

Your FEHB Program coverage continues if you are eligible to retire on an immediate annuity and have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date of your retirement or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

If you are currently enrolled in the FEHB Program, either on your own enrollment or that of a family member (most commonly this would be your spouse) but have not been enrolled for at least 5-years prior to your retirement, you may still be eligible for FEHB in retirement. As long as you were covered under FEHB enrollment at the time of your retirement, the 5-year requirement period can include the time you are covered as a family member under another person's FEHB enrollment or the time you are covered under the Uniformed Services Health Benefits Program (also known as TRICARE). You may be required to request a certificate of coverage from the health benefits carrier to verify the 5 years of coverage.

TRICARE Coverage

Obtaining a Certificate of TRICARE Coverage

To request proof of TRICARE/TRICARE for Life coverage, please follow the instructions found here:

<https://www.tricare.mil/Plans/Eligibility/DEERS/milConnect/Proof>.

Supplemental Applications

Please review the forms in this section to determine if you need to submit supplemental applications to support your request to enter phased retirement or retire under the provisions for disability.

Phased Retirement

If you are applying for phased retirement, in addition to the other forms referenced in this document, you must also submit a supplemental application. The supplemental application with additional instructions can be found in the [Phased Retirement Supplemental Forms](#).

Disability Retirement

If you are applying for disability retirement, in addition to the other forms referenced in this document, you must also submit a supplemental application. The supplemental application with additional instructions can be found in the [Disability Retirement Supplemental Forms](#).

If you have any questions concerning this document, please contact:

NSSC Customer Contact Center

1-877-677-2123 (1-877-NSSC123) or submit an [NSSC Web Inquiry](#)