

Action Date	All Retirements	Action Date	Disability
 	Age Retirement - ltr to employees (60 days notice)	 	SF-2801-D, Request for Medical Records (Hospital)
6-28-73	SF-2801 (Application signed)	6-28-73	SF-2801-B, Private Doctor's Statement
7-5-73	Memo to Dept advising of employee's application	7-2-73	Ltr to employee advising of physical exam (if not working)
7-16-73	ERS-9 to Payroll for Preliminary 2806 & 2807	6-28-73	Ltr to Fed Med Ow/CSC 3178 after receipt of SF-2801-B
7-24-73	2801, 1084, Prelim 2806/2807 & Computation to CSC (33 yrs 2 mos)	7-2-73	
7-25-73	Retirement Certificate	7-2-73	SF-71, Application for leave
10-2-73		7-24-73	Talked with Empl Supt about possible placement
9-11-73	SF-56 w/ey SF-54 (if any)	7-16-73	SF-2801-A, Superior Officer's Statement
 	SF-2810	7-24-73	SF-2801-C to Med O Atlanta w/encls (cy to CSC)
4-17-73	SF-56 (w/54), 2801, 1084-2810/2809(s) to CivPayroll	7-25-73	

8-27-73 Approval of Disability rec'd ERS-7 to employee of approval (Cy to CivPayroll w/encl)

Applied Disability - will be opt.

TYPE OF RETIREMENT

Optional Disability

Mandatory (Date:)

Survivor Annuity Life Annuity

Approximate Annuity: 18651 SA 10-58 Civ Serv: 1-2-3 Serv Comp Date: 7-17-00

Survivor Ann Ded: 466 Military: 22-0-0

H B Ins Prem Ded: Employee Initiated: DOB: 10-2-16

Opt Ins Prem Ded: 18185 Activity Initiated: AGE: 56

FEGLI: YES NO CONT.

Reg Dib or 12 yrs serv

Opt * *enrolled since first opportunity or for 12 years preceding retirement

HEALTH BENEFITS: **Yes No

If "YES" continuation based on: ENTG

Disability OR 12 yrs service

** Enrolled from on or before 31 Dec 64; since first opportunity; or for 5 yrs preceding retirement

CC# EC#

Date last worked: 6-24-73

Sick leave began: 7-2-73

Sick leave used past 2 yrs (days): 25 days

Sick & excess leave expires: 9-11-73

ERS 5 Empl: 9-28-73

REMARKS:

CSA 1565550

2384-9055 PERSONAL INFORMATION

Name Bookhardt, Waldo Franklin Jr Pay No. / SocSecNo. 245-60-5325 Supervisor: David

Home Address & Phone No. 121 Sherwood Rd Jay NC 28540 Phone: 347-2992

Job Title - date entered - Department Sewage Disposal Dept 7-10-62 maint Leave; pay period ending: 6-9-73 7-7-73

ERS-10 Annual: 243 Ceiling: 240 Sick: 323

SEPARATION DATE: 9-11-73

DATE PREPARED: 6-28-73

no other

**APPLICATION FOR RETIREMENT
CIVIL SERVICE RETIREMENT SYSTEM**

(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Typewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) BOOKHARDT Waldo Franklin, Jr.			2. LIST ALL OTHER NAMES YOU HAVE USED none		
3. ADDRESS (Including ZIP code) 121 Sherwood Road Jacksonville, N. C. 28540			4. PHONE NUMBER (Including Area Code) 919-347-2992	5. DATE OF BIRTH (Month) (Day) (Year) 10-02-16	6. SOCIAL SECURITY ACCOUNT NUMBER 245 60 5325
8A. ARE YOU MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
WIFE'S OR HUSBAND'S NAME (First) (Middle) Cinderella Scott	HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 05-10-21	HER (OR HIS) SOCIAL SECURITY ACCOUNT NUMBER 244-20-635	DATE OF MARRIAGE (Month) (Day) (Year) 11-9-46	PLACE OF MARRIAGE (City) (State) Jacksonville, NC	MARRIAGE PERFORMED BY: <input type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last) Patricia Marie Bookhardt		DATE OF BIRTH (Mo.) (Day) (Yr.) 9-29-51			

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE D/Navy, Marine Corps Base Camp Lejeune, N. C. 28542		2. DATE OF FINAL SEPARATION (Month) (Day) (Year) 11-8-58		3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 11 MILITARY 22	
5. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER ENROLLMENT CODE NUMBER	
8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.					
BRANCH OF SERVICE USMC	SERIAL NUMBER 255511	DATE OF ENTRANCE ON ACTIVE DUTY 11-9-36	DATE OF SEPARATION FROM ACTIVE DUTY 11-8-58	LAST GRADE OR RANK TSgt	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.) MGB, Quantico, Va.
9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input type="checkbox"/> NO		9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (Retired pay does not include V.A. pension or compensation.) <input type="checkbox"/> YES <input type="checkbox"/> NO		9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input type="checkbox"/> NO	

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED. Hernia which precludes any heavy lifting, etc.

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year)	
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S)	
3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B	
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM	

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. INITIALS **ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER**

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

\$ all

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will not begin until your death.

2. INITIALS **ANNUITY WITHOUT SURVIVOR BENEFIT**

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. INITIALS **ANNUITY WITHOUT SURVIVOR BENEFIT**

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

2. INITIALS **ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST**

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring *unmarried* employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will not begin until your death.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

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

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

6-28-73
(DATE)

Waldo B. Burkhardt Jr.
(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.

INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ (DATE) WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)

SIGNATURE OF RESPONSIBLE AGENCY OFFICIAL

Dorothy S. Pullicino

J. F. SHARPE

TELEPHONE NUMBER, INCLUDING AREA CODE

OFFICIAL TITLE

DATE

919-451-1579

Employee Relations Supt.

7-25-73

DEPARTMENT OR AGENCY

D/Navy, MCB, Camp Lejeune, N. C. 28542

OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.