

**RETIREMENT CHECKLIST**

MCBCL 12831 (2-79)

DATE	ALL RETIREMENTS	DATE	DISABILITY
<i>2/19/86</i>	Application (SF-2801) Signed	out	
<i>2/19/86</i>	Memo to Dept. advising of Employees application	in	SF-2801-D, Request for Medical Records (Hospital)
OUT	ERS-9 to Payroll for preliminary SF-2806/2807	out	SF-2801-B, Private Physician Statement
IN	2801, 1084, Preliminary 2806/2807 Comp. to OPM	in	Ltr to Employee advising of physical exam (if not working)
	Retirement Certificate ( <i>30</i> yrs <i>00</i> mos)	out	Ltr to Fed Med O w/CSC 3178 after receipt of 2801-B
	SF-56 w/cy SF-54 (if any)	in	
	SF-2810		SF-71, App for leave
	SF-56 (w/54), 2801, 1084 2810/2809 (S) to payroll		Talked w/emp Supt about possible placement
Approximate Annuity	_____	out	SF-2801-A, Superior Officer's Statement
Survivor Annuity Ded	_____	in	
Health Benefits Ded	_____		SF-2801-C to MOB (Boyers, PA) w/encls (cy to DC)
Optional FEGLI Ded	_____	in	Approval of Disability rec'd
Net Annuity	_____	out	ERS-7, Notice of Approval
Survivor Annuity	_____		
FEGLI			
Regular	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> con't 5 years service		Type of Retirement <input checked="" type="checkbox"/> optional <input type="checkbox"/> disability
Optional	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> con't enrolled since first opportunity or for 5 years before retirement		Annuity <input checked="" type="checkbox"/> survivor <input type="checkbox"/> life
<i>Option "C"</i>			AGE <i>59</i> DOB <i>11-09-26</i>
HEALTH BENEFITS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Civ Svc <i>29-05-27</i> Comp Date <i>2-19-56</i>
<input type="checkbox"/> 5 years Service			Mil Svc <i>01-06-18</i>
<input type="checkbox"/> enrolled since first opportunity or for 5 years before retirement			Date last worked <i>3-3-86</i>
CC# <i>30093324</i> EC# <i>452</i>			Sick leave began _____
			Sick leave used past 2 years _____
			Sick and excess Leave expires _____
			All leave expires _____
			ERS 5 to Employment _____

**PERSONAL INFORMATION**

NAME <i>Foy, HARRY LEE</i>	PAY NUMBER <i>2383-07100</i>	SSN <i>243-22-6389</i>
ADDRESS <i>P.O. Box 420, Hubert, NC 28539</i>		HOME PHONE <i>(919) 577-2738</i>
JOB TITLE <i>Water Treatment Plant Oper. WG-09</i>	DEPARTMENT <i>Facilities, Utilities Branch</i>	
SUPERVISOR <i>W.R. Price (X1081)<sup>5988</sup></i>	PHONE <i>577-2738</i>	DATE ENTERED DEF I <i>10-09-44</i>
LEAVE _____	DATE <i>3-1-86</i>	
PAY PERIOD ENDING _____	SEPARATION PREPARED <i>3-3-86</i>	
SICK _____ ANNUAL _____ CEILING _____		

REMARKS

*Have copy of computations to Foy*

2/19/80  
2/19/80

30

X

X

1-09-80  
2-19-80

2-12-80  
2-12-80

X

Option "D"

2-8-80

X

452

3009324

2-10-80

2-8-80

Foy, Harry Lee

P.O. Box 480, Hubert, NC 28539

William Branch

intermittent part time

10-09-80

W.A. Price (X) 2-17-80

Have copy of computer to Foy





**Section E – Insurance Information**

1. Are you enrolled in the Federal Employees Health Benefits Program?	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No
2. Are you covered by the Federal Employees' Group Life Insurance Program?	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No

**Section F – Other Claim Information**

1. Are you receiving, have you ever received, or have you applied for workers compensation from the Department of Labor because of a job-related illness or injury?	<input type="checkbox"/> Yes (Complete Schedule C and attach to this form)
	<input checked="" type="checkbox"/> No
2. Have you previously filed any application under the Civil Service Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?	<input type="checkbox"/> Yes (Complete items 2a and 2b below)
	<input checked="" type="checkbox"/> No
2a. Type of application	2b. Claim numbers
<input type="checkbox"/> Retirement	
<input type="checkbox"/> Refund	
<input type="checkbox"/> Deposit or redeposit	
<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 (Mo., dy., yr.)	3. Disabled (✓)	1. Dependent child's name (First, middle, last)	2. Date of birth (Mo., dy., yr.)	3. Disabled (✓)
N/A					

**Section H – Applicant's Certification**

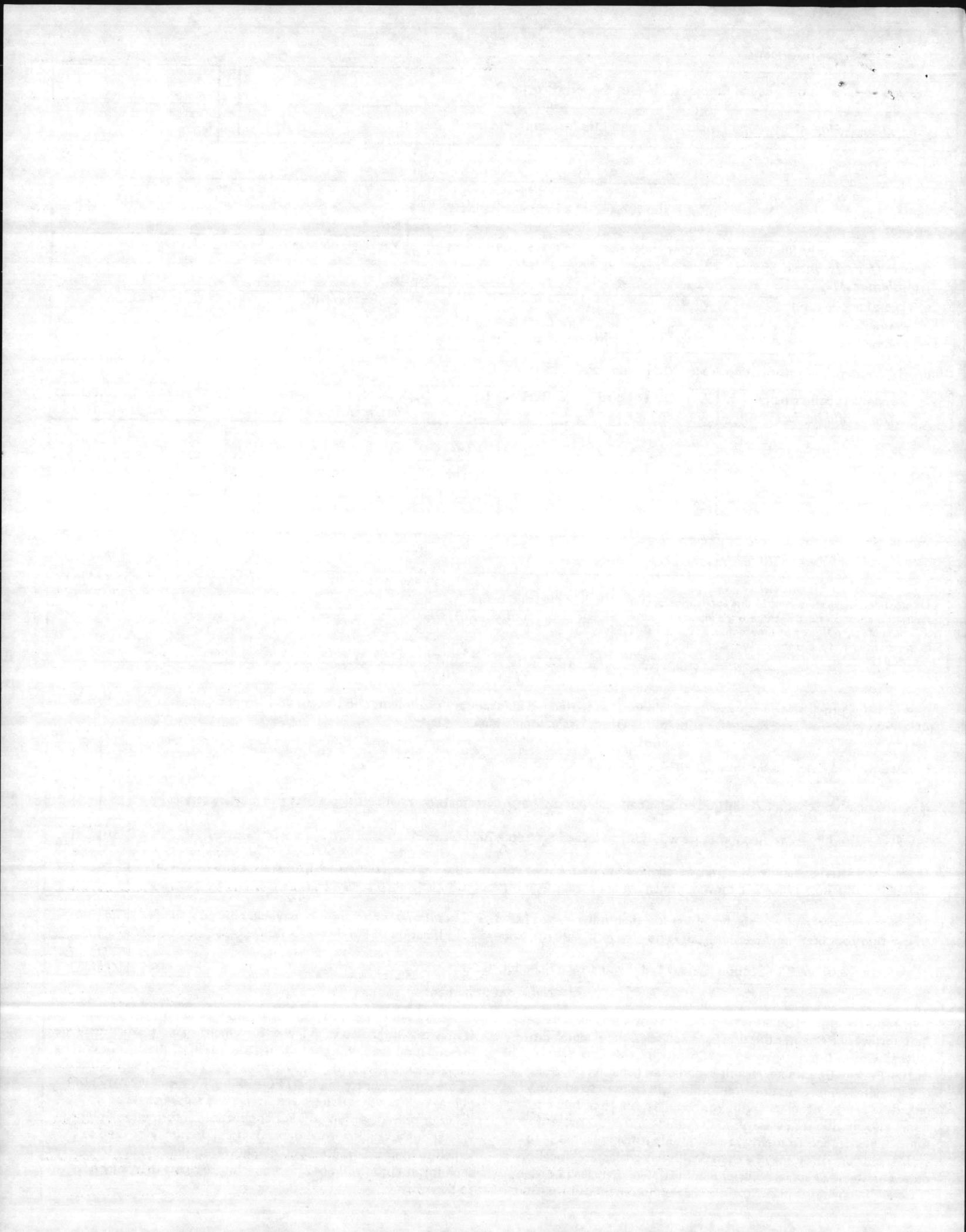
<p><b>WARNING</b> Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)</p>	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.	
	Signature (Do not print) <i>Harry L. Foy</i> Applicant's Checklist	Date 2-19-86

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

	Yes	No
1. If you answered "yes" to Section B, item 4, did you attach Schedule A? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. If you answered "yes" to Section B, item 5, did you attach Schedule B? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. If you completed Schedule B and answered "yes" to item 5, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgement or approval of your request for waiver (if available)? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If you are married and you elected either less than full survivor benefits (Election 1b) or an annuity payable only to you during your lifetime (Election 2), did you attach SF 2801-2, Spouse's Notification of Survivor Election? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. If you answered "yes" to Section F, item 1, did you attach Schedule C? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Privacy Act Statement**

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, 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, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.



Schedules A, B and C

1. Name (Last, first, middle) Foy, Harry Lee	2. Date of birth (Month, day, year) 11-09-26	3. Social Security Number 243-22-6389
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Schedule A - Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services shown below, complete 1a-e 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 or Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank	e. Organization at Discharge (Div., Co., etc.)
		Fr. (Mo., dy., yr.)	To (Mo., dy., yr.)		
U. S. Army	44 079 734	3-26-45	10-13-46	PFC	Fort Bragg, NC

Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired pay, complete parts 1 a-e below.  
N/A

a. Are you receiving or have you ever applied for military retired or retainer pay? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war? <input type="checkbox"/> Yes (If available, attach a copy of notice of award) <input type="checkbox"/> No
b. Have you waived all or part of your military retired or retainer pay in order to receive pension or compensation from the Veterans Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No	e. Are you waiving your military retired or retainer pay in order to receive credit for military service for Civil Service retirement benefits? (If available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver) <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10? <input type="checkbox"/> Yes (If available, attach a copy of notice of award) <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
	Fr. (Mo., dy., yr.)	To (Mo., dy., yr.)	
			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.

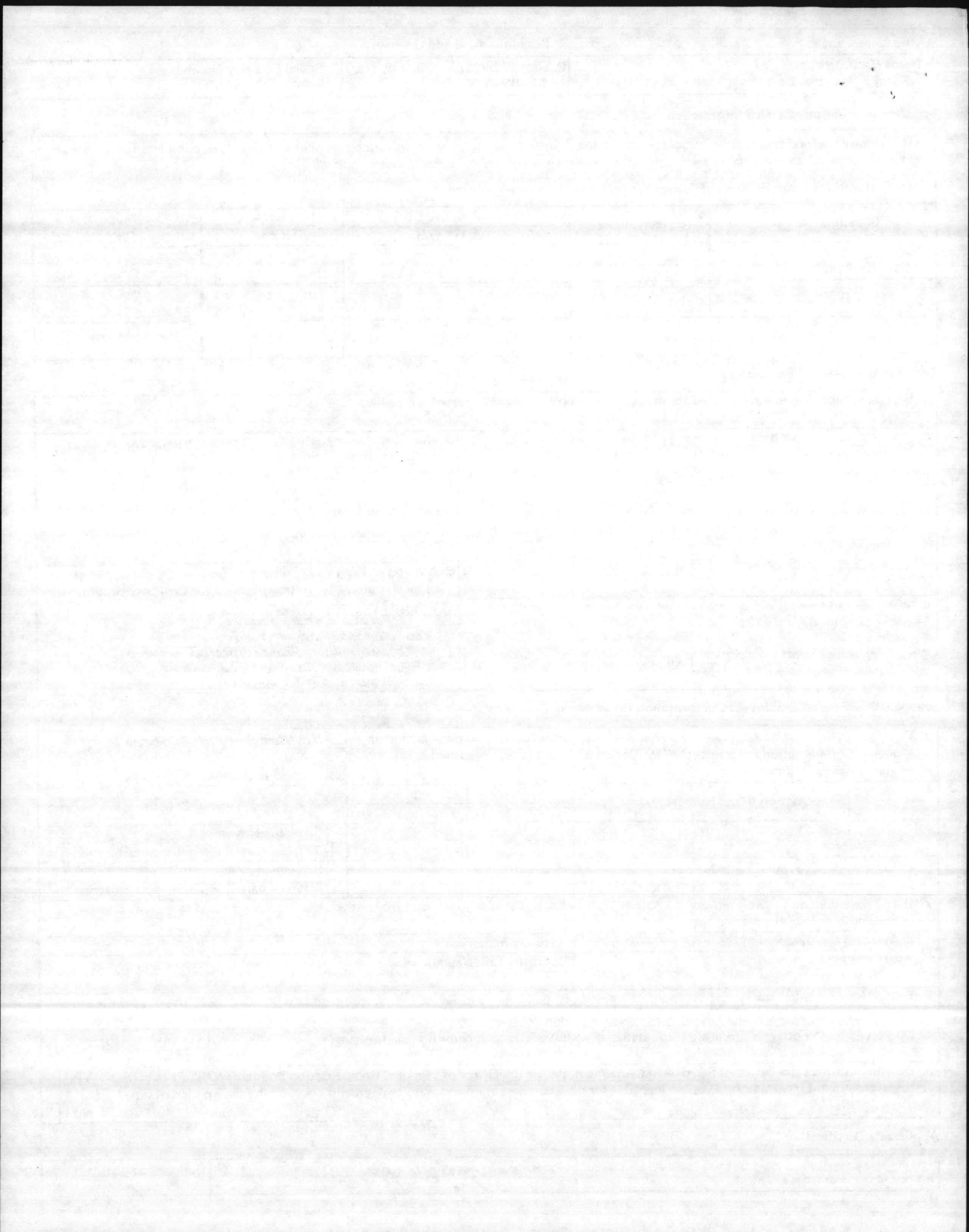
a. Awaiting OWCP decision	b. Claim denied
Compensation claim number	Compensation claim number
	Date claim denied

3. Except for scheduled compensation awards, workers' compensation and Civil Service retirement benefits CANNOT be paid for the same period of time. Please complete the information below regarding your claim.

a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ineligible for both compensation and annuity payments covering the same period of time?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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) Harry L. Foy	Date 2-19-86
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## STATEMENT REGARDING FORMER SPOUSES

All retiring employees must complete this form in addition to SF 2801 if their annuity will commence after May 6, 1985.

Name Foy, Harry Lee	Date of Birth 11-09-26	Social Security No. 243-22-6389
Do you have a living former spouse(s) from whom you were divorced after May 6, 1985 and to whom a court order gives a survivor annuity? <input type="checkbox"/> Yes—Attach a copy of the court order(s) and any amendments. <input checked="" type="checkbox"/> No		
WARNING: Any intentional false statement 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 this information is true to the best of my knowledge and belief. Signature <i>Harry L. Foy</i> Date 2-19-86

If a court order gives (awards or requires you to provide) a survivor annuity to a living former spouse, the CSRS must honor the terms of the court order. Your annuity will be reduced to provide the survivor annuity for the former spouse. However, a former spouse cannot receive a survivor annuity by court order unless:

- (1) He or she was married to you for at least 9 months and was divorced from you after May 6, 1985; and
- (2) You have at least 18 months of service subject to retirement deductions.

This form is the last page of an addendum to Standard Form 2801, Application for Immediate Retirement. Be sure to read the information provided on the preceding pages of this addendum so that you will understand how changes in the retirement law affect you.





Federal Employees' Group Life Insurance Program

ELECTION OF POST-RETIREMENT BASIC LIFE INSURANCE COVERAGE

A GENERAL INSTRUCTIONS:

- Read the accompanying information carefully
• Type or print in ink
• Return completed form to your employing office

B Fill in identifying information requested below

Form with fields for Name (Last, First, Middle), Date of Birth, Social Security Number, Employing Department or Agency, and Agency Location.

C By completing this form, you are choosing the amount of basic life insurance coverage you will have after you reach age 65.

SIGN AND DATE ONE OF THE BOXES BELOW. (DO NOT SIGN MORE THAN ONE.) THEN CROSS OUT THE OTHER TWO BOXES.

Three columns for election options: 1 I WANT THE 75% REDUCTION, 2 I WANT THE 50% REDUCTION, 3 I WANT NO REDUCTION. Includes signature and date lines for each option.

PRIVACY ACT STATEMENT

Public law 96-427, Federal Employees' Group Life Insurance Act of 1980, authorizes the solicitation of this information. This information may be shared with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs, or when

they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number to distinguish between you and people with similar names. Furnishing your Social Security Number, as well as other data, is voluntary, but failure to do so may result in the inability of your retirement system to provide you the level of insurance protection you want.

