

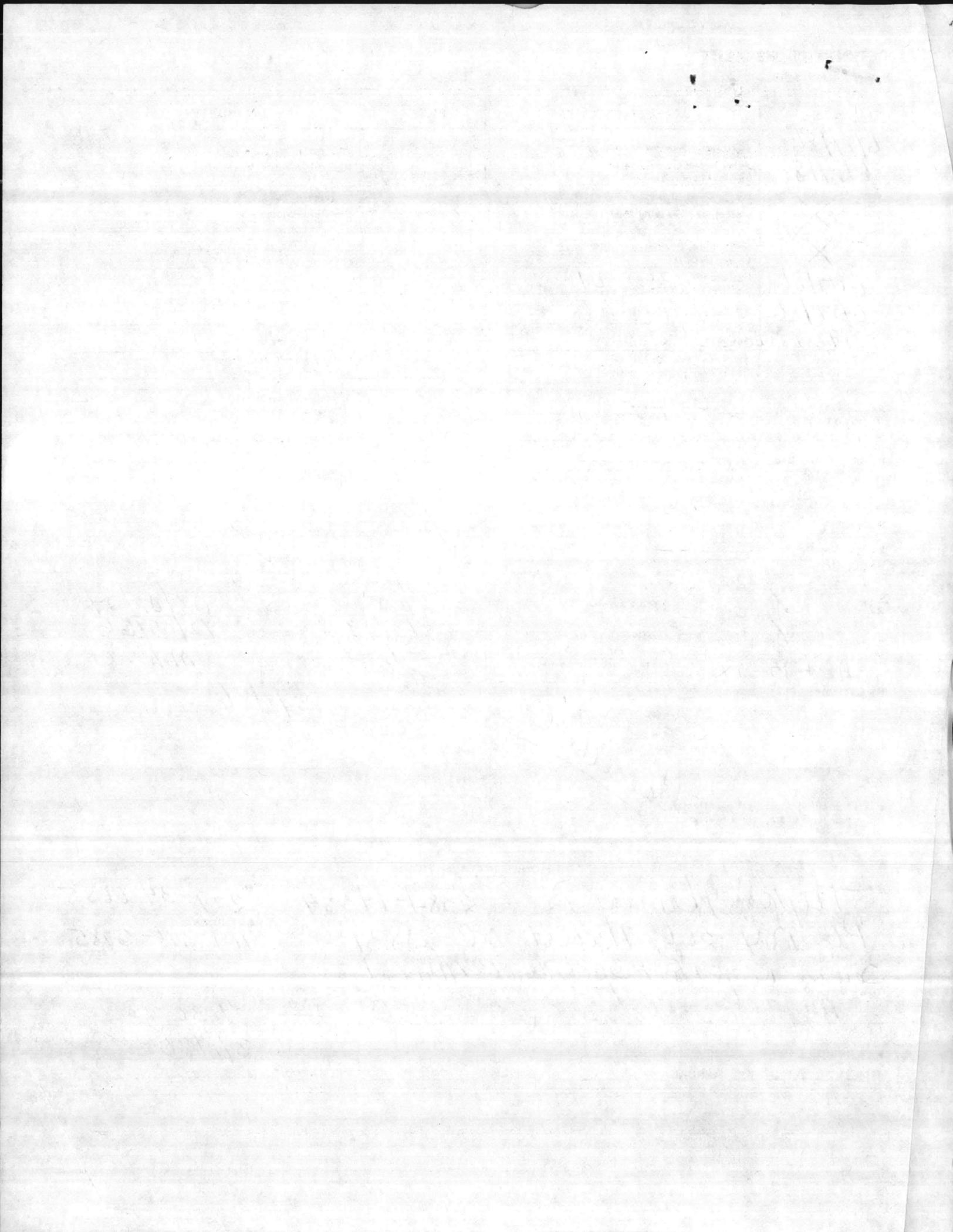
# RETIREMENT CHECKLIST

MOBCL 12831 (2-79)

DATE	ALL RETIREMENTS	DATE	DISABILITY
6/17/86	Application (SF-2801) Signed		
6/17/86	Memo to Dept. advising of Employees application		SF-2801-D, Request for Medical Records (Hospital)
IN	<b>X</b>	out	SF-2801-B, Private Physician Statement
OUT		in	
	ERS-9 to Payroll for preliminary SF-2806/2807		
	2801, 1084, Preliminary 2806/2807 Comp. to OPM		Ltr to Employee advising of physical exam (if not working)
6/17/86	Retirement Certificate ( <u>35</u> yrs <u>01</u> mos)		Ltr to Fed Med O w/CSC 3178 after receipt of 2801-B
6/17/86	SF-56 w/cy SF-54 (if any)		
<i>Not Enrolled</i>			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	<u>460 pm</u>	out	SF-2801-A, Superior Officer's Statement
Survivor Annuity Ded	<u>4 pd</u>	in	
Health Benefits Ded	<u>213.95 pd</u>		SF-2801-C to MOB (Boyers, PA) w/encls (cy to DC)
Optional FEGLI Ded	<u>A 20</u> <u>B 51</u>	in	Approval of Disability rec'd
Net Annuity		out	ERS-7, Notice of Approval
Survivor Annuity	<u>253.00</u>	Type of Retirement <input checked="" type="checkbox"/> optional <input type="checkbox"/> disability	
FEGLI		Annuity <input checked="" type="checkbox"/> survivor <input type="checkbox"/> life	
Regular	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> con't 5 years service	AGE <u>62</u> DOB <u>08/01/24</u> Civ Svc <u>13-09-18</u> Comp Date <u>12/09/66</u> Mil Svc <u>21, 07 00</u> <u>MIL Ret</u>	
Optional	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> enrolled since first opportunity or for 5 years before retirement	Date last worked <u>8/1/86</u> Sick leave began _____ Sick leave used past 2 years _____ Sick and excess Leave expires _____ All leave expires _____ ERS 5 to Employment _____	
HEALTH BENEFITS	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 5 years Service <input type="checkbox"/> enrolled since first opportunity or for 5 years before retirement	<i>Cancelled</i>	
CC#	EC#		

## PERSONAL INFORMATION

NAME <u>Taylor, Herman B</u>	PAY NUMBER <u>2384-14384</u>	SSN <u>227-34-6655</u>
ADDRESS <u>P.O. Box 266, Hubert, NC 28539</u>		HOME PHONE <u>919-326-5285</u>
JOB TITLE <u>Sewage Dis Plant Oper W-08</u>	DEPARTMENT <u>Maint</u>	
SUPERVISOR <u>Mr Mac Davis</u>	PHONE <u>7160 5988</u>	DATE ENTERED DEF <u>7-30-73</u>
LEAVE _____	DATE SEPARATION <u>8/1/86</u>	
PAY PERIOD ENDING _____	SEPARATION PREPARED _____	
SICK _____ ANNUAL _____ CEILING _____		
REMARKS _____		







Schedules A, B and C

1. Name (Last, first, middle) TAYLOR, HERMAN Berkley	2. Date of birth (Month, day, year) 08-01-24	3. Social Security Number 227-34-6655
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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.)		
Na vy	835 48 47	07-23-43	02-20-46		
		11-18-50	11-17-54		
		01-21-55	10-01-69	E-6	Cape Hatteras, Buxton, N.C.

**Schedule B – Military Retired Pay**

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

<p>a. Are you receiving or have you ever applied for military retired or retainer pay? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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 checked="" type="checkbox"/> No</p>
<p>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No VA # 12339675 20% stomach</p>	<p>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 checked="" type="checkbox"/> No</p>
<p>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 checked="" type="checkbox"/> No</p>	

**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.)	
A06-394710 - injury to lower back	recd COP only		<input type="checkbox"/> Scheduled award <input type="checkbox"/> Total or partial disability compensation
A06-338539 - injury to r foot	recd COP only		<input type="checkbox"/> Scheduled award <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
Compensation claim number N/A	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 checked="" 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 checked="" 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) Herman Berkley Taylor	Date 6/17/86
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**Section E – Insurance Information**

1. Are you enrolled in the Federal Employees Health Benefits Program?	CANCELLED	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes (Complete Schedule C and attach to this form)
	<input 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 (✓)

**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>Herman Berkeley Taylor</i>	Date 6/17/86

**Applicant's Checklist**

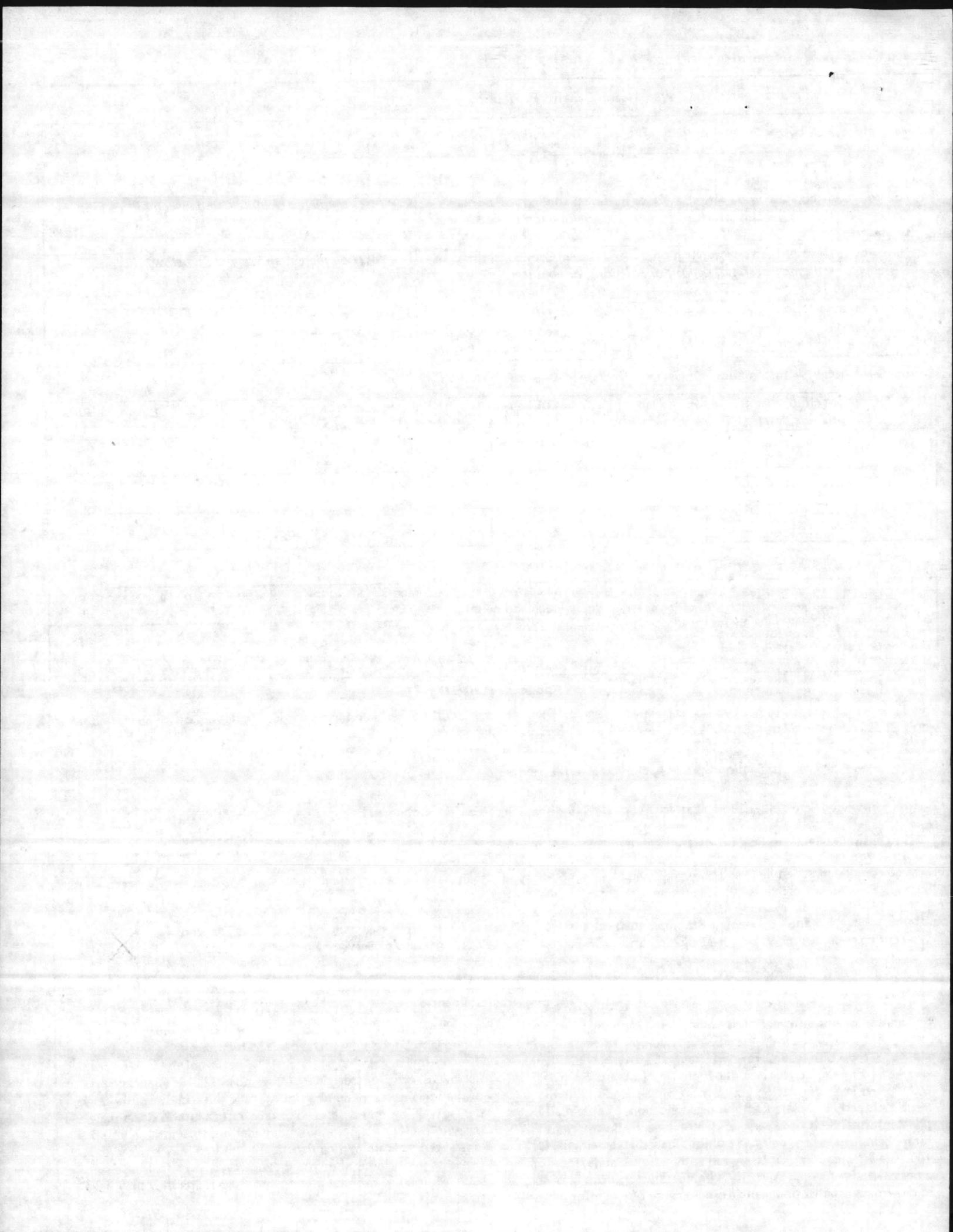
This checklist is provided to help you be certain you have attached all necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	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 type="checkbox"/> N/A	<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.



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	Date of Birth	Social Security No.
TAYLOR, HERMAN BERKLEY	08-01-24	227-34-6655

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?

Yes--Attach a copy of the court order(s) and any amendments.  
 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  
*Herman B. Taylor*  
Date  
6/17/86

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.



SS# 224-50-1484

**SPOUSE'S CONSENT TO SURVIVOR ELECTION**  
(For retirements commencing after May 6, 1985,  
under the Civil Service Retirement System)

**INSTRUCTIONS:** Read the information on the back of this form. If you are married and you do not elect a reduced annuity to provide a full survivor annuity for your current spouse, complete Part 1 of this form. If you mark item 1a, fill in the blank to show the amount of your annuity that you entered on SF 2801 as the base for the survivor annuity. If you mark item 2b, fill in the blank to show the percent of your annuity that you entered on OPM Form 1464 to be the amount of the survivor annuity for your current spouse. 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 Notary Public must complete Part 3.

See Privacy Act Notice on the back.

**PART 1—TO BE COMPLETED BY RETIRING EMPLOYEE**

Name (Last, First, Middle)	Date of Birth	Social Security No.
TAYLOR, HERMAN BERKLEY	08 01 24	227-34-6655

I have elected (Mark "X" in the appropriate box—mark only one box):

1. If you made your election in item 1 or 2 of Section D of Standard Form 2801—

a.  55% of \_\_\_\_\_ as a survivor annuity for my spouse (less than a full survivor annuity).b.  An annuity payable only to me during my lifetime with no survivor annuity payable to my spouse after my death.

2. If you made your election on OPM Form 1464—

a.  A survivor annuity for a former spouse(s) with no survivor annuity for my current spouse.b.  A partial survivor annuity for my current spouse in an amount equal to \_\_\_\_\_ % of my unreduced annuity and a survivor annuity for a former spouse.**PART 2—TO BE COMPLETED BY CURRENT SPOUSE OF RETIRING EMPLOYEE**

I freely consent to the survivor annuity election described in part 1. I understand that my consent is final (not revocable).

Name (Type or Print)	Signature (do not print)	Date
BETTIE L. TAYLOR	Bettie L. Taylor	6-24-86

**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 the

24 day of June, 1986 at Danville, VA  
(month, year) (city and state)

(Seal)

Signature

Expiration date of commission if Notary Public

8-19-88





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

Name (Last) (First) (Middle)	Date of Birth (Month, day, year)	Social Security Number		
TAYLOR, HERMAN BERKLEY	08-01-24	227	34	6655
Employing Department or Agency	Agency Location (City, State, Zip Code)			
D/Navy, Civilian Personnel Division	MCB, Camp Lejeune, N.C. 28542-5000			

**C** By completing this form, you are choosing the amount of basic life insurance coverage you will have after you reach age 65. If you are already age 65 or older, and you choose the 75% Reduction or the 50% Reduction, that reduction will begin at retirement.

SIGN AND DATE ONE OF THE BOXES BELOW. (DO NOT SIGN MORE THAN ONE.) THEN CROSS OUT THE OTHER TWO BOXES. Failure to cross out the two boxes will not invalidate the form.

<b>1</b> I WANT THE 75% REDUCTION	<b>2</b> I WANT THE 50% REDUCTION	<b>3</b> I WANT NO REDUCTION
I WANT THE 75% REDUCTION. I understand that after I reach age 65 (or upon retirement, if I'm older than 65) the amount of my basic insurance coverage will reduce at the rate of 2% per month until it reaches 25% of my basic insurance amount at retirement. I understand that I cannot change my election to a lesser reduction at a later date.	I WANT THE 50% REDUCTION. I understand that after I reach age 65 (or upon retirement, if I'm older than 65) the amount of my basic insurance coverage will reduce at the rate of 1% per month until it reaches 50% of my basic insurance amount at retirement. I understand that the only change I may make at a later date is to the 75% reduction. I authorize deductions to be made from my annuity or compensation to pay the full cost of this additional protection.	I WANT NO REDUCTION. I understand that there will be no reduction in the amount of my basic insurance coverage after I reach age 65 (or upon retirement, if I'm older than 65). I further understand that I cannot later change to the 50% reduction, but can change to the 75% reduction. I authorize deductions to be made from my annuity or compensation to pay the full cost of this additional protection.
Signature (Do not print) <i>H. Taylor</i>	Signature (Do not print)	Signature (Do not print)
Date 07/30/86	Date	Date

PRIVACY ACT STATEMENT

Public law 96-427, Federal Employees' Group Life Insurance Act of 1980, authorizes the solicitation of this information. The data you furnish will be used to determine the amount of life insurance coverage you have after retirement.

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.

