

RETIREMENT CHECKLIST

MCBCL 12831 (2-79)

DATE		ALL RETIREMENTS	DATE	DISABILITY
	3/27/84	Application (SF-2801) Signed	out N/A	SF-2801-D, Request for Medical Records (Hospital)
	3/27/84	Memo to Dept. advising of Employees application	in	
OUT		ERS-9 to Payroll for preliminary SF-2806/2807	out 02/16/84	SF-2801-B, Private Physician Statement
IN	3/30/84		in 2/29/84	Rec'd incomplete
	4/2/84	:2801, 1084, Preliminary 2806/2807 Comp. to OPM		Ltr to Employee advising of physical exam (if not working)
	7/9/84	Retirement Certificate (17 yrs 00 mos)	out	Ltr to Fed Med O w/CSC 3178 after receipt of 2801-B
	7/9/84	SF-56 w/cy SF-54 (if any)	in	
	7/9/84	SF-2810		SF-71, App for leave
	7/30/84	SF-56 (w/54), 2801, 1084 2810/2809 (S) to payroll		Talked w/emp Supt about possible placement
Approximate Annuity	9504 PA		out	SF-2801-A, Superior Officer's Statement
Survivor Annuity Ded	680 PA		in	
Health Benefits Ded	43 PA (452)			SF-2801-C to MOB (Boyers, PA) w/encls (cy to DC)
Optional FEGLI Ded	10" 4 PA		in 6/4/84	Approval of Disability rec'd
Net Annuity	435 PA		out 6/4/84	ERS-7, Notice of Approval
Survivor Annuity			Type of Retirement <input type="checkbox"/> optional <input checked="" 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	AGE 55
				DOB 10/12/28
Optional	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> enrolled since first opportunity or for 5 years before retirement	Civ Svc -14
	10" - yes			Comp Date 07/01/67
HEALTH BENEFITS	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no		Mil Svc -2
	<input type="checkbox"/> 5 years Service			Date last worked 2/20/84
	<input checked="" type="checkbox"/> enrolled since first opportunity or for 5 years before retirement			Sick leave began 2/23/84
CC# 307 33944		EC# 452		Sick leave used past 2 years 83 - 51.5
				Sick and excess Leave expires 07/26/84
				All leave expires 09/30/84
				ERS 5 to Employment

PERSONAL INFORMATION

NAME	Godwin, Otis E.		PAY NUMBER	2384 12422	SSN	243-34-2860
ADDRESS	Stark Bay 102, Mayaguez, PR 28535		HOME PHONE	8498		393-87
JOB TITLE	Sewage Disposal Plant Oper, WG-08		DEPARTMENT	Maintenance		
SUPERVISOR	Mack Davis		PHONE	5988	DATE ENTERED DEF I	07/01/69
LEAVE			DATE SEPARATION PREPARED	7/27/84		
PAY PERIOD ENDING						
SICK	ANNUAL	CEILING				
REMARKS						

07/27/84
1500
Prtn #
7/27/84 at 1500
07/25/84 at 1030

Handwritten text at the top left, possibly a header or title, including the word "REPORT".

Handwritten text in the upper middle section, possibly a date or reference number.

Handwritten text in the middle section, possibly a name or identifier.

A large, dense block of handwritten text on the right side of the page, possibly a list or detailed notes.

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United States of America
Office of Personnel Management
 Civil Service Retirement System
 Washington, D.C. 20415

05/31/84

Dept. of Navy
 Civilian Personnel Division
 Marine Corps Base
 Camp Lejeune, NC 28542

*Form
 rec'd 6/4/84*

CGU:M:RP:va

Claim Number CSA 2 695 460
Name of Disabled Employee Godwin, OTis E.
Date of Birth 10/12/28
Position Sewage Disposal Plant Operator
Social Security Account Number 242 34 2860

Notice of Approval of Disability Retirement Application

Department or Agency Location of Employee (If different from above address) Same as above
Remarks

Please Do The Following As Quickly As Possible

- Separation-** Separate the employee by the procedure in the FPM Supplement 831-1 or by your agency's instructions.
- Individual Retirement Record- Final SF 2806-** Give the date pay ceased under "Remarks" in Service History Section. Attach a copy of this form (along with required items, below) and return.
- Federal Employee Health Benefits-** If employee is apparently eligible to continue, send with **Final SF 2806:**
- All triplicate copies of Health Benefits Registration Forms (SF 2809) and any attached medical certificates.
 - Quadruplicate copy of Notice of Change in Health Benefits Enrollment (SF 2810) transferring enrollment to the Civil Service Retirement System.
- Federal Employees Group Life Insurance-** If employee is insured and is *not* converting to an individual policy, send with the **Final SF 2806** the "Original" of the completed Agency Certification of Insurance Status (SF 56).

A copy of this form must be filed in the employee's OPF (or equivalent).

Promptly Furnish Information Requested Below If SF 2806 and Other Documents Cannot Be Submitted Within 10 Days

<input checked="" type="checkbox"/> Employee is on leave with pay. Last day of pay will be <u>07-25-84</u> .
<input type="checkbox"/> Final Form 2806 forwarded to the Office of Personnel Management on Register No. _____ Dated _____.
<input checked="" type="checkbox"/> Final Form 2806 cannot be forwarded now because (Last day of pay is or will be <u>07-25-84</u>):
Remarks: Sick Leave will expire on 25 July 1984 at 1030

Return To:

Office of Personnel Management
 Civil Service Retirement System
 Washington, D.C. 20415

Signature of Certifying Officer <i>J. T. Shupe</i>
Title Labor and Employee Relations Superintendent
Date 5 Jun 1984

Form No. 28
OMB No. 3206-0046
Section 503 of the Rehabilitation Act of 1973 (29 U.S.C. 793)
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)
Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 798)
Section 807 of the Rehabilitation Act of 1973 (29 U.S.C. 807)

Notice of Approval of Disability Retirement Application

Name	
Address	
City	
State	
Zip	

Please Do Not Retain Following For Your Files

Separation benefits are payable to you if you are eligible for them. You must be a member of the Federal Employees Retirement System (FERS) or the Civil Service Retirement System (CSRS) and have completed the required service. You must also be at least 50 years old and have at least 20 years of creditable service. If you are a member of the FERS or CSRS, you must also be a U.S. citizen or naturalized citizen. You must also be a member of the Federal Employees Retirement System (FERS) or the Civil Service Retirement System (CSRS) and have completed the required service. You must also be at least 50 years old and have at least 20 years of creditable service. If you are a member of the FERS or CSRS, you must also be a U.S. citizen or naturalized citizen.

You may file an appeal of this decision with the Office of Personnel Management within 30 days of the date of this notice. For more information, contact the Office of Personnel Management at (202) 330-2300.

Employee Name	
Employee Number	
Agency	
Position	
Grade	
Effective Date	

Signature	
Date	



APPLICATION FOR IMMEDIATE RETIREMENT
CIVIL SERVICE RETIREMENT SYSTEM

See Privacy Act Information
on back of this form.

Section A – Identifying Information

1. Name (Last, first, middle) GODWIN, OTIS EUGENE		2. List all other names you have used None	
3. Address (Number, street, city, State, Zip Code) Star Route Box 102 Maysville, N.C. 28555	4. Telephone Number (Including area code) 919-393-8498	5. Date of birth (Month, day, year) 10-12-28	6. Social Security Number 242-34-2860
7. Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If "No" give →	7a. Of what country are you a citizen?	
8. Is this an application for disability retirement?	<input checked="" 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) D/Navy, Civilian Personnel Division MCB, Camp Lejeune, N.C. 28542	2. Date of final separation (Month, day, year)
	3. Title of last position Sewage Disposal Plant Operator, WG-08
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States (See instructions for definition)?	<input checked="" type="checkbox"/> Yes (Complete Schedule A and attach to this form) <input type="checkbox"/> No
5. Are you receiving or have you applied for military retired pay and/or Veterans Administration pension or compensation in lieu of military retired pay?	<input type="checkbox"/> Yes (Complete Schedule B and attach to this form) <input checked="" type="checkbox"/> No

Section C – Marital Information

1. Are you married now (a marriage exists until ended by death, divorce, or annulment)?	<input type="checkbox"/> Yes (Also complete items 1a-f below) <input type="checkbox"/> No	
1a. Spouse's name (Last, first, middle) GODWIN, CHRISTABEL MATTIE MEADOWS	1b. Spouse's date of birth (Month, day, year) 09-09-34	1c. Spouse's Social Security Number 246-90-0041
1d. Place of marriage (City, State) MAYSVILLE, NC	1e. Date of marriage (Month, day, year) 1-2-53	1f. Marriage performed by: <input checked="" type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (Explain):

Section D – Annuity Election (Initial only one of the four boxes below)

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the information on page 3 of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the in-

structions. If you are married at retirement and you do not elect maximum survivor benefits, the law requires that your spouse be informed of your election; therefore, you must attach Standard Form 2801-2 to this form.

1. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR MY SPOUSE EQUAL TO:			
You must be married at retirement to choose this type of annuity.			
a. Maximum survivor benefits	OR	b. Lesser survivor benefits (If you elect this, attach Standard Form 2801-2)	
<input checked="" type="checkbox"/> 55% OF ALL MY ANNUITY		<input type="checkbox"/> 55% OF \$ <u>3600</u> A YEAR	*This amount must be less than your yearly annuity.
2. I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. (If you are married and elect this, attach Standard Form 2801-2.)			
<input type="checkbox"/>	All retiring employees may choose this type of annuity. If you are married at retirement, you CANNOT change this election after your annuity is granted and no survivor annuity will be paid to your spouse after your death.		
3. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME.			
<input type="checkbox"/>	You must be single, healthy, and willing to undergo a physical examination if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.)		
Name of person with insurable interest	Relationship to you	Date of birth	Social Security Number

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 <input type="checkbox"/> Retirement <input type="checkbox"/> Refund	2b. Claim numbers
<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>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)</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>Otis Eugene Ashwin</i>	Date

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.

1. If you answered "yes" to Section B, item 4, did you attach Schedule A?	<input checked="" type="checkbox"/> XXX	<input type="checkbox"/> No
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"/> XXXX	<input type="checkbox"/> No
3. If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input type="checkbox"/> N/A	<input type="checkbox"/> No
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"/> No
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"/> [Signature]	<input type="checkbox"/> No
6. If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/> N/A	<input type="checkbox"/> No

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.

1. Name (Last, first, middle) GODWIN, OTIS EUGENE	2. Date of birth (Month, day, year) 10-12-28	3. Social Security Number 242-34-2860
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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.)		
Army	53223865	01-07-54	01-06-56	SP3	FORT BELVOIR, VA

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

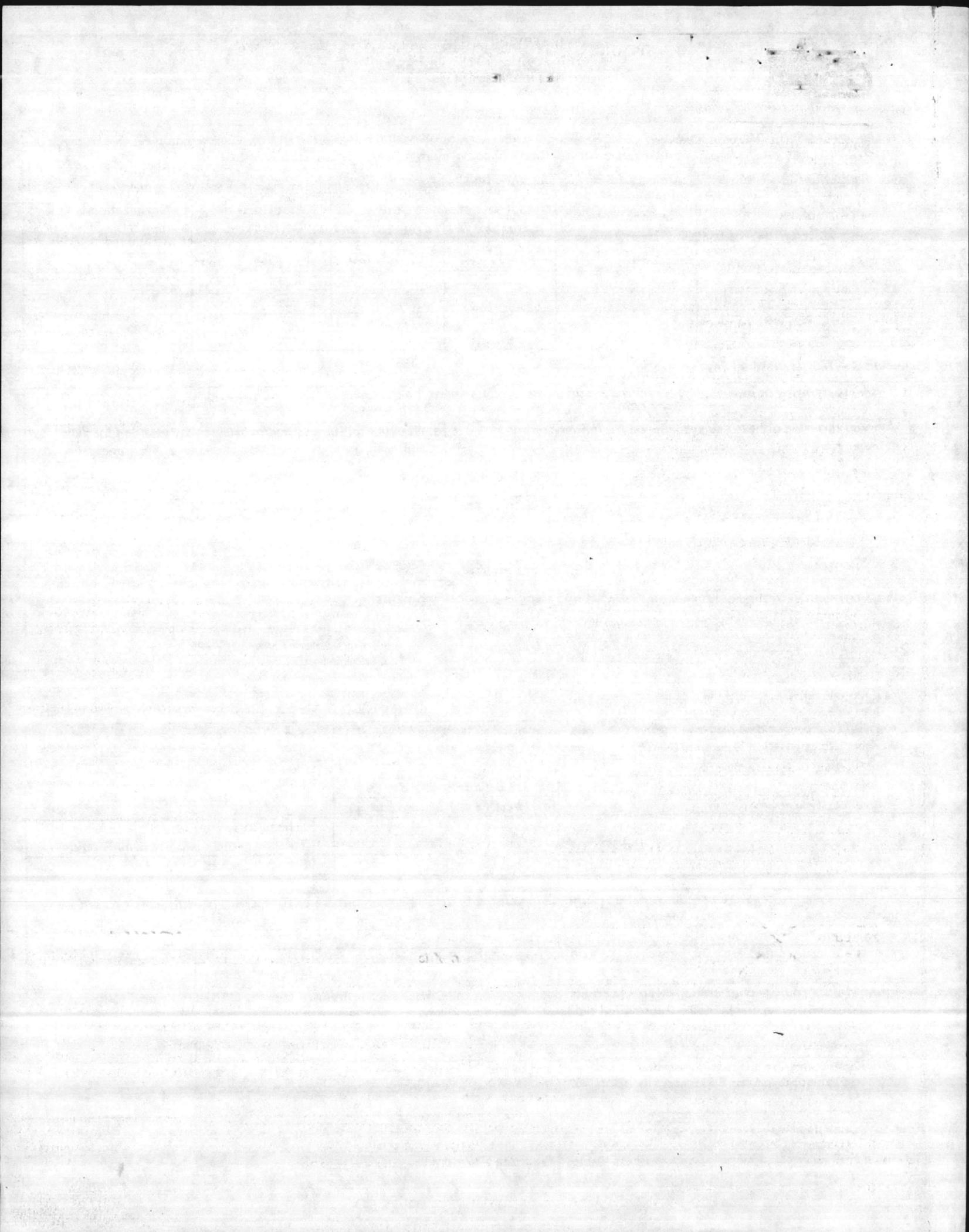
a. Are you receiving or have you ever applied for military retired or retainer pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war? <input type="checkbox"/> Yes (If 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? <input type="checkbox"/> Yes (Complete parts 1a-c below) <input checked="" type="checkbox"/> No (Go to question 2)		
a. Compensation Claim Number	b. Benefit Received Fr. (Mo., dy., yr.) To (Mo., dy., yr.)	c. Type of Benefit
		<input type="checkbox"/> Scheduled award <input type="checkbox"/> Total or partial disability compensation
		<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	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) ✓ Otis E. Godwin	Date 3/27/84
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SPOUSE'S NOTIFICATION OF SURVIVOR ELECTION

Under the Civil Service Retirement System

Retired married employees receive a reduced annuity with survivor annuity to their spouse in the event of their death, unless they elect otherwise. Therefore, the employee may choose:

- a) The maximum survivor annuity which provides the surviving spouse an annuity of 55 percent* of the retiree's annuity.
- b) Less than the maximum survivor annuity, providing the surviving spouse an annuity of 55 percent* of a smaller portion of the retiree's annuity.
- c) No survivor annuity to the surviving spouse.

Public Law 96-391 requires that if a retiring employee elects less

than the maximum survivor annuity, all reasonable attempts must be made to notify the spouse.

Complete part 1 of this form and have your spouse complete part 2. Your spouse's signature must be witnessed in part 3. You may not be a witness.

If you cannot obtain your spouse's signature, complete part 4. The Office of Personnel Management will attempt to notify your spouse as required by law.

Return the completed form to your employing office to attach to your retirement application.

Warning: Election of a low rate of survivor annuity may result in termination of health insurance coverage after the death of the retired employee.

*50 percent if separation from service is before October 11, 1962.

PART 1 - To Be Completed by Retiring Employee

Name (Last, First, Middle) <u>GODWIN, OTIS EUGENE</u>	Date of Birth (Month, Day, Year) <u>10-12-1928</u>	Social Security Number <u>242-34-2840</u>
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On my retirement application, I have elected (Mark "X" in appropriate box.):

- No survivor annuity for my spouse.
- Less than the maximum survivor annuity.

PART 2 - To Be Completed by Spouse of Retiring Employee

I am aware of the survivor election made by my spouse as shown in Part 1, above.

Signature (Do not print.) <u>Christabell M. Godwin</u>	Date Signed (Month, Day, Year) <u>4-1-84</u>
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PART 3 - To Be Completed by Witnesses

We, the undersigned, certify that this form was signed by the spouse of the retiring employee in our presence.

Signature (Do not print.) <u>Donald J. Holt</u>	Date Signed (Month, Day, Year) <u>3-31-84</u>	Signature (Do not Print.) <u>Steve Wakjill</u>	Date Signed (Month, Day, Year) <u>4-1-84</u>
Name of Witness (Type or Print) <u>RT 1 Box 35</u>		Name of Witness (Type or Print) <u>RT 2 Box 412</u>	
Address (Number and Street) <u>STEEH A. N.C.</u>		Address (Number and Street) <u>SWANSON</u>	
(City, State and Zip Code) <u>28582</u>		(City, State and Zip Code) <u>NC 28584</u>	

PART 4 - To Be Completed by Retiring Employee, if Spouse's Signature is Unobtainable

Name and Last Known Mailing Address of Spouse

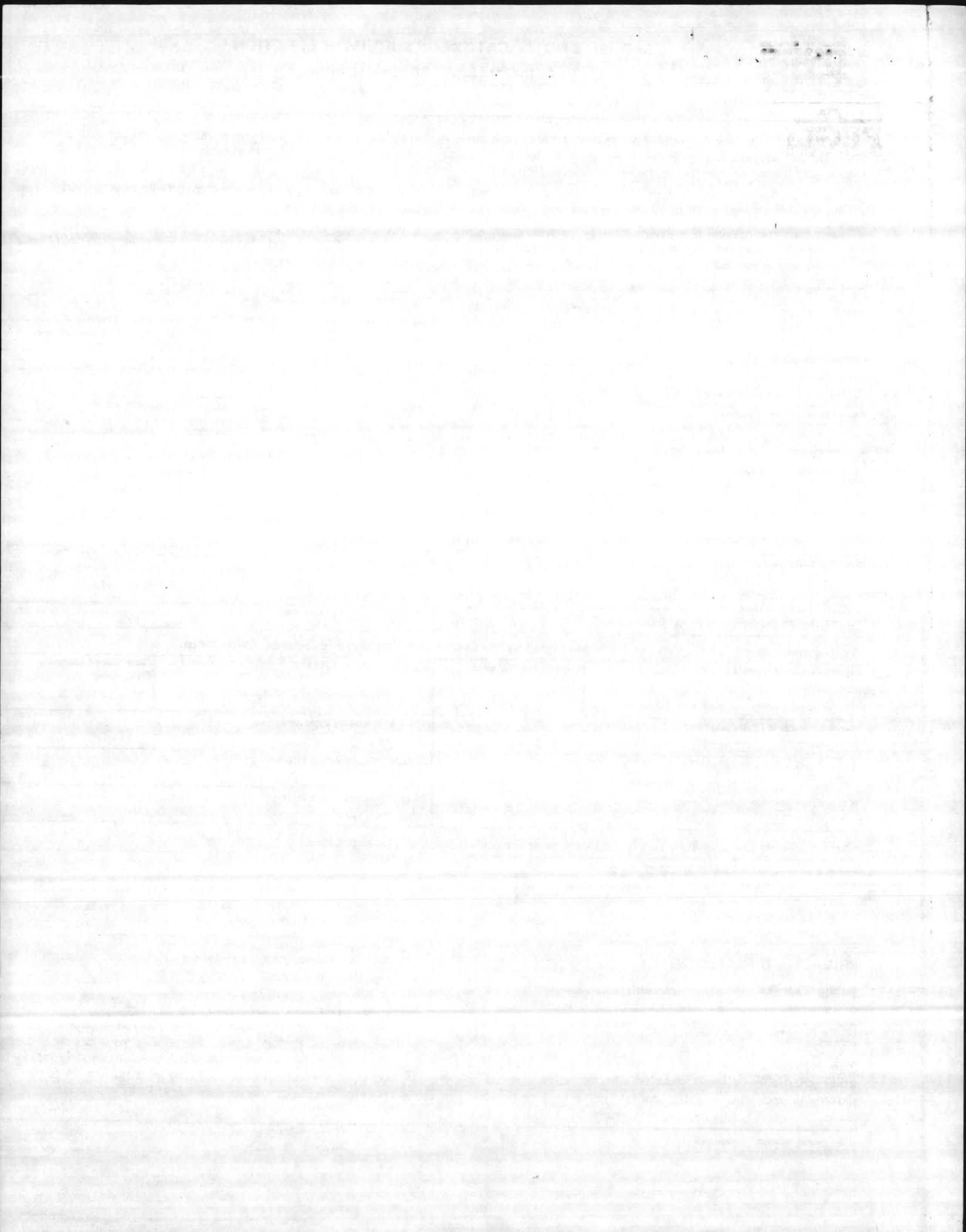
PRIVACY ACT STATEMENT

Public Law 96-391, which establishes spouse notification requirements, authorizes solicitation of this information. The data furnished will be used to determine the type of annuity awarded.

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 the civil or criminal law.

Executive Order 9397 (November 22, 1943), authorizes use of the Social Security Number to distinguish between you and people with similar names. Furnishing your Social Security Number, as well as the other data, is voluntary, but failure to do so may result in your receiving an annuity with full reduction for the maximum survivor benefit.





**AGENCY CERTIFICATION
OF INSURANCE STATUS**

Federal Employees' Group
Life Insurance Program

1. Name (Last) (First) (Middle)	2. Date of birth (mo., dy., yr.)	3. Social Security Number
GODWIN, OTIS EUGENE	10-12-28	242 34 2860

4. Check the reason for termination of insurance (4a, below) and disposition of current SF 54 or SF 2823, Designation of Beneficiary (4b, below). All SF 54's and SF 2823's, if any, should be attached to this SF 2821 if the employee (a) died, (b) is retiring, or (c) is receiving Federal Employees' Compensation and is entitled to continue life insurance. In all other cases show, whether or not a current SF 54 or SF 2823 is on file in the employee's Official Personnel Folder (or equivalent).

4a. Reason for terminating insurance	4b. Disposition of SF 54's or SF 2823's
a <input type="checkbox"/> Separated (includes resignation) b <input checked="" type="checkbox"/> Retired c <input type="checkbox"/> Died as an employee d <input type="checkbox"/> Died as a reemployed annuitant e <input type="checkbox"/> End of 12 months non-pay status f <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> Not on file with this agency <input type="checkbox"/> On file in employee's Official Personnel Folder

5. Date of Termination (month, day, year) 07-27-84	6. Date of Notice of Conversion Privilege (SF 2819) to Employee (month, day, year) 07-27-84	7. Annual basic pay (not basic insurance amount) on date in item 5. Convert daily, hourly, piecework, etc. rate to annual rate. \$24,232.00	8. Effective date of continuous coverage under FEGLI program 07-01-69
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9. Did employee have Option A—Standard Insurance on date in Item 5? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes-If "yes" give → Effective date of election	10. Did employee have Option C—Family Insurance on date in Item 5? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes-If "yes" give → Effective date of election 04-05-81
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11. Did employee have Option B—Additional Insurance on date in item 5? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes-If "yes" give → Effective date of election	Number of multiples of pay on date in Item 5.	Lowest number of multiples of pay during last 5 years
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12. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

Personal signature of authorized agency official <i>J. F. Sharpe</i>	Name and address of agency, including zip code D/Navy, Civilian Personnel Division MCB, Camp Lejeune, N.C. 28542
Typed name of authorized agency official J. F. SHARPE	Commercial phone no. with area code 919-451-1579
Title Labor/Employee Relations Superintendent	Date 7/27/84

IMPORTANT INFORMATION

Death within 31 days.—Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates even though the employee has not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 12, above.

Continuation of insurance while receiving Federal Employees' Compensation.—See back of this page.

Conversion to an individual policy.—See back of this page.

If you are retiring, your Basic Life insurance (but not accidental death and dismemberment coverage) may be continued if: (a) you

retire on an immediate annuity, (b) you do not convert to an individual policy, and (c) you have had it for the 5 years immediately preceding retirement (or, if less than 5 years, since your first opportunity). Generally, any optional insurance you have may be continued if you continue your Basic Life insurance and you have had the option for the 5 years immediately preceding retirement (or, if less than 5 years, since your first opportunity). If you want to continue your Basic Life insurance, complete SF 2818 to elect the type of reduction in coverage that will occur when you reach age 65 (or when you retire if you are already 65). See Standard Form 2818, "Election of Post-Retirement Basic Life Insurance Coverage," for details about continuing life insurance coverage into retirement.

1954

11/12/54



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		
GODWIN OTIS EUGENE	10-12-28	242	34	2860
Employing Department or Agency	Agency Location (City, State, Zip Code)			
D/Navy, Civilian Personnel Division	MCB, Camp Lejeune, N.C. 28542			

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.

1 I WANT THE 75% REDUCTION	2 I WANT THE 50% REDUCTION	3 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>Otis Eugene Godwin</i>	Signature (Do not print)	Signature (Do not print)
Date <i>03/27/84</i>	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.

