Employee Information

Name: Social Security Number: Date of Birth:

Other names used:

Periods of Service		Types and Status of Retirement Deductions							
Beginning Date	Ending Date	None (FICA)	FERS	CSRS Offset	Full CSRS	Withdrawn Contributions Amount	Withdrawn Contributions Date	Deposit Redeposit Paid in Full	Partial Payment

Contributions to the Retirement Fund

Deposit and Redeposit

Post 9/82 Redeposit: _____

Pre 10/82 Redeposit: _____

Post 9/82 Deposit: _____

Pre 10/82 Deposit: _____

Retirement Contributions: _____

Military Deposit: _____

Voluntary Contributions: _____ as of _____

Total $ _____

Agency Name: _____

Address: _____

Telephone # _____

Fax # _____

OPM Signature: _____ Date: _____

Title: _____

Fax # (724) 794-6633