

CSRS/FERS

REQUEST FOR DEPOSIT AND/OR REDEPOSIT INFORMATION

A. Employee Information --

Name: _____

Other Names Used: _____

Social Security Number: _____

Date of Birth: _____

Prior Civilian Service Record:

From:	To:	Retirement Coverage (CSRS, FERS, FICA CSRS Offset, Interim)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Form OPM Use Only --

_____ Individual has **NOT** applied for a refund.

_____ Individual was authorized a full refund in the amount of \$ _____ on _____ for the following periods of service:

_____ Individual () has () has not made a deposit/redeposit for the period(s) of service claimed. (Indicated in Section A, as appropriate.)

_____ Individual has contributions of \$ _____ in the Retirement Fund.

Section 40A2.1-3

Should an employing agency require deposit/redeposit information for annuity estimates, they should submit the form to the Retirement Operations Center staff at Boyers. OPM will provide the information so that the retiring employee can make an informed decision whether or not to pay deposits and/or re-deposits.

Mail the form to: U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017

Fax # 724-794-4668