

F. PREVIOUS FEDERAL SERVICE

1. House of Representatives ☐ Yes ☐ No If Yes, last termination date _____
2. Other Federal service ☐ Yes ☐ No If Yes, last termination date _____
(including the Senate, the Architect of the Capitol, or the District of Columbia)

3. PLEASE LIST BELOW ALL PRIOR FEDERAL CIVILIAN SERVICE IS APPLICABLE:

Department or Agency	Date Appointed	Date Separated

Service Computation Date _____ Last Personnel Office Phone Number _____

4. While employed as above, my benefits status was:

- (a) Federal Employees' Health Insurance: ☐ Enrolled ☐ Not Enrolled ☐ Excluded
Are you currently enrolled under Temporary Continuation of Coverage ☐ Yes ☐ No
- (b) Federal Employees' Life Insurance: ☐ Basic; Option(s) ☐ A; ☐ B; ☐ C; ☐ Waived; ☐ Excluded
- (c) Covered by: ☐ FICA; ☐ FICA/FERS; ☐ FICA/CSR Offset; ☐ CSR only
Transfer to FERS: ☐ Yes ☐ No
Thrift Savings Plan employee contribution: \$ _____ or _____ %.
Thrift Savings Plan allocation of funds: G _____ % F _____ % C _____ %
Do you have a current TSP loan? ☐ Yes ☐ No If yes, loan payment amount \$ _____
- (d) Refund of CSR contributions: ☐ Yes ☐ No Date of refund: _____

5. Active Military Service: Branch _____

- (a) Are you returning from Active Military Service which interrupted your federal civilian service?
☐ Yes ☐ No

6. Other names used (if different from your present signature) _____

G. PENSION BENEFITS

I ☐ am ☐ am not receiving a pension annuity, or retired pay from the United States Government (if, so please furnish source and claim number below):

Type of payment: ☐ Civil Service/FERS retirement ☐ Foreign Service Retirement
☐ VSI (buy out) or AA (lump sum) ☐ Social Security
☐ DC Policeman's or Fireman's benefit ☐ Veteran's Benefits ☐ Other
☐ Military Retires Pay-Branch of Service
Rank _____; Ret. Date _____ Claim Number _____

H. WORKERS COMPENSATION INFORMATION:

I ☐ have ☐ have not, received or made application for compensation under the Federal Employees Compensation Act (job related injury).

If you have, show: Claim Number _____ Period of Compensation _____
(Mo.)(day)(Yr.) to (Mo.)(Day)(Yr.)

I. CERTIFICATION:

I certify, under penalty of law, that the information provided above is correct and complete.



Signature _____

Date _____

OFFICE OF FINANCE USE ONLY

Life Insurance: Basic Opt. A Opt. B (x times) Opt. C Waiver Excluded
FICA FERS CSR/OFFSET CSR Transfer Prior Agency Service Pension Plan
TSP _____ % or \$ _____ G _____ % F _____ % C _____ % TSP Loan Pmt. \$ _____
TSP Status Code _____ TSP Status Date _____ TSP SCD _____ TSP Eligibility Date _____