

## Notification to OPM of Reemployment of Annuitant

OPM requires the below information to determine continued eligibility for annuity. The agency must complete and send this form, along with a **copy of the SF 50** to our email address at:

[ReemployedAnnuitant@opm.gov](mailto:ReemployedAnnuitant@opm.gov)

1. Retirement Claim Number: \_\_\_\_\_

2. Name of Annuitant: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ 4. SSN: \_\_\_\_\_

### Appointment

5. Type of Appointment: \_\_\_\_\_

6. Date of Appointment (Month, Day, Year): \_\_\_\_\_

7. Presidential Appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Dual Comp Waiver (including FEPCA and Public Laws 103-336, 108-136, 108-447 and 108-458) in effect? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No", indicate Retirement System: CSRS/CSRS Offset      FERS      FICA

9. Was this appointment granted to provide interim relief pending further judicial or administrative review of an agency adverse action, under the provisions of 5CFR 772.102?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

### Insurance

10. Does appointment allow FEGLI coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. If so, did annuitant make new elections? No (if no, go to Item 11) \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please enclose copy of new elections)

12. If annuitant did not complete a new election, agency should pick-up all FEGLI carried into retirement as of reemployment date except for Option B. What deductions for life insurance does annuitant have under reemployment?

None \_\_\_\_\_ Basic \_\_\_\_\_ Option A \_\_\_\_\_ Option C \_\_\_\_\_

Option B \_\_\_\_\_ (note: annuitant can elect to keep Option B under employment, otherwise it is withheld from annuity)

Did annuitant elect Option B withhold from employing agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," Effective date: \_\_\_\_\_

13. Does appointment allow FEHB coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," Effective date: \_\_\_\_\_ FEHB Enrollment Code: \_\_\_\_\_

**Please Note:** The annuitant's SF-2809 - *Health Benefits Election Form* may be submitted as prove of enrollment.

14. Did annuitant elect to waive Premium Conversion? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," Effective date: \_\_\_\_\_

**If subject is a disability annuitant, complete the items 15-18:**

15. Position Description: \_\_\_\_\_

16. Pay System/Grade: \_\_\_\_\_

17. Salary: \_\_\_\_\_

18. Part Time Tour of Duty (if applicable): \_\_\_\_\_

**Department of Defense Agencies Only**

Public Law 108-136 implemented a blanket dual compensation waiver for annuitants reemployed at a DoD agency. This means that the reemployment provisions in title 5 do not apply to these annuitants. They will not be subject to salary offset (or to an administrative recovery finding if a disability retirement). Nor will they be eligible for an additional benefit based on the reemployment service. This waiver applies to all types of retirement except for an Involuntary Retirement. A subsequent law (P.L. 110-181) provided an opportunity for annuitants retired under an involuntary retirement who reemploy with DoD to elect to waive the provisions of the dual compensation legislation and be subject to coverage as a reemployed annuitant. The legislation provides that an election for coverage **must be filed** not later than the latter of 90 days after the date the Department of Defense: (i) prescribes regulations to carry out this subsection; or (ii) takes reasonable actions to notify employees who may file an election. If an employee files an election under this paragraph, coverage will be effective beginning on the first day of the first applicable pay period beginning on or after the date of the filing of the election. If an annuitant whose retirement was involuntary waives the dual compensation waiver and opts to become a reemployed annuitant under title 5, agencies **must** provide OPM with a copy of the annuitant waiver of the dual compensation waiver.

**Agency Certification: I certify that the information provided above is correct.**

\_\_\_\_\_  
Agency Representative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
Email Address

**Agency Name and Address:**