			OMB 3206-0262
Report of Withholdings and Contribu	utions for Health Benefits	5,	Interagency Report
Life Insurance and Retirement			No. 1064-OPM-AR
EPOM: Address (including Department Rurson, Lession	and ZIR Code)	Pouroll Office Number	Roport Number
FROM: Address (including Department, Bureau, Location	h, and ZIP Code)	Payroll Office Number	Report Number
		Month reported on Statement of Transactions	Date Payroll Paid
		PAY	PERIOD
		From	То
Telephone number (including area code)			
To: OFFICE OF PERSONNEL MANAGEMENT			
ATTN: FUNDS MANAGEMENT		I certify that the items listed herein are correct and the amount is available to be credited to the OPM receipt account.	
POST OFFICE BOX 582		Signature of authorized Administrative or Certifying Officer Date	
WASHINGTON, DC 20044-0582	2		
Benefit Category	Withholdings	Contributions	Total
LIFE INSURANCE			
Basic Life			
Standard - Option A			-
Additional - Option B			
Family - Option C			
Post-Retirement			
Total Life Insurance			
HEALTH BENEFITS			
Regular]
Temporary Continuation of			1
Coverage (TCC) - P.L. 100-654			
Total Health Benefits			
RETIREMENT			
CSRS			1
All Categories ¹ Salary Offset - Reemployed			4
Annuitants			
Military and Civilian Service Credit			1
FERS			_
Regular			
Military Reserve Technician			
Special ²			1
Salary Offset - Reemployed			1
Annuitants			
Military Deposit			
FERS - RAE			1
Regular - RAE			-
Military Reserve Technician - RAE			4
Special - RAE ³			
Salary Offset - Reemployed			
Annuitants - RAE			J
Military Deposit - RAE			
FERS - FRAE			1
Regular - FRAE			-
Military Reserve Technician - FRAE			4
Special - FRAE ⁴ Salary Offset - Reemployed			4
Salary Offset - Reemployed Annuitants - FRAE			
Military Deposit - FRAE			
Total Retirement			
Grand Total			

¹Employees with CPDF Retirement Codes of 1, 6, C, E, R or T.

²Employees with CPDF Retirement Codes of L, M or O.

³Employees with CPDF Retirement Codes of LR, MR or OR.

⁴Employees with CPDF Retirement Codes of LF, MF or OF.

Public Burden Statement

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completing time, to the Office of Personnel Management, Funds Management, P.O. Box 582, Washington, DC 2044. The OMB Number 3206-0262 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.